## FOOD FOR THOUGHT 2021

## TOWN OF COEYMANS RESIDENTS

## A SUMMER PROGRAM FOR TOWN OF COEYMANS YOUTH AGES 5-11

(those entering Kindergarten through Fifth Grade)

The *Food For Thought Program* will be held **July 12 - August 13, 2021 weekdays from 9:00 AM - 12:00 PM** at the **Pieter B. Elementary School.** Participants should bring a bag lunch\* with non-perishable food items and a cold drink. The Food For Thought Program is a five week program offering fun and educational supervised activities.

Please complete the form below if you are interested in the program. **Forms should be returned** to Town Hall, 18 Russell Avenue, Ravena NY 12143 **by June 30.** 

| Are you a Town of Coeymans Resident?             | (Please circle one) Yes No |
|--|----------------------------|
| NAME OF CHILD (REN)                              | DATE OF BIRTH              |
| *Kindness for Kids will make lunches availa      |                            |
| I am <i>interested</i> in the following week(s): |                            |
|  | July 12 - 16               |
|  | July 19 – 23               |
|  | July 26 – 30               |
|  | Aug. 2 – 6<br>Aug. 9 - 13  |
| PARENT/GUARDIAN'S NAME                           |                            |
| HOME ADDRESS                                     | PHONE #                    |
| EMERGENCY NAME & PHONE #                         |                            |

## **MEDICAL INFORMATION**

(Complete one form for each child)

| Name of Child:                     |                  |
|------------------------------------|------------------|
| Medical Conditions:                |                  |
|                                    |                  |
| Medications Currently Taking:      |                  |
|                                    |                  |
|                                    |                  |
| Allergies:                         |                  |
|                                    |                  |
|                                    |                  |
|                                    |                  |
| Parent/Legal Guardian's Signature: |                  |
| Date:                              | Emergency Phone: |

PLEASE COMPLETE A FORM FOR EACH CHILD YOU HAVE ATTENDING PROGRAM