

VILLAGE OF MILLERTON
SUMMER RECREATION
SUMMER CAMP ENROLLMENT APPLICATION

June 28-August 6

*****AGES 5-13*****

(MUST BE ENTERING KINDERGARTEN)

CAMPER NAME _____ REGISTRATION DATE _____

D.O.B _____ AGE AS OF 6/1/10 _____ GRADE ENTERING SEPT. 2010 _____

PARENT/GUARDIAN: _____

ADDRESS: _____

E-MAIL: _____

(Please Circle BEST CONTACT # in case of Emergency)

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

OTHER EMERGENCY CONTACTS

<u>Name</u>	<u>Phone #</u>	<u>Relationship to Camper</u>
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CAMPER RELEASE INFORMATION

Upon registration, you will receive 'camper release cards'. These cards **MUST** be presented to a counselor when picking up your child.

Please list the people who could possibly be picking up your child(ren)

<u>Name</u>	<u>Relationship to Camper</u>
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IS THERE ANY ONE WHO IS NOT ALLOWED TO PICK UP / HAVE CONTACT WITH YOUR CHILD?
(Please provide the name and any relevant information below) _____

PARENTS MUST SIGN BELOW

I have read and agree with ALL of the policies & procedures of the Village of Millerton & NECC Summer Recreation Program

Parent/Guardian

Date

VILLAGE OF MILLERTON
SUMMER RECREATION

MEDICAL INFORMATION FORM

Camper Name _____ Birth Date _____ Age as of 6/1/2010 _____

Parent/ Guardian _____ Phone # _____

Address _____
(Street name & number, city, state, zip)

I hereby authorize the staff of The Village of Millerton Recreation Program to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release The Village of Millerton Recreation Program and the from any/all liability for any injuries or illness incurred while at camp.

Parent / Guardian _____ Date _____

SUNSCREEN POLICY

The Village of Millerton camp staff have my permission to apply sunscreen to my child(ren) while at camp

Parent / Guardian _____ Date _____

MEDICATION/EPI-PEN/INHALER POLICY

- If your child will be taking any medications/epi-pen/inhalers during camp hours:
 - o The medication must be turned into the office by an adult with a Dr. note
 - o The medication/epi-pen/inhaler must be in its original container, clearly labeled
 - o The child must administer the medication/epi-pen/inhaler to themselves- we are only there to supervise, and are not certified to administer medications/epi-pens/inhalers

HEALTH HISTORY

(To be completed by Health Care provider - May attach a copy of the campers physical and immunization record)

Most recent physical _____

ALLERGIES: _____ MEDICATIONS: _____

Child is free of communicable disease and is able to attend camp YES NO

IMMUNIZATION HISTORY

(Please attach a current copy of immunizations)

Immunizations must include the following:

Diphtheria	Haemophilus influenza type b	Hepatitis b
Measles	Mumps	Poliomyelitis
Rubella	Tetanus	Varicella (chicken pox)

**** ALL immunizations must be current and up to date prior to the camper's **
attendance at The Village of Millerton Summer Recreation Program.**

- Identify any known medical or emotional illness or disorder that would currently pose a risk to the others or which would currently affect the individual's functional ability to participate safely: _____

In my opinion, the individual's condition does / does not (circle one) preclude his / her participation in an active summer day camp.

(Signature of MD, APRN, or PA)

Date Signed

CAMPER PAYMENT FORM

RESIDENT OF: VILLAGE OF MILLERTON TOWN OF NORTHEAST OTHER: _____

CAMP FEES (PER WEEK)	***Residents are those campers living in the Village of Millerton & Town of Northeast***				
RESIDENT			NON-RESIDENT		
	FULL TIME	PART TIME		FULL TIME	PART TIME
1ST CHILD	\$85.00	\$65.00	1ST CHILD	\$110.00	\$80.00
2ND CHILD	\$70.00	\$50.00	2ND CHILD	\$85.00	\$65.00
3RD CHILD	\$70.00	\$50.00	3RD CHILD	\$85.00	\$65.00

PART TIME STATUS = 1, 2 OR 3 FULL DAYS PER WEEK OR 9-1 5 DAYS PER WEEK
FULL TIME STATUS= 4 OR 5 DAYS PER WEEK

There is a \$25.00 Registration Fee
****Late registration Fee \$10 (After 6/21/10)****

PLEASE INDICATE THE WEEKS YOU CHILD WILL BE ATTENDING

WEEK 1 JUNE 28-JULY 2 _____ WEEK 2*** JULY 6-JULY 9 _____ WEEK 3 JULY 12-JULY 16 _____	WEEK 4 JULY 19- JULY 23 _____ WEEK 5 JULY 26-JULY 30 _____ WEEK 6 AUG. 2-AUG. 6 _____
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*****PLEASE NOTE: THERE WILL BE NO CAMP ON *****
MONDAY JULY 5th DUE TO THE HOLIDAY - THE COST OF
CAMP FOR WEEK 2 REMAINS THE SAME

By signing this form, you agree to pay for the above sessions for your child - whether they are there or not

Parent/Guardian

Date

DAY TRIP INFORMATION / PERMISSION SLIPS

Parents,

Please detach the permission slip(s) for the trip(s) you wish to send your child on. Payment **MUST** accompany the permission slip, and be **ON -TIME**. Although we have made exceptions in the past, reservations are usually required; therefore, we **MUST** have a complete and accurate account 1 week in advance. If your child **DOES NOT** participate on the trip, there is **NO CAMP ON THAT DAY**. We will leave the camp on schedule, so please **BE ON TIME**.

REMINDER NOTICES WILL BE SENT HOME WITH YOUR CHILD
PRIOR TO THE DUE DATE.

If you wish to join us, you are more than welcome.
We will try to return as close as possible to the designated return times.



Kids Time / Hillsdale Go-Kart 7/9/10

Departure: 9:30am

Return: 12:30pm

**** We will have camp as usual upon our return ****

The camp T-shirt **MUST** be worn

A more specific notice will be sent home prior to going on the trip.

The cost for this trip: \$10.00 per person

PERMISSION SLIP & PAYMENT DUE: 7/6/10



KIDS TIME: Any age allowed

I give my permission for my child _____, to participate on the Kids-Time trip.

Hillsdale Go-Kart: Must be AGE 10 and up

I give my permission for my child _____, to participate on the Go-Kart

Parent Signature

Date



.....
DAY TRIP INFORMATION / PERMISSION SLIPS

Parents,

Please detach the permission slip(s) for the trip(s) you wish to send your child on. Payment **MUST** accompany the permission slip, and be **ON -TIME**. Although we have made exceptions in the past, reservations are usually required; therefore, we **MUST** have a complete and accurate account 1 week in advance. If your child **DOES NOT** participate on the trip, there is **NO CAMP ON THAT DAY**. We will leave the camp on schedule, so please **BE ON TIME**.

REMINDER NOTICES WILL BE SENT HOME WITH YOUR CHILD
PRIOR TO THE DUE DATE.

If you wish to join us, you are more than welcome.
We will try to return as close as possible to the designated return times.

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Lake Taghkanic 7/16/10

Departure: 10:00am
Return: 4:00pm

The campers will spend the day at the beach. A picnic lunch will be provided. The camp T-shirt **MUST** be worn, and campers should bring bathing suit, towel and sunscreen. A more specific notice will be sent home prior to going on the trip.

The cost for this trip: \$10.00 per person

PERMISSION SLIP & PAYMENT DUE: 7/12/10

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I give my permission for my child _____, to participate on the Lake Taghkanic trip.

Parent Signature

Date

***** Unless we here from the parent/guardian prior to the day of the trip, your child will be riding the bus according to this permission slip.**

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DAY TRIP INFORMATION / PERMISSION SLIPS

Parents,

Please detach the permission slip(s) for the trip(s) you wish to send your child on. Payment **MUST** accompany the permission slip, and be **ON -TIME**. Although we have made exceptions in the past, reservations are usually required; therefore, we **MUST** have a complete and accurate account 1 week in advance. If your child **DOES NOT** participate on the trip, there is **NO CAMP ON THAT DAY**. We will leave the camp on schedule, so please **BE ON TIME**.

REMINDER NOTICES WILL BE SENT HOME WITH YOUR CHILD
PRIOR TO THE DUE DATE.

If you wish to join us, you are more than welcome.
We will try to return as close as possible to the designated return times.

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ZOOM FLUME WATER PARK 7/23/10

Departure: 8:30am

Return: 5:00pm

The campers will partake in age appropriate attractions and rides. We will meet for lunch at a pre-designated area. The camp T-shirt **MUST** be worn, and campers should bring bathing suit and towel. A more specific notice will be sent home prior to going on the trip.

The cost for this trip: \$25.00 per person

PERMISSION SLIP & PAYMENT DUE: 7/23/10

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I give my permission for my child _____, to participate on the Zoom Flume Water Park trip.

Parent Signature

Date

***** Unless we here from the parent/guardian prior to the day of the trip, your child will be riding the bus according to this permission slip.**

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