

# Town of Ramapo

## Full Day Camp & Mini Camp Registration 2018



PARENT/GUARDIAN NAME & PHONE:	Name:	Contact #:
PARENT/GUARDIAN NAME & PHONE:	Name:	Contact #:
FULL ADDRESS:	Address:	City, State & Zip Code:
EMAIL ADDRESS & ADD'L PHONE:	Email:	Phone #:
EMERGENCY CONTACT:	Name:	Contact #:

### Camper Information (One form per child):

Camper's Last Name, First Name		Date of Birth
School Attending – Fall 2018	Grade – Fall 2018	Gender (Circle One)
		M or F

Camp Options: check  all that apply

FULL DAY CAMPS - MONDAY – FRIDAY SCHEDULE - Thursday, JULY 5 <sup>TH</sup> – Friday, AUGUST 10 <sup>th</sup>				
	Camp Scuffy KINDERGARTEN (includes 1 trip)	Grade K	8:30am – 3:30pm	\$1500.00
	Camp Scuffy SPORTS (Includes 4 Trips)	Grades 1-5	8:30am – 3:30pm	\$1525.00
	Camp Scuffy ADVENTURES (Includes 4 Trips)	Grades 1-5	8:30am – 3:30pm	\$1525.00
	Camp Scuffy Morning Breakout* <input type="checkbox"/> TENNIS <input type="checkbox"/> DANCE <input type="checkbox"/>	*SPECIAL COMPONENT WITHIN SPORTS OR ADVENTURES		
	Camp Scuffy TEEN (Includes 6 Trips)	Grades 6-8	8:30am – 3:30pm	\$1600.00
	Camp Scuffy Swim Lessons (6-45 minute lessons)	Grades K-5	THURSDAYS	\$100.00
	Camp Scuffy Extended Day	Grades K-8	3:30pm – 5:30pm	\$200.00
	Camp Scuffy Ice Cream (Includes 6 Visits)			\$10.00
	★CAMP SCUFFY EXTRA WEEK AUG 13 <sup>th</sup> – 17 <sup>th</sup>	Grades K – 8	8:30am – 3:30pm	\$225.00
	Camp Scuffy One Week Extended Day	Grades K – 8	3:30pm – 5:30pm	\$40.00
	Create & Explore (Includes 5 Trips)	Grades 1-5	8:30am – 3:30pm	\$725.00
	Create & Explore TEENS (Includes 5 Trips)	Grades 6-8	8:30am – 3:30pm	\$750.00
	Create & Explore Extended Day	Grades K – 8	3:30pm – 5:30pm	\$150.00
	Create & Explore Ice Cream (Includes 6 Visits)			\$10.00
	Sports Conditioning (Includes 4 Trips)	Grades 6-10	9:00am – 3:00pm	\$725.00

FULL DAY CAMPS - MONDAY – THURSDAY SCHEDULE - Thursday, JULY 5 <sup>TH</sup> – Thursday, AUGUST 9 <sup>th</sup>				
	Teen Trek Juniors (Includes 9 Trips)	Grades 6 & 7	9:00am – 3:00pm	\$800.00
	Teen Trek Seniors (Includes 9 Trips)	Grades 8-10	9:00am – 3:00pm	\$825.00
	CIT 1 (includes 4 trips) LIMITED SPACE-please inquire	Grade 9	9:00am – 3:00pm	\$725.00
	CIT 2 (includes 3 trips) LIMITED SPACE-please inquire	Grade 10	9:00am – 3:00pm	\$675.00

MINI CAMPS* - MONDAY – FRIDAY SCHEDULE - Thursday, JULY 5 <sup>TH</sup> – Friday, AUGUST 10 <sup>th</sup> *LOCATIONS SUBJECT TO CHANGE				
	Sloatsburg Elementary	Pre-K – Grade 5	9:00am – 1:00pm	\$300.00
	Connor Elementary	Pre-K – Grade 5	9:00am – 1:00pm	\$300.00
	Montebello Elementary	Pre-K – Grade 5	9:00am – 1:00pm	\$300.00

**Camper Group Requests:** Please note that requests are **not** guaranteed. We will do our best to fulfill at least two **mutual** requests for children in the same grade and balance groups according to school.

1. \_\_\_\_\_

2. \_\_\_\_\_

Make checks payable to: **Town of Ramapo**

Mail or Drop-Off Registration & Payment to:

**Ramapo Parks & Recreation- 3 Palisades Credit Union Park, Pomona, NY 10970**

**Total Due:** \_\_\_\_\_

Camper's Name: \_\_\_\_\_

**INFORMATION & HEALTH HISTORY:**

This form must be completely filled out to register. All information is confidential and remains in the camp office.

**PICK- UP & EMERGENCY INFORMATION:**

Is your child allowed to sign self out of camp\*? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Walk Home at the end of day\*? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*\*We only allow those age 13 or older to sign themselves out and walk home with parent permission. All others MUST be signed out and picked up.*

In the event that there is an emergency at camp and you cannot be reached, please list additional individuals (18 and over), who are authorized to pick up your child. Please remind all to have a photo ID ready for pick up. We will not release your child to any other individual without written permission.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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**MEDICAL INFORMATION:** Please complete all questions in necessary detail for your child's welfare and enjoyment.

Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications or Precautions necessary for the allergy? \_\_\_\_\_

Will your child be required to use an inhaler during camp hours? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Medical Comments – \_\_\_\_\_

**IMMUNIZATION RECORDS: Required by NYS. Fill in the most current dates. A Doctor's physical is not required. No Attachments.**

MMR – Measles, Mumps, Rubella (2 Doses): 1. \_\_\_\_\_ 2. \_\_\_\_\_

OPV/IPV – Polio (3 Doses): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Diphtheria/Tetanus DTP/DTaP (3 Doses): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ Varivax/Varicella: 1. \_\_\_\_\_

HiB 1 (3 Doses): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ HepB (3 Doses): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*\*Please remember all dates must be hand written in the appropriate spots. Applications with attachments will be returned to you and not enrolled.\**

**DEPT. OF HEALTH GUIDELINES:** In New York State, summer camps must have a state, city or county health department permit to operate legally. These permits are issued only if the camp is in compliance with the state's health regulations. The permit to operate must be displayed in a conspicuous place on the premises. The camp must be inspected twice yearly by a health department representative. At least one inspection must be made during the time the camp is in operation. Each camp is checked to make sure that the physical facilities are safe and that supervision is adequate.

**AUTHORIZATION:** I authorize that the above information is accurate and current, and all information has been filled out by the appropriate parties. In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Town to hospitalize and secure treatment for my child. I understand that the Town of Ramapo does not offer accident insurance and my personal insurance bear's primary responsibility in case of an accident. I will allow photos for promotion.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION:** All campers who need medication administered during camp hours must have the following completed by a physician. Medication must be in original container, contain a prescription & will be administered by camp nurse. For camps without a nurse, medication will be self-administered.

Name of Medication(s), Dose & Method of Administration: \_\_\_\_\_

Specific date(s) & time(s) to be given: \_\_\_\_\_ Or Issue Only as Needed: \_\_\_\_\_

Physician's Name & Phone Number: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_