

Town of Ramapo

Full Day Camp & Mini Camp Registration 2019



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 2019	Grade – Fall 2019	Gender (Circle One)
		M or F

Camp Options: check ✓ all that apply

CAMP SCUFFY > MONDAY – FRIDAY SCHEDULE		Monday, July 1 st through Friday, August 9 th (no Camp July 4 th)		
Camp Scuffy KINDERGARTEN (includes 2 trips)	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 Tennis Breakout! *SPECIAL COMPONENT FOR SPORTS OR ADVENTURES	9am - 11am	NO EXTRA FEE		
Camp Scuffy TEEN (Includes 6 Trips)	Grades 6 - 8	8:30am – 3:30pm	\$1600.00	
Camp Scuffy Swim Lessons (6-45 minute lessons)	Grades 1 - 5	THURSDAYS	\$100.00	
Camp Scuffy Extended Day	Grades K - 8	3:30pm – 5:30pm	\$250.00	
★CAMP SCUFFY EXTRA WEEK AUG 12 th – 16 th	Grades K - 8	8:30am – 3:30pm	\$225.00	
Camp Scuffy One Week Extended Day	Grades K - 8	3:30pm – 5:30pm	\$50.00	

SPORTS CONDITIONING > MONDAY – FRIDAY SCHEDULE		Monday, July 1 st through Friday, August 9 th (no Camp July 4 th)		
Sports Conditioning (Includes 4 Trips)	Grades 5 - 9	9:00am – 3:00pm	\$825.00	

CREATE & EXPLORE > MONDAY – FRIDAY SCHEDULE		Monday, July 1 st – Friday, August 9 th (no Camp July 4 th or 5 th) *LOCATION SUBJECT TO CHANGE		
Create & Explore (Includes 5 Trips)	Grades 1 - 8	8:30am – 3:30pm	\$825.00	
Create & Explore Extended Day	Grades 1 - 8	3:30pm – 5:30pm	\$175.00	

TEEN TREK / CIT > MONDAY – THURSDAY SCHEDULE		Monday, July 1 st – Thursday, August 8 th (No Camp July 4 th)		
Teen Trek Juniors (Includes 9 Trips)	Grades 6 & 7	9:00am – 3:00pm	\$900.00	
Teen Trek Seniors (Includes 9 Trips)	Grades 8 - 10	9:00am – 3:00pm	\$900.00	
CIT 1 (includes 4 trips) LIMITED SPACE-please inquire	Grade 9	9:00am – 3:00pm	\$750.00	
CIT 2 (includes 3 trips) LIMITED SPACE-please inquire	Grade 10	9:00am – 3:00pm	\$725.00	

MINI CAMPS* > MONDAY – FRIDAY SCHEDULE		Monday, July 1 st – Friday, August 9 th (no Camp July 4 th or 5 th) *LOCATIONS SUBJECT TO CHANGE		
Connor Elementary	Pre-K - Grade 5	9:00am – 1:00pm	\$375.00	
Montebello Elementary	Pre-K - Grade 5	9:00am – 1:00pm	\$375.00	

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 Drive, Pomona, NY 10970

Total Due: _____

Camper's Name: _____

INFORMATION & HEALTH HISTORY: This form **must** be filled out completely 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 parental 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: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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

Doctor: _____ Phone#: _____

Known Allergies: _____

Medical Comments – _____

Please provide any additional information about the campers physical, emotional, or mental health about which the camp should be aware. _____

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: _____