

# TOWN OF RAMAPO LEARNING CENTER

## Camp Registration 2025



Parent/Guardian Name & Phone	Name:	Contact #: (    )
Parent/Guardian Name & Phone	Name:	Contact #: (    )
Mailing Address	Address:	City, State & Zip Code:
Email Address & Add'l Phone	Email:	Phone #: (    )

**CAMPER INFORMATION (One form per child):**

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

Name (First and Last)		Date of Birth
School Attending – Fall 2025	Grade – Fall 2025	Gender (Circle One)
		M or F

PLAY-WELL TEKologies with LEGO® materials					
	Animal Adventures	July 1 - 5 (no program 7/4)	Ages 5 - 7	9am - 12pm	\$160
	Level Up Gaming		Ages 7 - 12	1pm - 4pm	\$160
	Minecraft Engineering	August 19 - 23	Ages 5 - 7	9am - 12pm	\$185
	Minecraft Master Engineering		Ages 7 - 12	1pm - 4pm	\$185

CHALLENGE ISLAND					
	Slimetopia	July 14 - 18	Entering Grades 2 - 5	9am - 12pm	\$300
	Arcade Mania	July 21 - 25	Entering Grades 1 - 5	9am - 12pm	\$265

LOCATION : RAMAPO LEARNING CENTER, 225 ROUTE 59, AIRMONT, NY 10901

**CAMPER'S NAME:** \_\_\_\_\_

**INFORMATION & HEALTH HISTORY:**

In the event that there is an emergency at camp, and you cannot be reach, 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 question in necessary detail for your child's welfare & 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 – Limitations for camp activities (i.e., physical, visual, auditory, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Mail or drop-off checks at Ramapo Parks & Recreation Dept., 3 Phil Tisi Way, Pomona, NY 10970

**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 bears primary responsibility in case of an accident. I authorize the use of photos for promotional purposes.

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

\_\_\_\_\_  
Date