

TOWN OF RAMAPO

Summer Camp Registration Form 2025



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 2025		Grade – Fall 2025
		Gender (Circle One) M or F

Camp Options: check ✓ all that apply

CAMP SCUFFY		MONDAY – FRIDAY	
KINDERGARTEN	Grade K	9:00am – 3:30pm	R:\$1600 NR:\$1850
JUNIORS	Grades 1 - 6	9:00am – 3:30pm	R:\$1600 NR:\$1850
TEENS	Grades 7 - 9	9:00am – 3:30pm	R:\$1700 NR:\$1950
EXTENDED DAY	Grades K - 9	3:30pm – 5:30pm	\$250

CREATE & EXPLORE		MONDAY – FRIDAY	
Create & Explore	Grades 1 - 8	9:00am – 3:30pm	R:\$850 NR:\$975
Create & Explore EXTENDED DAY	Grades 1 - 8	3:30pm – 5:30pm	\$200

SPORTS CONDITIONING		MONDAY – FRIDAY	
Sports Conditioning	Grades 6 - 10	9:00am – 3:00pm	R:\$900 NR:\$1025

TEEN TREK		MONDAY – THURSDAY	
Teen Trek	Grades 7 - 9	9:00am – 3:00pm	R:\$1400 NR:\$1525

CIT PROGRAM held at Mini Camp sites – make location preference below			MONDAY – FRIDAY	
First Choice _____	Second Choice _____	Grades 9 & 10	8:30am–1:30pm	RES ONLY: \$500

MINI CAMPS* *LOCATIONS SUBJECT TO CHANGE		MONDAY – FRIDAY	
Connor Elementary *	Pre-K - Grade 5	9:00am – 1:00pm	R:\$400 NR:\$500
Montebello Elementary *	Pre-K - Grade 5	9:00am – 1:00pm	R:\$400 NR:\$500

RUSTIC JR TENNIS ACADEMY				8:30am - 12:30pm MONDAY – THURSDAY			
Circle your selection(s):				FEE PER SESSION: RUSTIC MBR:\$250 NM:\$280			
SESSION 1 7/7 - 10	SESSION 2 7/14 - 17	SESSION 3 7/21 - 24	SESSION 4 7/28 - 31	SESSION 5 8/4 - 7	SESSION 6 8/11 - 14	SESSION 7 8/18 - 21	SESSION 8 8/25 - 28

Camper's Name: _____

PICK- UP & EMERGENCY INFORMATION:

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 to display for pick up. We will not release your child to any other individual without written permission.

Name: _____ Relationship: _____ Phone: _____

IMMUNIZATION RECORDS: Required by NYS - Attach current records with a doctor's signature or stamp.

MEDICAL INFORMATION:

Doctor: _____ Phone#: _____

Known Allergies: _____

Medical Comments: _____

Please provide any additional information about the camper's physical, emotional, or mental health of which the camp

staff should be aware: _____

SUMMER CAMP TRIPS: I understand that by signing this form I agree for my child to attend all trips listed on camp calendar including any water related trips.

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:** _____