

TOWN OF SHAWANGUNK
SUMMER CAMP 2011

REGISTRATION PACKET

PLEASE COMPLETE AND MAIL REGISTRATION FORMS (ONE PACKET
PER CAMPER) ALONG WITH CURRENT IMMUNIZATION RECORDS
TO:

SHAWANGUNK TOWN HALL
14 CENTRAL AVE., PO BOX 247
WALLKILL, N.Y. 12589

TOWN OF SHAWANGUNK

SUMMER CAMP 2011

PARENT/ GUARDIAN INFORMATION

CAMP LOCATION: Verkeerderkill Park 3232 Route 52, Pine Bush 12566

CAMP DATES: Monday June 27, 2011 - Friday July 29, 2011
(No Camp Monday July 4, 2011)

HOURS: 9:00 AM – 1:00 PM

DROP OFF: Verkeerderkill Park, 3232 Route 52, Pine Bush 12566

PICK UP: Please pick up your child no later than 1:00 PM. If you are consistently late, your child may be removed from the program. If child needs to be picked up early please provide a note at least one day in advance. Campers can only be picked up yourself and the listed individuals on the Camp Sign-Out Form.

SNACK/WATER: All campers should bring their own snacks and water. Please label all items with your child's name.

CAMP COST: Please make all checks payable to Town of Shawangunk

- Residents: \$100 for 1st child, \$85 for 2nd, \$75 for 3rd
- Non-Residents: \$150 for 1st child, \$125 for 2nd, \$110 for 3rd

MEDICATIONS/MEDICAL CONCERNS:

- Any concerns regarding your child should be discussed in person with the Camp Health Director prior to first day of camp. Please call (845) 895-2611 to schedule an appointment.
- If your child requires medication during camp hours, you must send a note from the physician as well as the medication itself its original container. Campers who require medication during camp hours must be able to self-administer (including EPI-pens).
- Prior to arrival please remember to apply sunscreen and bug repellent on your child. Law prohibits us from applying these lotions.

WEATHER: In the event of heavy rain and/or thunderstorms, camp will close for the day. Closings will be posted daily by 6:00 AM on the Town of Shawangunk Website: **WWW.SHAWANGUNK.ORG**

If extreme weather begins *during* camp hours, we request that you pick your child up as early as possible.

TOWN OF SHAWANGUNK

SUMMER CAMP 2011

REGISTRATION FORM

MONDAY JUNE 27, 2011 – FRIDAY JULY 29, 2011
WEEKDAYS: 9:00 AM – 1:00 PM
(NO CAMP MONDAY JULY 4, 2011)

Your Complete Registration Packet must include the following:

- 1. Completed Registration Packet: one per camper signed in all applicable areas.**
- 2. A copy of current immunization record signed and dated by physician.**
- 3. Non-refundable payment in full.**

Camper Name: _____

Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Cell#: _____ Work#: _____

Mailing Address if different from above:

Street Address: _____

City: _____ State: _____ Zip Code: _____

In the event of an emergency, should we be unable to reach you, please provide us with alternative emergency contact.

Name: _____ Relationship: _____

Home#: _____ Cell#: _____ Work#: _____

FOR OFFICE USE ONLY: IMMUNIZATION FORM RECEIVED ON _____ 2011

TOWN OF SHAWANGUNK

SUMMER CAMP 2011

MEDICAL FORM

Camper Name: _____

IMMUNIZATIONS

- A. Immunizations are up to date; please see enclosed immunization documents along with completed registration forms and non-refundable payment for my child.

Parent/Guardian Signature _____ Date _____

- B. My child is due for immunizations between now and the start of camp date. At this time I am enclosing the completed registration form and the non-refundable payment only. I will forward the required immunization documents to The Town of Shawangunk as soon as possible and ***no later than June 17, 2011. I understand that my child will be unable to attend camp without this paperwork.***

Parent/Guardian Signature _____ Date _____

ALLERGIES

Please list any allergies your child has or write NONE if your child is not allergic to anything.

MEDICAL CONCERNS & MEDICATION

Please list ALL medications* your child is currently taking and any other medical concerns you child has.

*If your child requires medication during camp hours, you must send note from the doctor as well as the medication itself in a current, original container. Any concerns must be discussed in person with the Camp Health Director no later than the first day of camp. Please call (845) 895-2611 to schedule an appointment. Campers who require medication during camp hours MUST be able to self-administer.

Parent/Guardian Signature _____ Date _____

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AUTHORIZATION FORM

Camper Name: _____

AUTHORIZATION

I authorize my child to attend and participate in all activities organized offered by the Town of Shawangunk Summer Camp.

I authorize the Town of Shawangunk staff to administer my child with First Aid and/or Emergency Medical Treatment and/or arrange for transport to and treatment at a local medical facility in the event of a medical emergency.

I authorize the Town of Shawangunk staff to take photographs of my child to be used for the purpose of camp newsletters and/or other camp related publications.

I give my child permission to be transported in the case of organized trips and special events.

If there are any custodial/guardianship restrictions, I will provide a copy of that paperwork along with this application.

Parent/Guardian Signature _____ **Date** _____

DISCIPLINE

Discipline is most effective when it deals directly with the problem at the time and place it occurs, and in a way that campers view as fair and impartial. Counselors and administrative staff are expected to use disciplinary action (in the form of time-outs from activities) only when necessary. Disciplinary action should be firm, fair, and consistent so as to be the most effective in changing the camper's behavior. We will always consider the following:

- A. The campers age
- B. The nature of the incident
- C. The campers prior disciplinary record
- D. The effectiveness of prior discipline (time-outs)

As a general rule, discipline will be progressive. This means that the camper's first infraction will merit a lighter penalty (shorter time-out) than subsequent infractions. Camp counselors must inform the Camp Director if any camper exhibits a regular pattern of misbehavior. The Director will speak with the camper and if the behavior continues after that, the Director will notify parent/guardian to discuss possible options. In the case of extreme violent behavior, we reserve the right to dismiss a camper from the summer program without warning.

Parent/Guardian Signature _____ **Date** _____

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SIGN-OUT FORM

Camper Name: _____

The following people have permission to sign my child out of the Town of Shawangunk Summer Camp:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____
5. _____ Relationship: _____

Please notify everyone on this list to bring at least one form of identification with them when picking a child up from camp. Pick up is at 1:00 PM SHARP.

If there are any custodial/guardianship restrictions, PLEASE provide the Camp Director with copies of that paperwork. Otherwise we will be unable to enforce restrictions.

Parent/Guardian Signature _____ Date _____

TOWN OF SHAWANGUNK

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RESIDENT/ NON-RESIDENT FORM

Camper Name: _____

Camper currently resides at:

Street Address: _____

City: _____ State: _____ Zip Code: _____

In the town of: _____
(example: Shawangunk, Montgomery, Walkill, Crawford...)

In the County of: _____
(example: Ulster, Orange, Sullivan...)

With: _____
Parent/Guardian name(s)

Parent/Guardian Signature _____ **Date** _____