

# **TOWN OF SHAWANGUNK**

SUMMER CAMP 2017

## **REGISTRATION PACKET**

PLEASE COMPLETE AND MAIL REGISTRATION FORMS (one packet per camper) ALONG WITH CURRENT IMMUNIZATION RECORDS TO:

**TOWN OF SHAWANGUNK**  
**14 CENTRAL AVENUE**  
**P.O. BOX 247**  
**WALKKILL, NY 12589**

Camp Director: (917)-848-8633  
Town Hall: (845)-895-2611  
Town Hall Fax: (845)-895-2162

# TOWN OF SHAWANGUNK

## SUMMER CAMP 2017

### PARENT/GUARDIAN INFORMATION

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

**CAMP DATES:** Wednesday, July 5, 2017 thru Friday, August 18, 2017

**CAMP HOURS:** 9:00 A.M. To 3:00 P.M.

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

**PICK UP:** Please pick up your child no later than 3:00 p.m. **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. The Parent or Guardian can only pick up campers, or those listed on the Camp Sign-Out Form.

**LUNCH/SNACK/WATER:** All campers must bring their own lunch, snacks and drinks. There is no food on premises. Please label all items with your child's name.

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

**Residents:** \$300 for 1<sup>st</sup> child, \$250 for 2<sup>nd</sup> child, and \$200 for 3<sup>rd</sup> child

**Non-Residents:** \$375 for 1<sup>st</sup> child, \$350 for 2<sup>nd</sup> child, and \$325 for 3<sup>rd</sup> child

#### **MEDICATIONS/MEDICAL CONCERS:**

Any concerns regarding your child should be discussed in person with the Camp Health Director prior to the first day of camp. Please call (917) 848-8633 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 in 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. If extreme weather begins during camp hour, we request that you pick your child up as early as possible. We will attempt to call parents but you can access weather related closings/concerns on our website,

[www.shawangunk.org](http://www.shawangunk.org)

# TOWN OF SHAWANGUNK

## SUMMER CAMP 2017

### RESIDENT/NON-RESIDENT FORM

Camper Name: \_\_\_\_\_

Camper currently resides at:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In the Town of: \_\_\_\_\_

*(example: Shawangunk, Montgomery, Wallkill, Crawford...)*

In the County of: \_\_\_\_\_

*(example: Ulster, Orange, Sullivan..)*

With: \_\_\_\_\_

*(Parent/Guardian name(s))*

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

# Town of Shawangunk

## SUMMER CAMP 2017

### REGISTRATION FORM

Wednesday, July 5, 2017 – August 18, 2017

**Your complete Registration Packet must include the following:**

1. Completed Registration Packet: One per camper 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: \_\_\_\_\_ Gender: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

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 an alternative emergency contact:*

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

FOR OFFICE USE ONLY: IMMUNIZATION FORM RECEIVED ON \_\_\_\_\_, 2017.

# TOWN OF SHAWANGUNK

## SUMMER CAMP 2017

### 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/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 \_\_\_\_\_

# TOWN OF SHAWANGUNK

## SUMMER CAMP 2017

### 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 July 3, 2017. 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 your child has.

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

\*If your child required medication during camp hours, you must send a 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 (917)-848-8633 to schedule an appointment. Campers who require medication during camp house MUST be able to self-administer.

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

# TOWN OF SHAWANGUNK

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## SIGN-OUT FORM

Camper's 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 up a child from camp. Pick up is at 3:00 P.M. SHARP.

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

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_