

TOWN OF SHAWANGUNK

SUMMER CAMP 2019

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

WALLKILL, NY 12589

Recreation Coordinator:	(917)-848-8633
Summer Camp Director	(845)-744-2452
Town Hall:	(845)-895-2611
Town Hall Fax:	(845)-895-2162

TOWN OF SHAWANGUNK

SUMMER CAMP 2019

PARENT/GUARDIAN INFORMATION

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

CAMP DATES: Monday, July 8, 2019 thru Friday, August 16, 2019

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: \$350 for 1st child, \$300 for 2nd child, \$225 for 3rd child, free for 4th child

Non-Residents: \$425 for 1st child, \$400 for 2nd child, \$350 for 3rd child, \$200 for 4th 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 Gillian at (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

TOWN OF SHAWANGUNK

SUMMER CAMP 2019

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 2019

REGISTRATION FORM

Monday, July 8, 2019 – August 16, 2019

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 _____, 2019.