

Town of Schodack Day Camp Registration Form

Camp Dates July 8, 2024 –August 2, 2024

Child's Name _____ Age _____ M _____ F _____

Grade your child will be in during the **24-25 school year** _____

Parent's Name _____

Address _____

Home Phone # _____ Cell # _____ Work # _____

Application forms must be returned to the Town Clerk's office at the Schodack Town Hall. Please enclose the registration fee of \$125.00 for each child enrolled. For three or more children from the same family, there is a \$325.00 maximum registration fee. ***This program is partially funded by the NYS Office of Children and Family Services.***

**Make checks payable to: Town of Schodack Recreation.
There will be no refunds. All applications are due no later than June 1, 2024**

Please circle the appropriate site for your child:

C.E.S. (Grades K & 1) - 9:15 a.m. - 2:15 a.m.

C.E.S. (Grades 2 & 3) - 9:15 a.m. - 2:15 a.m.

Maple Hill Middle School (Grades 4 & 5) - 9:30 a.m. - 2:30 p.m.

Maple Hill Middle School (Grades 6, 7, & 8) - 9:30 a.m. - 2:30 p.m.

The Maple Hill Middle School is now the Schodack Central Schools District Office

Proof of immunizations must be attached to this form. Faxed, scanned or mailed immunization records will not be accepted at a later time. You must obtain these records from your physician. Schools will not be able to provide copies of immunizations to parents or directly to the camp.

For Office Use Only

Amount Paid _____ Check # _____

Date Received _____ Received by _____

Mail completed applications to:

Sheila Golden/ Schodack Town Hall

265 Schuurman Rd. Castleton N.Y. 12033

Parent or Guardian Authorization

The health history provided to the Town of Schodack Day Camp is correct to my knowledge and the person herein described has my permission to engage in all camp activities, except those noted. In an event that I cannot be reached in an emergency, I hereby give my permission to the physician named on the health form, and/or the camp director to hospitalize and secure proper treatment for my child.

SIGNATURE _____ DATE _____

Please notify the camp if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

If anyone other than a parent will be picking your child up on a REGULAR basis, please list that name and give the necessary related information.

Name _____

Telephone number _____ cell phone number _____

Relationship to camper _____

If your child is to go home with anyone not listed on the application, you must send a written note stating the name, date and written permission for camp to release your child to that person on the stated date.

Due to the complexity of the planning, you must sign up for the Transportation System and submit the form with this application. Additions and changes will not be made from June 1, 2024 through July 8, 2024. Additions and changes will have to be requested after the first day of camp (July 8, 2024). Thank you for your cooperation.

Schodack Youth Insurance Waiver Form

_____ (Print name of Parent or Guardian) does hereby covenant and agree to release and hold harmless the Town of Schodack from and against any and all liability, loss, damage, claims, or actions (including costs of attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising from participation in the Town of Schodack's Youth Recreation Program.

I understand participation in the recreation program involves physical activity and risks of physical injury, and I assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in the recreation program except as follows:

(If no medical condition exists, please print the word "none" in the blank above.)

In the event that conditions exist, the applicant shall provide the Town with a physician's report, which identifies any restrictions or limitations the participant has before he/she is allowed to commence participation in the program.

I further understand the Town of Schodack is relying on my representations in this document.

Signature of Parent or Guardian _____ Date _____

Emergency Contact Form

Please complete two emergency contacts

Name_____

Address_____

Home Telephone _____ Work Telephone_____

Cell Phone_____ Other_____

Relationship to camper_____

Name_____

Address_____

Home Telephone _____ Work Telephone_____

Cell Phone_____ Other_____

Relationship to camper_____

Name of Doctor_____

Address_____

Telephone Number_____

In the event of an emergency, which hospital do you prefer?_____

Is there anything special you would like us to know about your child? If yes, please explain in the space below.

Required Confidential Updated Health History

Name _____

Grade Entering _____

Health Problems - Please check all that apply

____ Diabetes ____ Heart ____ Asthma ____ Headaches

____ Kidneys ____ Glasses ____ Vision ____ Seizures

____ Bladder/Bowel ____ ADD?ADHD ____ Hearing ____ None

____ Allergies - if yes, please specify _____

EpiPen required ____ Yes ____ No **(If yes, please supply the Director with an EpiPen, Emergency Kit and script signed by the Doctor and parent)**

If yes to any of the conditions above, please describe in detail the health problem:

Do health problems interfere with camp activities? ____ Yes ____ No. If yes, please explain:

(Please supply Doctor Verification of restrictions)

Does your child take medication at camp? ____ Yes ____ No

Does Your child require medication at home? ____ Yes ____ No. If yes, please explain:

Does your child know when and how to take his/her medication? ____ Yes ____ No

Any medication **must** have both Doctor and parent permission to be given.

Signature of Parent/Guardian _____ Date _____

The Town of Schodack requires all immunizations required for school. Proof of immunization is required by the New York State Health Department. A signed copy (by the physician) of recent immunizations must be submitted with this application. All health information must be read by the camp nurse prior to the opening of camp. *Immunizations cannot be submitted on the first day of camp.*

The following immunizations must be complete:

<u>Vaccine</u>	<u>Date Administered</u>	<u>Vaccine</u>	<u>Date Administered</u>
DT-DTP-DTaP 1 _____		OPV IPV 1 _____	
DT-DTP-DTaP2 _____		OPV-IPV2 _____	
DT-DTP-DTaP3 _____		OPV IPV 3 _____	
DT-DTP-DTaP4 _____		OPV IPV 4 _____	
DT-DTP-DTaP5 _____			
 DTP-Hib 1 _____		 MMR 1 _____	
DTP-Hib 2 _____		MMR 2 _____	
DTP-Hib 3 _____			
DTP-Hib 4 _____		Hep B 1 _____	
		Hep B 2	

Hib 1 _____		Hep B 3 _____	
Hib 2 _____			
Hib 3 _____		Varicella _____	
Hib 4 _____			
 Td 1 _____		_____	
		Physician's Signature	

Town of Schodack Field Trip Permission Slip

I _____ give my permission for
(parent/guardian name)
my child _____ to attend any
and all field trips with the Town of Schodack Day Camp. It is
my understanding that all field trips will take place between the
dates of July 8, 2024 and August 2, 2024, and between the
hours of 9:30 a.m. and 2:30 p.m. I have read the proposed
calendar and agree to all trips scheduled.

(parent/guardian signature)

Date

My child will not be in attendance for the field trips listed below
(please refer to the online calendar and list trips in which your
child will not attend):
