



Town of Crawford Summer Camp
2024 CAMPER REGISTRATION PACKET

Open to Town of Crawford Residents
& non-residents Ages 4* - 14

** 4 year old campers: Must be due to enter Kindergarten in September,
and provide proof of completing a full-time Pre-K program*

APPLICATION DEADLINE: June 14, 2024 -OR- *When capacity is reached.
Register Early.*

SUBMIT: ONE PACKET PER CAMPER

Camp Dates: Monday July 1 – Friday August 2, 2024 **NO CAMP THURSDAY JULY 4**
Sessions run weekdays: 9:00 a.m.-3:00 p.m. or 9:00 a.m.-1:00 p.m. **sharp**

PLEASE DO NOT drop off campers before 8:50 am as SUPERVISION CANNOT BE PROVIDED.

In the event of heavy severe weather (or forecasted severe weather), Please check our website for updates for the safety of your children.

Weather Announcements will be posted AFTER 6:30 am at: www.townofcrawford.org

Camper Name: _____ Age: _____

Date of Birth: _____

The grade your camper is **DUE TO ENTER in September 2024:** _____

** 4 year old campers: Must be due to enter Kindergarten in September,
and provide proof of completing a full-time Pre-K program*

Parent / Guardian Name(s) _____

Email address _____

Street Address: _____

Mailing Address (if different from above) _____

Home # _____ Cell # _____ Work # _____

In the event of an emergency and we are unable to reach you directly, please provide emergency contact:

Name: _____ Relationship _____ Cell# _____

Immunization Information:

Subpart 7-2 of the NYS Sanitary Code requires camps to maintain immunization records for all campers which include dates for all immunizations against: **diphtheria, haemophilus influenza type b, hepatitis b, measles, mumps, rubella, poliomyelitis, tetanus and varicella (chicken pox).**

All immunization records and/or DOH-5077 forms must be **validated with a Signature & Date from a Physician's Office.**

Please check one:

_____ My child's immunizations are up to date. **Attached please find copy of immunization form that is valid through the camp session dates.**

_____ My child is due for additional immunizations between now and the end of the camp session date, **Enclosed please find current immunization form to date.** When immunizations are updated, an adult will **hand-deliver** the updated immunization form to the Camp Medical Director. I understand that The Camp Medical Director will be keeping track of documents that are due during the camp session.

_____ Please see **ATTACHED DOH-5077**

Allergies:

Please list any allergies _____

-OR- **My child has NO known allergies** _____

Does your child need to sit at a peanut-free table during snack time? Y___ N ___

Any other allergy concerns? If yes, please list below, add another sheet if necessary Y___ N ___

Any other medical concerns? Please list below, add another sheet if necessary Y___ N ___

- Any concerns regarding your child's health should be discussed in person with the Camp Health Director prior arrival on his/her first day of camp. Please call (845) 744-2029 x1134 to make an appointment to meet with our Camp Health Director prior to the start date of camp.
- If your child requires medication during camp hours, you **MUST** send in a note from their physician as well as the medication itself, in a current, original container and delivered to the Camp Health director. Campers who require medication during camp hours **MUST** be able to self-administer. All provided medications will be locked in a lock box.
- If you wish to apply sunscreen and/or bug repellent to your child, please do so prior to their arrival at camp. Law prohibits us from applying these lotions.
- **OPTIONAL:** Please provide a list of medications your child is taking at home and possible side effects Camp Staff should be aware of.

Residence Declaration

_____ currently resides at:
Camper Name _____, N.Y. _____
Street Address _____ Zip Code _____

In the Town of _____

With: _____
Parent or Legal Guardian Name(s)

Parent/ Guardian Name (PLEASE PRINT)

Parent / Guardian Signature _____ Date _____

Authorizations PLEASE INITIAL EACH:

- I authorize the Town of Crawford staff to administer basic 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 Crawford staff to take photographs of my child that may be used on social media, for the purpose of newsletters and/ or other publications
- I give permission for my child to be transported in the case of organized trips and special events.
- If there are any custodial/guardianship restrictions, I understand that I must provide a copy of that paperwork along with this application.
- I give permission for my child to attend this Camp program

Camp Discipline Policy PLEASE INITIAL EACH:

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-out from activities) only when necessary. Disciplinary action should be firm, fair, and consistent so as to be the most effective in changing student behavior. We will always consider the following: The camper's age, nature of the incident and the circumstances that led to it, camper's prior disciplinary record, and the effectiveness of prior discipline (time-outs). As a general rule, discipline will be progressive, meaning camper's first infraction will merit a lighter penalty, (a shorter time-out) than subsequent infractions. Camp counselors are instructed to inform the Camp Director if a camper exhibits violent behavior, bullying or a regular pattern of misbehavior. In such cases, the Camp Director will speak with the camper. If the misbehavior continues, the Camp Director will notify the Camper's parent/guardian to discuss possible options. In the case of violent behavior, we reserve the right to dismiss a camper from the summer program without warning.

Are there any behavioral concerns that you believe that camp staff should be aware of? Y N
If yes, please attach a note to this application.

- I read and understand the Camp Discipline Policy
- I understand that if there are any legal custodial/guardianship restrictions, I must inform and provide the Camp Director with copies paperwork or legally they cannot be enforced.
- I read, understand, will keep and refer to as needed, the "Town of Crawford Summer Camp Family Information & Guidelines" provided with this application.

PERMISSION FOR CAMPER SIGN-OUT

One per camper please. Each sheet is filed with the camper's counselor.

_____ **CAMPER'S NAME**

_____ **GRADE ENTERING in Sept. 2024**

**The following persons, (other than parent/guardian)
have my permission to sign my child out of Summer Camp.
They are aware that pick-up time is by 3:00 p.m. sharp.**

PLEASE PRINT:

1. _____ relationship _____
2. _____ relationship _____
3. _____ relationship _____
4. _____ relationship _____

Parent/ Guardian Name (PLEASE PRINT)

X _____
Parent / Guardian Signature **DATE**

(OPTIONAL) My child has my permission to leave camp on their own each day

Child's Name _____

Parent/ Guardian Name (PLEASE PRINT)

X _____ **DATE**

Snacks and/or lunches:

Please pack lunches and/or snacks using insulated bags if possible, as we do not have refrigeration onsite. We do our best to keep all lunch bags in a shaded area. **Water:** We encourage campers to drink water often during the session. Please send your child to camp with a refillable water bottle. Staff will stop for regular water breaks and campers will be encouraged to drink water throughout the session whenever they need it. Sugary drinks are *not* advised. Please remind your children to hydrate during the camp session.

Non-Refundable FEES PER CAMPER for Five-Week Program:

Town of Crawford Residents

(Town taxes are paid to the Town of Crawford)

1st Child. \$400. / 2nd Child \$375. / 3rd+ Child \$350. Each
Half day option: 1st Child \$300. / 2nd \$285. / 3rd+\$265. Each

Non residents

1st Child \$500 / 2nd Child \$475 / 3rd+ Child \$450 Each
Half day option: 1st Child \$375. / 2nd Child \$360. / 3rd Child+\$340.

Campers with active military parent(s) or legal guardian(s) are eligible for a 10% discount off total. Please attach/provide copy of proof of current active military status.

Enclosed please find:

CHECK (or M.O.) # _____ in the amount of \$ _____

Kindly enclose one check (or money order) per family made payable to Town of Crawford.

Please submit ONE COMPLETED REGISTRATION PACKET PER CAMPER.

Immunization record must be included with registration.

Mail/Deliver packets with fee here:

**Town of Crawford Government Center
121 State Rte. 302
Pine Bush, NY 12566
Attention: Community Services Director- Summer Camp**

If paying with cash, please email communityservices2@townofcrawford.org to make an appointment.

2024 SUMMER CAMP PICK UP POLICY

PLEASE BE AWARE OF THE FOLLOWING POLICY IN REGARD TO PICKING UP YOUR CAMPERS:

CAMP ENDS PROMPTLY AT 3:00. (Or 1:00)

Please be on Park property prior to 3:00 (or 1:00) for pick up. Our late policy is as follows:

Late pick up fees are \$1.00 per minute per child payable at the time of pickup in cash. Your camper will not be allowed back without payment being made. (There is a 5 min. grace period)

If you are late 3 times your campers will be at risk of being asked to leave the program.

I have received, understand and will abide by the late pickup policy for the Town of Crawford Summer Camp Program.

Parent/Guardian Name Please Print

Parent/Guardian Signature

DATE

Town of Crawford Summer camp 2024

Contact information

Child Name _____

Parent/Guardian Name _____

Email address _____

Street address _____

Mailing address if different from above _____

Home phone #

Cell #

Work #

In the event of emergency after calling the above numbers. In the event that we are unable to reach you directly, please provide an emergency contact:

Name _____

Relationship _____

Cell # _____

Permission for Camper sign-out

One per camper please. Each sheet is filed with the camper's counselor.

Campers Name

Grade entering in Sept. 2024

The following persons, other than parent/guardian have permission to sign my child out of summer camp. They are aware of pick -up time is at 3:00/1:00 sharp (Any late pickups incur a 1>00 per minute late rate.)

Please Print:

1. _____ **relationship** _____

2. _____ **relationship** _____

3. _____ **relationship** _____

4. _____ **relationship** _____

Parent/guardian Name/s (please print)

Parent Guardian Signature

Optional- My child has permission to leave camp on their own each day

Childs name _____

Parent/Guardian name _____

Parent Signature X _____

Date _____

Important-Please note:

All immunization records must be submitted at time of registration with payment.

Thank you.