

Scriba Recreation Day Camp Registration Form

Camper's Name _____ Date of Birth _____
Parent/Legal Guardian _____ Home Phone _____
Address _____ Work Phone _____
Sessions attending _____ Age _____

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- The Scriba Recreation Day Camp reserves the right to request identification to ascertain that camper is released to proper individual.
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I give the Town of Scriba Recreation Department permission to:

- Apply sun block to my child in the event that it is necessary due to involvement in outdoor activity. Yes ___ No ___
- Have my child's picture to be taken for publicity purposes only. Yes ___ No ___
- Apply DEET-free insect repellent or Skin-So-Soft in the event that it is necessary due to involvement in outdoor activities. Yes ___ No ___

Parent/Guardian Signature

Date

Health History

Camper's Name _____ Birthdate _____ Sex _____ Age _____

Parent/Legal Guardian _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Second Parent *or* Emergency Contact: _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Other person(s) to notify in case of emergency and has permission to pick up camper:

Name _____ Phone _____

Name _____ Phone _____

Name of Family Physician _____

Address _____ Phone _____

Date of last physical exam (*mo/yr*) _____

Name of Family Dentist _____

Address _____ Phone _____

Is your child covered under family medical/hospital insurance? Yes _____ No _____

If yes, please indicate carrier : _____

Policy #: _____

Before / After Care Information

Day Camp begins at 9:45a.m. and ends at 3:30 p.m. Before Care opens at 7:30 a.m. After Care closes at 5:30 p.m. Parents will be charged *one dollar per minute* for every minute that the child is left in After Care after 5:30 p.m. The charge *per week* per camper is \$25 for Before Care **OR** After Care. The cost of Before Care **AND** After Care is \$50 *per week* per camper.

Payment is due at the time of registration and is not refundable.

Before Care: I will drop my child off at _____ a.m.

After Care: I will pick my child up at _____ p.m.

Residents-

2 week session w/ A.M. or P.M.	\$190.00
2 week session w/ A.M. & P.M.	\$210.00

Non- Residents-

2 week session w/ A.M. or P.M.	\$210.00
2 week session w/ A.M. & P.M.	\$230.00

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Please indicate which session you would like for your child to attend.

Each 2 week session is **\$140/ Resident; \$160/Non-Resident.**

The 1 week session is half the cost **\$70/Resident; \$80/Non-Resident**

***Registration fees are not refundable.***

\_\_\_\_\_ Session 1 (6/27-7/08)

\_\_\_\_\_ Session 2 (7/11-7/22)

\_\_\_\_\_ Session 3 (7/25-8/05)

\_\_\_\_\_ Session 4- 1 week only (8/08-8/12)

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We cannot accept applications that are incomplete, lack payment or lack immunizations.

(We do not keep these records from one year to the next)

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## HEALTH HISTORY

(✓ and give approximate date)

- frequent ear infections
- heart defect / disease
- convulsions
- diabetes
- bleeding / clotting disorders
- hypertension
- mononucleosis

### Diseases

- Chicken Pox
- Measles
  
- German Measles
- Mumps

### Allergies

- hay fever
- ivy/plant poisoning
- insect stings
- penicillin
- other drugs
- asthma
- other (specify)

Operations or serious injuries (dates) \_\_\_\_\_

Chronic or recurring illness or medical conditions \_\_\_\_\_

Food restrictions \_\_\_\_\_

Current medications \_\_\_\_\_

Does your child have any medical condition that would limit him/her from participating in strenuous activities including, but not limited to:

swimming     field sports     hiking  
 other: \_\_\_\_\_

Suggestions on other related information for camp personnel\* \_\_\_\_\_

\* Many parents are reluctant to share personal information about their child for fear that their child will be denied enrollment or that such information will prejudice us against their child. That is not the case. This information will enable us to provide the experiences that will bring out the best in your child. All information will be kept in confidence and shared only with those staff members who need to know. Please contact the Camp Director if you have any concerns in this area.

Thank you for your cooperation.

## IMMUNIZATION HISTORY

***A copy of the camper's complete immunization record must be provided each year, as we do not keep copies from one year to the next.***

This Health History is correct so far as I know, and my child has permission to engage in all camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by Scriba Recreation to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary, related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Scriba Recreation to secure and administer treatment, including hospitalization, for my child. The completed forms may be copied for trips out of camp.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_