

Village of Millerton
2016 SUMMER CAMP PAYMENT FORM

CAMPER NAME: _____

RESIDENT OF: VILLAGE OF TOWN OF OTHER:
 MILLERTON NORTHEAST

CAMP FEES (PER WEEK)		***Residents are those campers living in the Village of Millerton & Town of Northeast***			
RESIDENT			NON-RESIDENT		
	FULL TIME	PART TIME		FULL TIME	PART TIME
1 ST CHILD	\$85.00	\$65.00	1 ST CHILD	\$110.00	\$80.00
2 ND CHILD	\$70.00	\$50.00	2 ND CHILD	\$85.00	\$65.00
3 RD CHILD	\$70.00	\$50.00	3 RD CHILD	\$85.00	\$65.00

PART TIME STATUS = 1, 2 OR 3 FULL DAYS PER WEEK OR 9-1 5 DAYS PER WEEK
 FULL TIME STATUS= 4 OR 5 DAYS PER WEEK

There is a \$25.00 Registration Fee
****Late registration Fee \$10 (After 6/17/16)****

PLEASE INDICATE THE WEEKS YOU CHILD WILL BE ATTENDING

WEEK 1
 JUNE 27- JULY 1 _____
WEEK 2***
 JULY 5- JULY 8 _____
WEEK 3
 JULY 11- JULY 15 _____

WEEK 4
 JULY 18- JULY 22 _____
WEEK 5
 JULY 25- JULY 29 _____
WEEK 6
 AUG 1. – AUG 5. _____

*****PLEASE NOTE: THERE WILL BE NO CAMP ON *****
Monday, JULY 4th DO TO THE HOLIDAY –
THE COST OF CAMP FOR WEEK 1 REMAINS THE SAME
By signing this form, you agree to pay for the above sessions for your child –
whether they are there or not

 Parent/Guardian

 Date

SUMMER CAMP ENROLLMENT APPLICATION

June 27,2016 - August 5, 2016

AGES 5-13

(MUST BE ENTERING KINDERGARTEN)

CAMPER NAME _____ REGISTRATION DATE _____

D.O.B _____ AGE AS OF 6/1/16 _____ GRADE ENTERING SEPT. 2016 _____

PARENT/GUARDIAN: _____

PHYSICAL ADDRESS: _____

E-MAIL: _____

(Please Circle BEST CONTACT # in case of Emergency)

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

OTHER EMERGENCY CONTACTS

Name _____ **Phone #** _____ **Relationship to Camper** _____

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CAMPER RELEASE INFORMATION

Upon registration, you will receive 'camper release cards'. These cards MUST be presented to a counselor when picking up your child.

Please list the people who could possibly be picking up your child (ren)

Name Relationship to Camper

IS THERE ANY ONE WHO IS NOT ALLOWED TO PICK UP / HAVE CONTACT WITH YOUR CHILD?

(Please provide the name and any relevant information below)_____

PARENTS MUST SIGN BELOW

I have read and agree with ALL of the policies & procedures of the Village of Millerton Summer Recreation Program

Parent/Guardian

Date

MEDICAL INFORMATION FORM

Camper Name _____ Birth Date _____ Age as of 6/1/2016
Parent/ Guardian _____ Phone # _____
Address _____
(Street name & number, city, state, zip)

I hereby authorize the staff of The Village of Millerton Recreation Program to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release The Village of Millerton Recreation Program and the from any/all liability for any injuries or illness incurred while at camp.

Parent / Guardian _____ Date _____

SUNSCREEN POLICY

The Village of Millerton camp staff has my permission to apply sunscreen to my child (ren) while at camp

Parent / Guardian _____ Date _____

MEDICATION/EPI-PEN/INHALER POLICY

- If your child will be taking any medications/epi-pen/inhalers during camp hours:
 - o The medication must be turned into the office by an adult with a Dr. note
 - o The medication/epi-pen/inhaler must be in its original container, clearly labeled
 - o The child must administer the medication/epi-pen/inhaler to themselves- we are only there to supervise, and are not certified to administer medications/epi-pens/inhalers

HEALTH HISTORY

(To be completed by Health Care provider – May attach a copy of the campers physical and immunization record)

Most recent physical _____

ALLERGIES: _____ MEDICATIONS: _____

Child is free of communicable disease and is able to attend camp YES NO

IMMUNIZATION HISTORY

(Please attach a current copy of immunizations)

Immunizations must include the following:

Diphtheria	Haemophilus influenza type b	Hepatitis b
Measles	Mumps	Poliomyelitis
Rubella	Tetanus	Varicella (chicken pox)

**** ALL immunizations must be current and up to date prior to the camper's **
Attendance at the Village of Millerton Summer Recreation Program.**

- Identify any known medical or emotional illness or disorder that would currently pose a risk to the others or which would currently affect the individual's functional ability to participate safely: _____

In my opinion, the individual's condition does / does not (circle one) preclude his / her participation in an active summer day camp.

(Signature of MD, APRN, or PA)

Date Signed

**PARENTAL PERMISSION FORM
FOR USE OF PHOTOS IN
PUBLICATIONS AND/OR ON THE WEBSITE**

Dear Parent or Guardian:

It is our practice when preparing work for village publications or on the Internet, to seek parental permission before including your child's photo. In order to include your child's photo, we must have your signed permission. Last names of children will not be used on Internet or in the village publications.

Please review the information, sign it, and return to the Camp Director.

Child's Name: _____

Parent or Guardian Signature: _____

Date: _____

For your protection and privacy, we ask your permission to use your child's picture in publications and/or on the Internet, should we desire.

I give my permission to use my child's picture on the Internet and/or in village publications.

Do not use my child's picture on the Internet or in village publications.