

TOWN OF PLATTEKILL

Summer Recreation Camp

PLEASE PRINT, FILL IN ALL SECTIONS THAT APPLY

CHILD'S NAME _____ AGE _____ DATE OF BIRTH _____

Parent/Guardian Name: _____

Address: _____

PHONE NUMBER _____ SECONDARY PHONE NUMBER _____

EMERGENCY CONTACTS

Name	Relationship	Phone Number
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IMMUNIZATIONS: PLEASE ATTACH A CURRENT COPY OF IMMUNIZATION RECORD

ALLERGIES: Please list any allergies below:

MEDICATIONS: Please list any medications taken within the last 6 months and the reason below. **PLEASE NOTE:** Any child who takes medication during the school year will be expected to continue to take the medication during the Summer Recreation Program.

SUMMER DAY CAMP RULES TO PARENTS (please read carefully):

I certify that my child is in good physical health and can participate in physical activities. I hereby give my permission for my child to attend Plattekill Summer Day Camp, it's trips and swimming program. I give permission for my child to be treated by the physician/emergency room on call for the day camp. I agree that my child will abide the rules and regulations of the day camp and I will take full responsibility for the behavior and actions of my child while attending the day camp. I understand that my child will be DISMISSED from the program AND TUITION WILL NOT BE REFUNDED for unacceptable behavior, bullying, or unsafe behavior.

Parent/Guardian Signature

Print Name

Date

TOWN OF PLATTEKILL

Summer Recreation Camp

Dear Parent/Guardian:

Please CAREFULLY READ and REVIEW the following information regarding our Summer Recreation Program. Your signature at the bottom of this form is required for your child's participation in the Summer Recreation Program.

1. I understand that the insurance coverage provided by the Town of Plattekill for the Recreation program is secondary coverage and that my OWN insurance coverage is considered the primary carrier.
2. I understand that the Summer Recreation Program is NOT a daycare program but rather an enrichment program provided by the Town of Plattekill deigned to enhance the quality of my child's summer vacation and should be considered as a supplement of daycare.
3. I understand that the hours of the program are 9:00am-3:00pm (NO CHILD SHOULD BE DROPPED OFF until the Camp Director or the Assistant Director is present.) Campers are to be dropped off daily at 9:00am. Please allow for a TIMELY delivery and pick up of your child. Children that are repeatedly left unattended either prior to or after the Summer Recreation Program will be removed from the program with NO REFUND of tuition.
4. Bathing suits MUST be worn on pool days and CAMP shirts must be worn on trip days. NO EXCEPTIONS.
5. I understand that the children who participate in the Summer Recreation Program are expected to treat peers and staff members with courtesy and respect. Parents/Guardians of a child whose behavior is repeatedly disruptive will receive notice of such behavior. If the disruptive behavior continues, the child will be removed from the program with NO REFUND of tuition.
6. I understand that the Town of Plattekill cannot provide care for children who are ill. Therefore, if your child is sick, please do not send him/her/them to the recreation program. If the child is sick during the day, the parent/guardian MUST be able to pick up the child upon notification.
7. I understand that the child/children will only be released to the parent/guardian or someone designated by the parent/guardian. Please list any other person/persons authorized for pick up below. (NO CHILD WILL BE RELEASED TO AN UNAUTHERIZED PERSON)

Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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8. I understand that my child/children must supple their lunch, snack, and a sufficient amount of water for each day that they are at camp. Please make sure your child has their OWN water bottle.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE INFORMATION PERTAINING TO THE TOWN OF PLATTEKILL SUMMER RECREATION PROGRAM.

Parent/Guardian Signature

Print Name

Date

P.O. BOX 45, 1915 RTE 44-55, MODENA, NY 12548
(845) 883-7331 x14 FAX (845) 883-7207

TOWN OF PLATTEKILL Summer Recreation Camp

Town of Plattekill Summer Camp '22 Social Media Policy

Please read the following paragraph and sign & initial your choice.

Summer Camp Social Media Policy – As the parent/legal guardian of your camper/campers, you have a right to approve or deny pictures of your child to be allowed on our social media pages. The recreation director will post on both Facebook pages on a daily/weekly basis.

I, _____ Parent/guardian of:
(adult name)

_____	_____
(campers name)	(campers name)
_____	_____
(campers name)	(campers name)

YES _____ = allowed pictures of the above named camper
(initial)

NO _____ = will NOT allow pictures on social media.
(initial)

****Please not if you deny, we will try not to keep your camper/campers from any activity, just from being in the picture(s). Please be aware that we may include them in the picture, but we will edit it so that their identity is protected. This is done so that we don't exclude them, or so they do not feel left out!**

_____	_____
(Adult Signature)	(Date)

TOWN OF PLATTEKILL

Summer Recreation Camp

Campers Name: _____

Campers Age: _____ Birthday: _____

Campers shirt size: _____

Allergies: _____

Adults approved to pick up your camper:

Name:	Number:

****Please Note**** we will **ONLY** allow your camper to leave with these adults. **NO EXCEPTIONS.** This list can be updated as needed, just speak to one of the directors.

****If someone else besides the normal pick up person will be picking up your child please just let our staff know! ****