

VILLAGE OF HAVERSTRAW 2017 SUMMER CAMP

CAMP APPLICATION

AFTER CAMP APPLICATION

Camp Fee \$ _____

After Camp Fee \$ _____

TOTAL Fee \$ _____

CAMPER INFORMATION

Name of Child:

Date of birth:

Age:

Male or Female

Phone:

Name of parent(s)/legal guardian(s):

Current address:

City:

State:

ZIP Code:

Attended camp before?

If yes, how many times?

Can he/she swim in **deep water**?

T-Shirt Size (circle one): youth S M L XL adult S M L XL

EMERGENCY CONTACT INFORMATION

Name:

Address:

Home Phone:

City:

State:

ZIP Code:

Cell Phone:

Relationship:

Work Phone:

MEDICAL HISTORY

Does your child have problems with any of the following? If yes, explain.

Diabetes:

High blood pressure:

Clotting disorder:

Bleeding disorders:

Heart defect/disease:

Seizures:

Ear infections:

Poison Ivy:

Explain:

Date and explanation of any operations or serious injury.

Does your child have asthma?

If yes, does he/she carry an inhaler?

Does your child have hearing/vision problems?

Does he/she use hearing aid/glasses?

Does your child have any allergies to food, bees or medications? Please explain.

Please list ALL current medications.

Will your child need to take his/her medication while at camp?

Does your child have any behavioral/psychological problems that need to be discussed with our camp staff?

Any dietary restrictions?

Is your child physically and emotionally able to participate in an active camp program? YES or NO

VACCINATION INFORMATION

Please attach a copy of camper's immunizations records. All applicants must have proof of Varicella (chickenpox), Haemophilus influenza type B (bib), and Hepatitis B vaccinations prior to the start of camp.

FREE/REDUCED LUNCH

Please supply a copy of the lunch notification from the school administrator

And please sign this waiver:

I hereby give the Haverstraw Center Summer Day Camp permission to request from the North Rockland Central School District Food Service Program proof of free or reduced-price lunch.

Parent/Guardian Signature: _____ Date: _____

PAYMENT INFORMATION

Person Responsible for Payment: _____

Name

Address

Cell Phone: _____ Home Phone: _____ Work Phone: _____

FOR INTERNAL USE ONLY

Index Card _____

Completed Application _____

Immunization Record _____

Camper Birth Certificate _____

Copy of Utility bill _____

Trip Waiver _____

Release/Waiver/Consent _____

Photo/Press Release _____

Lunch Approval _____

Total Fee Due: \$ _____

Paid by: _____

Phone #: _____

Initial Payment \$ _____ Partial Full

Receipt # _____

Person(s) authorized to p/u camper: _____

Application Processed By: _____

Date: _____