

**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: \_\_\_\_\_