Tarrytown/Sleepy Hollow Summer Tot Camp Registration Form 2022

Registration will **ONLY** be accepted if **ALL** of the following information has been completed **AND** submitted along with your child's immunization records from their doctor. If any information is incomplete, we cannot accept this registration to our Camp Program as per Westchester County Department of Health Regulations.

PLEASE PRINT CLEARLY

Name of Child:_____

Circle the grade your child will be *ENTERING* in September 2022: Pre-K Kindergarten
NOTE: YOUR CHILD MUST BE POTTY TRAINED TO ATTEND CAMP

Child's Birth Date: _____ **Age:** _____ **Circle One: Male Female**

Address: _____**City:** _____ **State:** _____ **Zip:** _____

Email Address: _____

Home Phone #: _____**Work #:** _____ **Cell #:** _____

Parent/Guardian Name _____

Daytime Phone_____ **Cell Phone**_____

EMERGENCY CONTACT INFORMATION: In the event that we cannot reach parent/guardians. Please list those who can pick up your child within 15 minutes in the event of an emergency (***ID REQUIRED):***

Name_____ **Phone**_____ **Relation to camper**_____

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CAMP SESSIONS & HOURS (PLEASE CIRCLE WHICH WEEKS YOU WILL BE SIGNING UP FOR):

Early Arrival: 7:45am-8:45am _____ **Camp Hours: 9am-1pm** **Extended Day: 1pm-3pm** _____

Week 1 (6/27-7/1)	Week 2 (7/5-7/8)	Week 3 (7/11-7/15)	Week 4 (7/18-7/22)	Week 5 (7/25-7/29)	Week 6 (8/1-8/5)	Week 7 (8/8-8/12)	Week 8 (8/15-8/19)

NO REFUNDS-Except for illness, must have a doctor note, prorated based on the date received, with a $10.00 processing fee attached. Early Arrival and Extended Day will be offered for an additional fee. See next page.

Immunization Records: Please attach your child's immunization records from their doctor's office. Immunization dates are required for diphtheria, Hemophilus influenza type B, hepatitis B, measles, mumps, poliomyelitis, rubella, tetanus and varicella (chicken pox), or acceptable exception notification. If your child is not immunized, you must provide: 1) a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; or 2) a statement in writing from their religious leader that such vaccination is against his/her sincere religious belief.

List any allergies, medical concerns, special diets or activity restrictions that we should be aware of: _____

_____

Has your child ever been stung by an insect? _____YES _____NO Reactions:_____

MEDICATIONS: By law any medications taken at camp **MUST BE ACCOMPANIED BY A DOCTOR'S NOTE:**

Asthma Inhaler: Type:_____ Frequency of Use:_____

Epi-Pen: Type:_____ Frequency of Use:_____

Medication: Type:_____ Frequency of Use:_____

Tot Camp Registration Fees

Fee Per 1 Week Session:

Pay By April 30th	Resident: $153
	Non Resident: $182
	Scholarship: $108
Pay By May 31st	Resident: $164
	Non Resident: $193
	Scholarship: $119
Pay By June 30th	Resident: $176
	Non Resident: $204
	Scholarship: $130

Fee Per 2 Week Session:

Pay By April 30th	Resident: $306
	Non Resident: $363
	Scholarship: $216
Pay By May 31st	Resident: $329
	Non Resident: $385
	Scholarship: $238
Pay By June 30th	Resident: $351
	Non Resident: $408
	Scholarship: $261

Fee Per 6 Week Session:

Pay By April 30th	Resident: $917
	Non Resident: $1,088
	Scholarship: $646
Pay By May 31st	Resident: $986
	Non Resident: $1,156
	Scholarship: $714
Pay By June 30th	Resident: $1,054
	Non Resident: $1,223
	Scholarship: $782

Fee Per 8 Week Session:

Pay By April 30th	Resident: $1,224
	Non Resident: $1,456
	Scholarship: $864
Pay By May 31st	Resident: $1,312
	Non Resident: $1,544
	Scholarship: $952
Pay By June 30th	Resident: $1,408
	Non Resident: $1,632
	Scholarship: $1,040

Day Camp Early Arrival:
$25 per child per week

Day Camp Extended Day:
$50 per child per week

PLEASE READ CAREFULLY AND INITIAL

INITIAL

_____ **Emergency Permission:** In the event of a serious emergency, I give permission for my child to be taken to the nearest hospital for treatment including and necessary diagnostic tests/exams. I understand that every attempt to reach me will be made prior to taking my child to the hospital.

_____ **Medication Permission:** In the event that my child needs his/her medication, I give permission to the Camp Medical Director/Nurse to administer the necessary medications. I understand that I will be notified by the Camp Nurse in the event my child needs his/her medication.

_____ **Permission to participate and swim:** I give permission for my child to participate in all swim sessions during Tarrytown/Sleepy Hollow Summer Camp 2020 program from June 27 – August 19, 2022.

_____ **Permission to Walk/Bike Home:** I give permission for my child to walk/bike home from camp (Not applicable to for campers in grades Pre-K – 3rd)

Sunscreen Permission:

_____ I consent to have my camper carry and use sunscreen she/he has brought to camp, which is FDA approved for over-the-counter use to void overexposure to the sun.

_____ I consent to have a day camp staff member assist with the application of sunscreen when my child is unable to do so, or if my child requests assistance.

_____ **Photo Release:** I consent that any photography or video of myself and/or my child having to do with Tarrytown/Sleepy Summer Camps Program and other programs can be used for publicity, promotion or showing.

_____ **GENERAL RELEASE:** I hereby agree to hold harmless the Villages of Tarrytown & Sleepy Hollow, the respective Board of Trustees thereof, the agents, employees and volunteers from any claim whatsoever, for property or personal damage that I / my child may sustain as a result of his/her participation in the activities of the Tarrytown/Sleepy Hollow Summer Camps, including swimming, field trips and/or other events sponsored in conjunction with the Tarrytown and Sleepy Hollow Recreation Departments.

ADDITIONAL: THERE ARE NO REFUNDS OR CREDITS FOR ANY OF OUR PROGRAMS, UNLESS WE CANCEL THE PROGRAM.

Signature of Parent/Guardian:_____ Date: _____

OFFICE USE ONLY:

DATE: _____ **ACCOUNT BALANCE:** _____ **STAFF INITIALS:** _____ **(INITIAL EACH PAYMENT)**

DATE: _____ **AMOUNT PAID:** _____ **ACCOUNT BALANCE:** _____

DATE: _____ **AMOUNT PAID:** _____ **ACCOUNT BALANCE:** _____

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