

REGISTRATION/MEDICAL FORM

(This form **MUST** be completed for **EACH** child. Payment must accompany form.)

Registration Deadline Date May 16

Late Fee \$75.00 if space is available after May 16

PLEASE PRINT – PRESS HARD

NO REFUNDS

Camper's Name _____ Male _____ Female _____

Complete Address _____ Home Phone _____

Date of Birth _____ Age as of 6/30/14 _____ Grade in September 2014 _____

Weeks of Camp: Session 1 = 6/30 – 7/18 (CIRCLE WEEKS/SESSION ATTENDING) Session 2 = 7/21 – 8/8
9:00 a.m. – 12:00 p.m. 9:00 a.m. – 3:00 p.m.

Kindergarten, & 1st Grade

1st – 6th Grades

	Resident	SD
Session I 3 Wks	\$273	\$370
Session II 3 Wks	\$273	\$370
Both Sessions 6 Wks	\$388	\$629

	Resident	SD
Session I 3 Wks	\$558	\$706
Session II 3 Wks	\$558	\$706
Both Sessions 6 Wks	\$960	\$1095

Tiny Tots (Must be 3 y.o. by 12/1/13)

***1st Grade has the option of half or full day**

	Resident	SD
Session I 3 Wks	\$309	\$411
Session II 3 Wks	\$309	\$411
Both Sessions 6 Wks	\$541	\$723

Does your child require one on one support during the school year? YES NO
If yes, will your child be accompanied by a support aid while at camp YES NO

Cell Phone Numbers & Names: Mother _____ Father _____

Doctor's Name: _____ Phone: _____

Parent E-Mail Address: _____ Business Phone Number: _____

Emergency Contact: _____ Phone: _____

Child's specific health problems, insect sensitivities, physical limitations/allergies, etc.:

MEDICAL HISTORY – IMMUNIZATION RECORD

(Required by NYS Law) Please list Exact Dates (e.g. 3/20/85)

Information Must Be Written On Form – No Attachments – We Will Not Accept Application Unless All Dates Are Filled In

Polio Vaccine (IPV) (3 or more doses)	Dates: 1) _____ 2) _____ 3) _____ 4) _____
MMR Vaccine (2 doses)	Dates: 1) _____ 2) _____
HIB Vaccine (1dose)	Dates: 1) _____
Varicella (Chicken Pox)(1 dose)	Dates: 1) _____ EPI-PEN <input type="checkbox"/> YES <input type="checkbox"/> NO
Hepatitis B (3 doses)	Dates: 1) _____ 2) _____ 3) _____
Diphtheria/Tetanus/Tetraimmune (3 doses)	Dates: 1) _____ 2) _____ 3) _____

Hospitalization Insurance Company _____ ID # _____

I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damages against the Village of Pleasantville, its Trustees, Employees, Representatives and volunteers for any and all injuries suffered by myself or my child(ren) at any any activities sponsored by these groups.

I understand that my signature here as a parent or legal guardian indicates that all the above information is true, that my child is in satisfactory health with no specific health problems other than those noted above, that I agree to comply with all department and Day Camp policies, and that I give my permission for my child to participate in all Day Camp activities, including transportation by bus to such activities as necessary. I also understand that all participants **ARE NOT** covered by Village of Pleasantville insurance. By signing below, I also give permission, in case of injury, to take my child to a hospital for treatment, to include evaluation of injuries, X-rays and needed care.

I GIVE MY CHILD PERMISSION TO SWIM AT CAMP: _____ (please state yes)

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AT CAMP: _____ (please state yes)

Signature of Parent/Legal Guardian _____ Check # _____ Cash _____ Amt. Pd. _____ Date _____