



DAY CAMP APPLICATION

Registration/Medical Form

Pleasantville Recreation Department

48 Marble Avenue • Pleasantville, New York 10570 • phone 914-769-7950 • fax 914-579-2106

OFFICE USE ONLY	
CHECK # _____	AMOUNT PAID _____
CASH _____	DATE _____

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

Registration Deadline Date: May 17

Late Fee \$75.00, if space is available after May 17.

NO REFUNDS

CAMPER'S NAME _____	Male	Female
	SEX	
COMPLETE ADDRESS _____		
HOME PHONE _____	DATE OF BIRTH _____	
AGE AS OF 7/1/14 _____	GRADE IN SEPTEMBER 2014 _____	

Kindergarten & 1st Grade*
9:00 a.m.–12:00 p.m.

		Resident	SD
Session 1	3 Wks	\$248	\$337
Session 2	3 Wks	\$248	\$337
Both	6 Wks	\$353	\$572

Tiny Tots (must be 3 by 12/1/13)
9:00 a.m.–12:00 p.m.

		Resident	SD
Session 1	3 Wks	\$281	\$374
Session 2	3 Wks	\$281	\$374
Both	6 Wks	\$492	\$658

1st–6th Grades*
9:00 a.m.–3:00 p.m.

		Resident	SD
Session 1	3 Wks	\$508	\$642
Session 2	3 Wks	\$508	\$642
Both	6 Wks	\$872	\$995

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

Please check which session your child will attend:

Session 1: 7/1–7/19
 Session 2: 7/22–8/9
 Both: 7/1–8/9

MOTHER'S DAYTIME PHONE _____ EMAIL _____

FATHER'S DAYTIME PHONE _____ EMAIL _____

DOCTOR'S NAME _____ PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

I give my child permission to swim at camp: YES NO

I give permission for my child to be photographed at camp: YES NO

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

Medical History and 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) Dates: 1) _____ 2) _____ 3) _____ 4) _____
(3 or more doses)

MMR Vaccine (2 doses) Dates: 1) _____ 2) _____

HIB Vaccine (1 dose) Dates: 1) _____

Varicella/Chicken Pox Dates: 1) _____
(1 dose)

Hepatitis B (3 doses) Dates: 1) _____ 2) _____ 3) _____

Diphtheria/Tetanus/
Tetraimmune (3 doses) Dates: 1) _____ 2) _____ 3) _____

EPI-PEN YES NO

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.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

