

# Town of North Greenbush 2024 Summer Program Registration Form

**Camp Dates: July 8th – August 16th 9 am – 3 pm**

**Please print and mail this completed form with immunization form & check payments to: Town of North Greenbush Summer Camp, 2 Douglas Street, Wynantskill, NY 12198. Applications MUST be accompanied with payment & immunization forms (Fees are on the next page) Please make all personal & bank checks payable to: The Town of North Greenbush**

**NO REFUNDS**

If you have any questions about summer camp, please call the office M-F from 8:30 am – 3:30 pm, 518-283-5313, (ext. 22) to speak to Sean

*Please LIKE us on FACEBOOK for updates at: TOWN OF NORTH GREENBUSH SUMMER CAMP MUST BE RECEIVED BY 3:00pm, JUNE 25<sup>th</sup> OR A \$25.00 LATE FEE WILL APPLY*

**Medical Concerns:** Please be advised that all medical concerns, including allergies (food, meds, insect, etc..) and behavioral, developmental, and health problems (asthma, diabetes) must be reported even if your child is not currently taking medications. This will help us create a more enjoyable experience for your camper.

Does your child have a behavior plan: Yes: \_\_\_ No: \_\_\_ If yes, please submit a copy to the Medical Director.

**IT IS VITAL that you please list medical concerns here (or attach on separate sheet):**

<b>Office Use</b>	
Grade Entering	
Fee Paid	
Immunization Record Forms	
Resident/ Non-Resident	
Bus – AM	
Bus – PM	

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male or Female (circle one)    DOB: \_\_\_/\_\_\_/\_\_\_    Age (at start of program): \_\_\_\_\_

School: \_\_\_\_\_    Grade Entering: \_\_\_\_\_

Home Address: \_\_\_\_\_    City/Town: \_\_\_\_\_    Zip Code: \_\_\_\_\_

Parent/Guardian First & Last Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_    E-Mail: \_\_\_\_\_

Phone Numbers During Camp Hrs: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Alternative Emergency Contact Information:** If the Youth Department cannot reach you at the above contact numbers, then whom shall we contact?

Full Name: \_\_\_\_\_    Home Phone #: \_\_\_\_\_    Alt. Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Photographs will be taken during the summer camp for the purpose of our camp newsletter. If you do not want your child to be included in any photographs, please complete the following:

**I do not want my child, \_\_\_\_\_ to be photographed or on Facebook during this Camp Program.**  
Signature: \_\_\_\_\_

The Summer Camp will also be traveling for field trips as indicated on the Camp Schedule that will soon be posted on our website on the Youth page. All field trips are included in the registration fee unless otherwise noted.

If your child attends camp on a field trip day, he/she will attend that trip. If you do not want your child to attend a trip, then your child should not attend camp on that day.



**PLEASE SEND LUNCH, DRINKS & SNACKS with your child each day. There will also be a concession stand for drinks, ice cream products and snacks.**

**There are no discounts – these fees include all six weeks no matter how many days/weeks your child(ren) attend.**

**Day Camp Registration Fees: (make checks payable to: The Town of North Greenbush)**

**Town Residents: \$675.00 for 1<sup>st</sup> child; \$475.00 for each additional child**

**Non-Residents: \$875.00 for 1<sup>st</sup> child; \$575.00 for each additional child**

Please mail in the completed application(s) along with immunization forms & a check payment. Immunization forms may be emailed to: townofngsummercamp@gmail.com or faxed (from dr. office or parents) to: 518-286-2261. We cannot accept registrations without immunizations.

**PLEASE pay by personal check, certified bank check or we can make arrangements for you to make an online payment by credit card or e-check. Unfortunately, we NO LONGER ACCEPT CASH PAYMENTS.**

**Immunization Forms:** As per the Health Department regulations, immunization forms must be updated every year, even if there are no changes. Please attach records to this application. Participants whose records are not received upon the start of camp, will NOT be able to attend until records are received.

**THIS PART MUST BE FILLED OUT:**

Also, please fill out the Camper Pick Up Sheet attached →

Please put a check mark where your child will be picked up and dropped off. If none of these spots are convenient for you, you may drop your child off at camp between 8:45 & 9:15 a.m. and pick them up between 2:45 & 3:00. Due to the lack bus drivers available to drive, the buses will not be able to go up & down the streets as they have in the past. We thank you for your patience & understanding. Please be at the morning bus stop by 8:30 am at the latest. At the end of the day, buses leave camp by 3:00 pm.

**If you are not dropping off or picking up your child at camp, you must be at these stops promptly!**

Town Hall \_\_\_\_\_ St. Judes School Parking Lot \_\_\_\_\_ Williams Roads/Twin Town Field \_\_\_\_\_

Hope Lutheran Church on Winter St./Bloomingrove Dr. \_\_\_\_\_ Belltop School \_\_\_\_\_

Shop Rite Plaza (Van Rensselaer Square) at Gazebo by Wendys Drive Thru Entrance \_\_\_\_\_

**I'm Dropping child(ren) off & picking up at camp \_\_\_\_\_**

Child's Physician: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

In the event of an emergency, your child(ren) will be transported to the nearest medical facility possible. Please read and sign below: In the event that I cannot be reached, I give permission for my child(ren) to be given medical treatment:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Please confirm that all information on this form is correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Camper Pick-Up Sheet

The names that you list below are the ONLY people that will be allowed to pick up your child from camp for ANY reason.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

I give my permission for the following individuals to pick my child up from camp:  
(Please print)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_