

Town of North Greenbush 2025 Summer Program Registration Form

Camp Dates: July 7th – August 15th 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, or email srobert@northgreenbush.org to speak to Sean.

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

Please LIKE us on FACEBOOK for updates at: TOWN OF NORTH GREENBUSH SUMMER CAMP
MUST BE RECEIVED BY 4:00pm, JUNE 27th 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):**

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, 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. Field trips are included in the registration fee unless otherwise noted and occur weekly.

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, we ask that you make alternative arrangements for the day.



PLEASE SEND LUNCH, WATER & 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: \$975.00 for 1st child; \$775.00 for each additional child

Non-Residents: \$1175.00 for 1st child; \$875.00 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 can NO LONGER ACCEPT CASH PAYMENTS.

Immunization Forms: As per the NYS 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 & 2:55. 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. Bus stops will have staff supervision in the morning and afternoon. If you are running late in the afternoon please call and let us know!

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

Town Hall _____

St. Jude's School Parking Lot _____

Williams Roads/Twin Town Field _____

Hope Lutheran Church on Winter St./Bloomingrove Dr. _____

Belltop School _____

Van Rensselaer Square at Gazebo by Wendys Drive Thru Entrance _____

I'm Dropping my 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 the information on this form is correct:

Signature: _____ Date: ____/____/____

Early Drop Off & Late Pick Up

For an additional fee, this Summer we will be offering a new *Early Drop Off/Late Pick Up* program. Early drop-off will be available starting at 8 AM and late drop-off will be available until 5 PM following the end of the camp day.

Both will be held in our new facility at Snyder's Lake and will include assorted activities to keep campers entertained!

Please mark each week your camper will be participating. ***Pre-Registration is Required***

Early Drop Off

Week 1 (7/7-7/11): _____
Week 2 (7/14-7/18): _____
Week 3 (7/21-7/25): _____
Week 4 (7/28-8/1): _____
Week 5 (8/4-8/8): _____
Week 6 (8/11-8/15): _____

Late Pick Up

Week 1 (7/7-7/11): _____
Week 2 (7/14-7/18): _____
Week 3 (7/21-7/25): _____
Week 4 (7/28-8/1): _____
Week 5 (8/4-8/8): _____
Week 6 (8/11-8/15): _____

Fees: Each service will cost \$100 each week. For example, a week of both Early Drop Off and Late Pick Up would total \$200.

Campers must be picked up by 5:00 PM. Excessive or repeated lateness in pick-up times will result in additional fees or dismissal from the program.

This is a new program we are trying, depending on the reception we may continue to offer this in future Summers. Please call Sean with any questions!

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. _____