

WEST SENECA RECREATION DEPARTMENT

2016 Summer Day Camp Registration Form

THIS FORM MUST BE COMPLETED IN FULL AT TIME OF REGISTRATION (5 PAGES IN FULL)
IMMUNIZATION RECORDS MUST BE ATTACHED TO THIS FORM AT TIME OF REGISTRATION
DOWN PAYMENT IS DUE AT TIME OF REGISTRATION
FINAL PAYMENT IS DUE JUNE 20, 2016 AT 4:00 PM

FOR OFFICE USE ONLY Imm. PIF

Years: _____ Months: _____

Gender: M F

Allergy: _____

Rx: _____ Swim Y N

Grouping Request: _____

Other: _____

Camper Information

Child's Full Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Male: _____ Female: _____

School Grade in Fall 2016: _____ Date of Birth: _____ Age in Years & Months (as of 6/27/16) _____

Allergies: _____

Parent/Guardian Information: *Please check the primary parent or guardian to call during the day.*

Mother's or Guardian #1 Name: _____ Cell # : _____ Home Phone #: _____

Mother's or Guardian #1 Email Address: _____

Name of Work: _____ Work Phone #: _____

Father's or Guardian #2 Name: _____ Cell # : _____ Home Phone #: _____

Fathers or Guardian #2 Email Address: _____

Name of Work: _____ Work Phone #: _____

If parents are unavailable in an emergency, please notify:

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Siblings Names: _____ Ages: _____

Will your child be registered for camp swimming lessons this summer at the Bi-Centennial Pool?

Circle YES NO LEVEL _____

Please note the Camp Swim Lesson fee is different from the Swim Lesson Class fee. If you are interested in signing your child(ren) up for Camp Swim Lessons please speak with one of our office staff. Space is limited. Swim Lesson Fee: \$20/Resident \$30/Non-Resident

Please list any additional information you would like us to know:

Check If Attending	Session Number	Session Dates	Pre-Camp Supervision 7 :30 AM Start <i>Check If Attending</i>	Post-Camp Supervision 5:30 PM End <i>Check If Attending</i>
	1	6/27 – 7/1		
	2	7/5-7/8		
	3	7/11-7/15		
	4	7/18-7/22		
	5	7/25 – 7/29		
	6	8/1 – 8/5		

Childs Last Name:

Permission Form

Immunization History Required Immunizations must be determined locally. This is a record of dates or basic immunizations and most recent booster doses. Please list the date the booster or immunization was administered. *Your pediatrician does not need to complete this. You can have these records faxed to use at 716-675-5106.*

RECORDS ARE DUE AT TIME OF REGISTRATION, NO EXCEPTIONS.

Vaccine	Date Given	Vaccine	Date Given	Vaccine	Date Given
DTP/ DTAP 1		OPV/IPV 3		Hep B 2	
DTP/ DTAP 2		OPV/IPV 4		Hep B 3	
DTP/DTAP 3		Hib 1		MMR 1	
DTP/DTAP 4		Hib 2		MR 2	
DTP/DTAP 5		Hib 3		Tetanus Booster	
OPV/IPV 1		Hib 4		Varicella - chicken pox	
OPV/IPV 2		Hep B 1		TB Test	
OTHER:					

Medications: If your child requires any medications be taken and overseen at camp, please fill out the following table. Please note camp staff cannot administer medicine to campers.

Name: _____ DOB: _____ Weight: _____

Drug	Route (orally, topically, etc...)	Dosage	Schedule and Indications	Comments/Side Effects	Prescription Number

Physician's Signature: _____

(If your camper must have medication at camp, your physician must sign here. Also, a valid prescription must be attached)

All medications must be in their original container when submitted to the camp director or assistant director.

I hereby request that the staff of the Town of West Seneca Day Camp supervise my child taking the above medication as indicated. I understand the Town of West Seneca Day Camp staff cannot administer medicine to my child.

Parent signature: _____ Date: _____

Doctor / Insurance Information

Name of Family/Child Physician: _____ Phone #: _____

Do you carry family medical/hospital insurance? If so, indicate policy/group # for carrier _____

This health history is correct so far as I know and the person listed above has permission to engage in all prescribed camp activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the person named above. I expect to be notified immediately.

Parent / Guardian Signature _____ Date: _____

Childs Last Name:

Permission Form

Permission for pick up form:

Below is a table that should be filled in to include any persons you would like to have permission to pick up your child from camp. Please include parent names in the table as well. At pick up, staff will be checking IDs to assure that the appropriate people are taking your child. If a name is not listed below, camp staff will not release your child to that person. Please make every effort to list people that may be picking up your child during the program, including YOURSELF, grandparents, siblings, friends, etc.

Name	Phone Number	Relation

Parent permission to take pictures and video footage:

I authorize West Seneca Recreation Department to take photographs and video footage of my child/ children while he/she is participating in any programs being run by West Seneca Recreation. I understand these photographs and video footage will be used for marketing purposes, West Seneca Recreation Department Bulletins, West Seneca Recreation Brochures, postings on the West Seneca Recreation Department website, seen on TV's in local businesses, You Tube and other social networking sites.

Parent/ Guardian Signature _____ Date: _____

Parent permission for child to use pool:

The Town of West Seneca Summer Day Camp utilizes the Bi-Centennial Pool to swim during the summer. The pool is required to be inspected by the Erie County Health Department during the summer in order to operate. The pool provides qualified lifeguards, all of whom are Red Cross Certified. West Seneca Summer Camp also implements a "Buddy System Check" multiple times during the swim visit to ensure the safety of each camper. Each camper will be given a water test to determine their swim level on the first day of swim each week. Please sign below to give permission for your child to swim at the pool during the summer camp session(s).

Parent/ Guardian Signature _____ Date: _____

Field Trip Acknowledgment:

I give my child permission to attend all West Seneca Summer Day Camp Field Trips for the session(s) that he/she is registered for.

Parent/ Guardian Signature _____ Date: _____

Please use the following section to provide information to answer the following questions. Information provided will help out staff maximize your child's camp experience with is, and will be kept confidential. Does your child have any serious fears? Does your child have any kind of physical limitations/handicaps? Does your child have any special needs, including behavioral or emotional? Are there any other special issues or accommodations that our staff should be aware of?

Permission to Walk:

Upon completion of this section, the camp staff will allow a child to arrive and sign him/herself into camp and also be dismissed from the camp program to walk home. The child is the parent's responsibility outside of the designated camp times.

Start Date: _____ End Date: _____ Days to be Walking/Riding Bike: M T W TH F

Expected Arrival at Camp: _____ AM/PM

Time Child Should Be Released to Walk/Ride Bike Home from Camp: _____ AM/PM

Parent Signature: _____ Date: _____

Childs Last Name:

Parent/Guardian Agreement

Refund/Payment Policy:

Registration fees will not be refunded or adjusted should the participant fail to attend a class or program. Registration fees will not be refunded or adjusted if a session, trip or activity is canceled due to weather or any other circumstance beyond West Seneca Recreation control. Sessions, trips and activities are not required to be rescheduled if they are canceled for weather related issues. Refunds will only be issued in the event that the entire length of the session is canceled.

At time of registration a \$50 non-refundable deposit is required for each session, for each child you are registering. This deposit is required to reserve your campers spot. This is non-refundable should you choose to un-enroll your child.

Remaining payment is due no later than June 20, 2016 at 4:00PM. Failure to pay your remaining balance by the due date could result in your child losing their reserved spot. In the event of this down payments will not be refunded. Payments made after this date are subject to a \$5.00 per day late fee.

Late Registration - In the event slots are open after the June 20, 2016(late fee date) – New registrations will not be assessed the late fee, However payment in full will be due day of registration.

The Town of West Seneca reserves the right to deny a refund of registration fees should the participant wish to withdraw from the program prior to its scheduled start date.

I understand and accept these responsibilities understand and agree to abide by the Town of West Seneca Youth & Recreation Refund Policies.

Parent/ Guardian Signature _____ Date: _____

Consent for Medical Treatment

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of myself or my child.

Parent/ Guardian Signature _____ Date: _____

Parent Handbook

I understand and agree to the information relating to operations, including but not limited to behavior guidelines, peanut policy, payment, records, hours and information pertaining to the Summer Day Camp Handbook, available separately from this application.

Parent/ Guardian Signature _____ Date: _____

Due at time of registration per each child you are registering:

- \$50 non-refundable deposit per each session, per each child
- Camper registration form completed in full, per each child
- Immunization records (updated and valid), per each child

Due June 21, 2016 at 4:00 PM per each child you are registering:

Final payment (Entire remaining balance for Summer Day Camp 2016)

Due Tuesday prior to each session:

Grouping requests

Resident Town ID Cards can be purchased in the Town Clerks Office inside Town Hall (1250 Union Road). Call 674-5600 for more information.

Parent/Guardian Agreement

I hereby enroll my child in the Town of West Seneca Recreation Department Summer Day Camp Program located at Veteran’s Park. I have read and agree to all terms in this application. I understand the information relating to operations, including but not limited to behavior guidelines, hours and information pertaining to the Summer Day Camp Handbook, available separately from this application. The health information form is correct as far as I know and the person described has permission to engage in all camp activities except as noted by me and his or her physical/healthcare provider. I have provided the staff with any pertinent information which may assist the Town of West Seneca Recreation Department in caring for my child, including, but not limited to: allergies, previous or existing illness or condition, sunburn sensitivity, diet requirements, long-term medications, disability or limiting conditions, emotional, developmental, or behavioral challenges. I agree to notify the Town of West Seneca Recreation Staff immediately in writing of any changes in address, phone numbers, emergency contacts, etc. I understand that not providing the above may put my child’s health and safety at risk. I give consent for The Town of West Seneca Recreation staff to apply spray sunscreen on my child prior to engaging in extended outdoor time in the sun, or at any point if visibly needed. If my child has any allergies to sunscreen, I have so indicated in the “Medical Recommendations and Restrictions while at Camp” section of the application. I give consent for my child to take part in field trips or excursions off property under proper supervision. I give the Town of West Seneca Recreation Department consent to use any photographs or video tapes of my child for promotional or public relations purposes, including web site material and camp advertising. Although the activities of the Camp will be supervised at all times, it is agreed and understood that neither the Town of West Seneca nor any individual associated therewith will suffer any liability for injuries or damages sustained by myself or my child arising out of such activities, and I agree to indemnify and hold harmless the Town of West Seneca and such individuals supervising, aiding and otherwise associated with the Camp and its activities from all damages and liabilities, including, but not limited to, personal injuries, suffered or incurred while participating in Camp activities. I hereby register my child for the designated session(s) of the Town of West Seneca Recreation Department Summer Day Camp. I understand that the Erie County Department of Health requires my child to have completed health information (including immunization dates) to attend camp. I further understand **I must have paid in full no later than June 20, 2016 at 4:00 PM for each session in order for my child to be officially registered for that specific session and that registering for previous sessions does not guarantee a spot in future camp sessions.**

Signature of Parent/Guardian

Date

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- Immunizations Swim Payment Receipt Number
 Additional Child

FEES (per week)	Weeks 1,3,4,5,6	Week 2
Resident	\$140	\$125
Resident Each Additional Child	\$125	\$115
Non-Resident	\$155	\$140
Non-Resident Each Additional Child	\$140	\$130

<u>Session</u>	<u>Total Due</u>	<u>Down Payment</u>	<u>DP Receipt #</u>	<u>Final Pay</u>	<u>FP Receipt #</u>
1	\$				
2	\$				
3	\$				
4	\$				
5	\$				
6	\$				

ID Card Number: _____

Expiration Date*: _____

**Must be valid through 8/5/2015*

Shirt Size: _____

Each camper receives 1 t-shirt. Extra shirts can be purchased for \$7.00. Sizes are on a first come first serve basis.