



Physical Address:
1055 Route 32
Rosendale, NY 12472

Mailing Address:
1915 Lucas Ave.
Cottkill, NY 12419

Matthew McCluskey
Youth Director

(845) 658-8982
youth@townofrosendale.com

2020 Summer Day Camp Application

Camper's Name: _____

Date of Birth: _____ Grade going into: _____

Physical Address (no p.o.) _____

Town/City _____ State: _____ Zip _____

Mailing Address if different: _____

Contact Info: Home phone: _____ Email: _____

Parent/Guardian #1: _____ Daytime Phone: _____

Parent/Guardian #2: _____ Daytime Phone: _____

Emergency Contact Info: (Please put **3 other people besides parents** or as many as you can. These people will have pick-up rights and are used when parents are unreachable)

Name: _____ Daytime Phone: _____

Relationship to camper: _____

Name: _____ Daytime Phone: _____

Relationship to camper: _____

Name: _____ Daytime Phone: _____

Relationship to camper: _____

List who else is permitted to pick up your child. (Must have photo ID)

Date Received: _____ Resident (Y or N) Payment Amount Received: _____ Check # _____

Age Group: K-1 2-3 4-5 6-7 LIT Immunizations: _____ Tee Shirt Size: _____

Sessions 1 2 3 4 Pre Camp 1 2 3 4 Post Camp 1 2 3 4 Inputed digitally _____

OFFICE USE ONLY / LEAVE BLANK

Camper Name: _____

Welcome to Town of Rosendale Summer Day Camp, operated at the Rosendale Recreation Center (1055 Route 32) by the Rosendale Youth Program. Camp is open to children age 5 through 12 at the start of their session. If you are interested in the whole summer, you may sign up for up to 3 sessions and place wait on a 4th session that you would like. This gives more people a chance to come to camp. The camp day runs from 9:45am-3:00pm with drop off from 9:00-9:45. We do offer a before camp (starting at 7:30am) and after camp (until 5:30pm) program for an extra fee. This year we are offering a 1 week option on the first and 4th session only. If you want only one week on session 2 and 3, you still have to pay the full session price.

Fees: Town of Rosendale residents \$160 per session
Non-Residents \$260 per session
One-week session \$100/\$200
(only sessions 1 and 4)
Pre-camp (starting at 7:30am) \$50 per session
Post-camp (until 5:30pm) \$60 per session
Camp Tee-shirt (optional) \$10 (T-Shirt must be ordered before May 22)
Checks are made out to "Town of Rosendale DFY"

Please indicate which session(s) you would like to enroll into. If you're looking for 4 sessions, check off the 3 session that you definitely want and wait on the 4th session. You will be put on the waitlist. This ensures that everyone will get a chance to go to camp. Indicate if you would like pre camp or post camp.

Session 1 (June 29-July 10) _____ Pre _____ Post _____

For one week option circle which week: Wk 1 (6/29-7/3) Wk 2 (7/6-7/10)

Session 2 (July 13 - July 24) _____ Pre _____ Post _____

Session 3 (July 27 - August 7) _____ Pre _____ Post _____

Session 4 (August 10 - August 21) _____ Pre _____ Post _____

For one-week option circle which week: Wk 1 (8/10-8/14) Wk 2 (8/17-8/21)

Camp Tee Shirt (optional) \$10 YXSM YSM YM YLG ASM AM AL AXL

Number of Sessions _____

X \$160 or \$260

Total paid for sessions _____

Pre or Post Camp Fees _____

Tee-Shirt Fees (\$10) _____

Total _____

Camper Name: _____

TOWN OF ROSENDALE SUMMER DAY CAMP 2020

_____ has my permission to attend the Rosendale Summer Day Camp sponsored by the Town of Rosendale Youth Program. Permission is hereby granted to use my child's name and photo to publicize the program.

I understand that my child will be participating in recreational activities involving complete use of such facilities and related equipment. I have read and will go over with my child the Camp Behavior Policy.

I have been given an opportunity to investigate said program and have independently answered all questions concerning said activities and the supervision of my said child, to my complete satisfaction.

I, the undersigned, hereby agree to assume all risk associated with said program and to indemnify and hold harmless the Town of Rosendale and the Rosendale Youth Commission from any and all damages resulting from liability arising out of said program including transportation associated therewith and all activities relating thereto.

I have read the foregoing permission form and hold harmless agreement and fully understand the same.

This agreement may not be changed or modified orally. I have not relied on any representatives of the Town of Rosendale or the Rosendale Youth Center, it's Director, agents, servants, or employees not expressly contained herein.

By signing below, I give permission to the staff of the Rosendale Day Camp to help apply sunscreen to my child if needed/requested.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

The Rosendale Day Camp is licensed by the NYS Dept. of Health, and is inspected twice yearly. Inspection reports are on file at the Ulster County Department of Health, 239 Golden Hill Lane, Kingston, New York.

The Town of Rosendale Youth Program offers services to participants regardless of race, creed, color, national origin, economic status, sex or disability.

The Rosendale Youth Program is funded by the Town of Rosendale, individual, business, and corporate donors, and grants when available.

Demographics: This helps us with applying for grants. It is only used in total statistics of the camp and no individual names are used. It is optional to fill out.

Please check what applies:

_____ White _____ Black or African American _____ Hispanic or Latino _____ Asian

_____ American Indian or Native Alaskan _____ Native Hawaiian or Other Pacific Islander

_____ Two or more Races _____ Other not listed: _____

Camper Name: _____

Camper Get to Know You and Health Info

This sheet is for us to know a little more about your camper to help us better serve them at camp. It is also where the health info will be located. It is important to fill it out as best as you can. **In addition to this sheet we need a copy of your child's immunization records. We are required to keep an up to date record of all camper's vaccinations. Campers need to be up to date with the same schedule as school. Furthermore, Ulster County requires a measles vaccination or immunity for anyone who attends camps. It is best that we get your campers records at the time of sign up or as soon as possible.** Any questions don't hesitate to ask.

Health Info

Please list any major illness or injury your child has had in the past with approximate dates.

Allergies: _____ Symptoms: _____

Plan if having a reaction: _____

Family Physician: _____ Phone Number: _____

Health Insurance provider and policy/plan number: _____

Any Medication needed to be taken at camp (another form will need to be filled out)? Y or N

Getting to Know You Section

My child is able to take the swim test in order to swim in the deep end of the pool. YES NO

Preferred Activities: _____

Restrictions, fears and dislikes: _____

Let us know anything that can help us do better: _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me.

I hereby give permission to the physician selected by the camp director to order x rays, routine tests, and treatment for the health of my child, and, in the event I or my emergency designees 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, anesthesia, and/or surgery for my child as named above.

Parent's Name (Print): _____

Signature: _____ Date: _____