

Stillwater Area Community Services Center, Inc.
Adventure Camp 2020

REGISTRATION INFORMATION

CHILD INFORMATION: (PLEASE PRINT CLEARLY!)

Child's Name: _____ Male Female
Current Age: _____ Date of Birth: ____/____/____ Grade Entering: _____
Home Address: _____
City/State: _____ Zip Code: _____
Home Phone: _____

PARENT/GUARDIAN INFORMATION:

(1) Parent/Guardian Name: _____
Address: _____
City/State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Employer: _____
E-mail: _____

(2) Parent/Guardian Name: _____
Address: _____
City/State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Employer: _____
E-mail: _____

PARENT'S MARITAL STATUS: Married Separated Divorced Single Widowed

If separated or divorced who has legal custody? _____

Is the child's time divided between parents because of divorce or separation? Yes No

If so, how is it divided?

Note: Court orders are needed if parent is denied access to child.

FEES:

Stillwater Residents

M-F: 1st child, \$60; 2nd child \$50;

M,W,F: \$40 for 1st child, \$35 2nd child;

T,Th: \$30 1st child, \$25 2nd child

Out of Town Residents

M-F: 1st child, \$100; 2nd child \$85;

M,W,F: \$80 for 1st child, \$65 2nd child;

T,Th: \$65 1st child, \$30 2nd child

Adventure Camp Hours: 9am-3pm

Wrap-Around Care is available for Adventure Camp from 6:30am-9am & 3pm-6pm

Wrap-Around Care is an additional \$60 per week**

Please note that all fees are non-refundable (registration and field trip)

*** All tuition is due at the time of registration in order to hold your child's spot**

Wrap Around Fees are due the Friday prior to each week of camp

**Stillwater Area Community Center, Adventure Camp Program,
P.O. Box 536, 19 Palmer Street, Stillwater, NY 12170
Phone: 518-664-2515 ext. 210**

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My child will be attending the Stillwater Area Community Services Center Summer Program during the following weeks as indicated by the calendar below. **CHECK ALL THAT APPLIES**

Week 1- June 29st- July 3rd:

Days Attending: __Monday __Tuesday __Wednesday __Thursday __Friday

Week 2- July 6th- 10th:

Days Attending: __Monday __Tuesday __Wednesday __Thursday __Friday

Week 3- July 13th- 17th :

Days Attending: __Monday __Tuesday __Wednesday __Thursday __Friday

Week 4- July 20th- July 24th :

Days Attending: __Monday __Tuesday __Wednesday __Thursday __Friday

Week 5- July 27th- July 31st:

Days Attending: __Monday __Tuesday __Wednesday __Thursday __Friday

Week 6- August 3rd - 7th:

Days Attending: __Monday __Tuesday __Wednesday __Thursday __Friday

Week 7- August 10th - August 14th:

Days Attending: __Monday __Tuesday __Wednesday __Thursday __Friday

Week 8- August 17th - 21st:

Days Attending: __Monday __Tuesday __Wednesday __Thursday __Friday

Week 9- August 24th - 28th:

Days Attending: __Monday __Tuesday __Wednesday __Thursday __Friday

SHIRTS

Your child will need to purchase a program t-shirt (\$7.00) that they are required to wear on all field trip days. Please indicate the size that they wear below. **Please circle the Youth or Adult Size they wear below.**

Youth/Adult (Please Circle Youth or Adult)

Small _____ Medium _____ Large _____ X-Large _____

***You may purchase additional shirts at \$7.00 per shirt.**

MEDICAL

Additional forms must be completed for administration of medication

1. Known Allergies:

2. In case of an allergic reaction what action should be taken? _____

3. Chronic or recurrent illness or disorders:

4. Name of medications and dosage child is presently taking:

5. Will medication need to be given during program hours? If yes, when: _____

6. What should be done if your child has a problem related to the medical condition during program hours?

7. Date of last tetanus shot: ____/____/____

8. Does your child have any disabilities? __Hearing __Speech __Vision __Seizures __Other

Describe other:

9. Physical handicaps:

10. Services received through school:

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EMERGENCY

In an emergency, person to contact first: ___Father ___Mother ___Guardian

In the event that I cannot be reached to make arrangements for emergency medical attention, I/We being the parent(s)/legal guardian(s) of the above named minor do hereby appoint the Stillwater Area Community Services Center staff to act on my behalf in authorizing emergency medical, dental, or surgical care and hospitalization in my/our absence for above named minor.

Parent/Guardian Signature #1 _____ Date: ___/___/___

Parent/Guardian Signature #2 _____ Date: ___/___/___

Child's Physician: _____ Phone #: _____

Family Dentist: _____ Phone #: _____

Specialist Requested: _____ Phone #: _____

(for pre-existing medical problem)

Name of Insurance Company: _____ Policy #: _____

Local Emergency Contacts (If parents cannot be reached)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

CONSENT TO RELEASE INFORMATION

I give permission for my child to be released from the Stillwater Area Community Services Center Adventure Camp to the following people. I further understand that the people listed below must show photo identification for a child to be released. It is required that parents notify staff in advance if someone other than themselves is picking up their child.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

PARENT'S STATEMENT OF UNDERSTANDING AND AGREEMENT

-I understand that I am enrolling my child for the Adventure Camp of 2019. I will submit the completed registration packet with all required forms and all registration fees.

-I will be sure to provide appropriate meals/snacks for the day, unless otherwise indicated.

-Payment guarantees my child a space in the Adventure Camp.

-I understand that I will drop my child off and pick my child up at the Stillwater Area Community Center, and must sign them in and out each day.

-I understand that the SACC staff is responsible for my child between the hours of **9am and 3pm only**. I will drop them off and pick them up according to these hours.

-If a medical emergency arises the program staff will first attempt to contact me. If I cannot be reached, the staff will contact the emergency numbers indicated on the registration packet. If the emergency is such that immediate hospital attention is necessary, 911 will be notified and an ambulance or other emergency vehicle may take my child to the hospital.

-Children are entitled to a pleasant and harmonious environment at the program. Children cannot be served who display chronic disruptive behavior.

-The SACC is not responsible for items brought to Adventure Camp. Please clearly label all of your child's items.

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- Any medication, either over-the-counter or prescription, must be accompanied with all written medical forms and be in the original, labeled container and submitted to the program director only.
- When necessary, I will send sunscreen labeled with my child's name and give permission for application throughout the day.
- I am responsible for any Health/Accident costs.
- I must notify SACC staff if my child is going to be absent from the program. There will be no refunds.
- Please do not send a child to the program if they are ill and unable to participate according to our exclusion criteria.
- I understand that the SACC staff and volunteers cannot transport my child any time at the program.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the Adventure Camp Registration Packet and present photo identification.
- I understand that the SACC is mandated by state law to report suspected cases of child abuse or neglect to the appropriate authorities.
- I give the SACC Adventure Camp, in the event that emergency shelter is needed, permission to take my child to the Stillwater Stewart's Shop.
- I give the SACC permission to take of myself and/or my child videos/photographs/appear in media coverage approved by the SACC.
- I give permission for my child to participate in all off-site activities and trips by either walking or being transported by the buses contracted out by the SACC.
- I understand transportation is provided to and from all program activities from the SACC. I understand there will be a counselor at the door when children arrive and depart on the bus. All transportation of children will be in compliance with NYS Regulations, Part 414.6, as well as the requirements of the contracted bus company and SACC.
- In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.
- I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of emergency.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE

Parent/Guardian
Signature _____

Date _____

CHILD'S BEHAVIOR CONTRACT

I, _____, a participant in 2020 Adventure Camp agree to the following rules:

RAD RULES

R- Respect all counselors, other children, and the community center property

A- Ask my counselor if I can leave a designated area

D- Decide to make everyday a good day!

I understand that if I disrespect counselors or other children, break any of the rules above, or act in an inappropriate manner, my parents will need to come and pick me up from the program. I also understand that if I continue to do any of those things that I may be asked to leave the program for the summer of 2020.

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