

The Stillwater Area Community Center's

# SACC-TACULAR SUMMER CAMP

## 2021 Registration Packet



The Stillwater Area Community Center  
19 Palmer Street, Stillwater, NY 12170  
P:(518)664-2515 F:(518)664-3590



SACC-TACULAR Summer is a NYS Office of Children and Family Services licensed program.

Campers will enjoy fun-filled activities such as sports, crafts, games, science/nature activities, STEAM & special guest programs each week.

**Monday – Friday 9:00 am – 3:00pm**  
9 Weeks Available: June 28<sup>th</sup> to August 27<sup>th</sup>

This program is weather dependent as it is held in the outdoor spaces located behind the community center.

## Registration

- May 10 – August 16 or when full  
Mail, Fax or Email in completed registration and payment
- Required documents at time of registration:
  - Custody agreement (if applicable)
  - Medical Agreement (if applicable) (must be requested from director)
  - Payment for minimum of 1 punch card

Camp capacity is 50 children per week

## Fees

- Stillwater Residents: \$180/Punch Card (10 Days)
- Non-Residents: \$200/Punch Card (10 Days)
- 20% Discount for Siblings
- Minimum of one punch card required
- Punch Cards are non-refundable
- At the time of registration fees are due for at least one punch card
- Families of multiple children are required to purchase a punch card for each individual camper. There is a 20% sibling discount applied to the second card.

## Communication

- Parents/Guardians will be notified by 7:30am on the day of camp if cancelled, in severe cases only.
- Parents **MUST** sign up for text message alerts through RAINEDOUT

Text **SACCTACULAR** to **84483** to receive SACCTACULAR alerts from The Stillwater Area Community Center.

## Policies and Procedures

- All campers are expected to follow the rules of camp and show proper respect toward staff.
- Parents must provide completed paperwork including payment, emergency contact information, any information on child's special needs (allergies, diet, and/or medical information) prior to the first day of camp.
- Children understand that if they disrespect staff or other children, break any rules, or act in an inappropriate manner, parents/guardian will be contacted and need to come pick them up from the program. If behaviors continue, dismissal from program will be discussed with Center Administrator.

## Need Care Outside of SACC-TACULAR?

In addition to our brand new SACC-TACULAR Summer Camp, The Stillwater Area Community Center is still offering limited alternative care options.

Call our main office for more details (518)664-2515

# SACC-TACULAR Summer Camp

Step 1: Check the days/weeks you are planning to attend camp. This will be used for camper scheduling.

- |  |  |                                  |                                    |                                   |                                 |
|--|--|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Week 1: June 28 – July 2      | <input type="checkbox"/> Monday            | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Week 2: July 5 – July 9       | <input checked="" type="checkbox"/> Closed | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Week 3: July 12 – July 16     | <input type="checkbox"/> Monday            | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Week 4: July 19 – July 23     | <input type="checkbox"/> Monday            | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Week 5: July 26 – July 30     | <input type="checkbox"/> Monday            | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Week 6: August 2 – August 6   | <input type="checkbox"/> Monday            | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Week 7: August 9 – August 13  | <input type="checkbox"/> Monday            | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Week 8: August 16 – August 20 | <input type="checkbox"/> Monday            | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Week 9: August 23 – August 27 | <input type="checkbox"/> Monday            | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |

Step 2: Residency:

- Stillwater Resident       Non-Stillwater Resident

Step 3: Complete Camper Information

Child's Name \_\_\_\_\_

Gender    M    F      Date of Birth \_\_\_\_\_      Grade for 2020-2021 \_\_\_\_\_

Address: \_\_\_\_\_

**Parent/Guardian Contact**

Name _____
Address (if different from child) _____
Work Phone _____      Cell Phone _____
Email _____

Name _____
Address (if different from child) _____
Work Phone _____      Cell Phone _____
Email _____

**Authorized Pick Up and Emergency Contact**

Name _____	Name _____
Relationship to Child _____	Relationship to Child _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

## Child's Medical Information

Insurance Group Name \_\_\_\_\_ Insurance ID Number \_\_\_\_\_

List Allergies and/or Medical Conditions  
\_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

### T-Shirt Size (Optional- Cost \$10/per shirt)

- Youth Small (6/8)       Adult Small  
 Youth Medium (10/12)       Adult Medium  
 Youth Large (14/16)       Adult Large  
    Adult X-Large

### Do you have a custodial agreement?

- Yes (A copy of agreement must be supplied)  
 No

Step 4: Complete waiver and provide any information that your child's counselors need to know.

Waiver (Please initial on each line to accept)

\_\_\_\_\_ I understand that I am enrolling my child for the SACC-TACULAR summer camp. 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.

\_\_\_\_\_ 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 camp. Please clearly label all of your child's items.

\_\_\_\_\_ 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.

\_\_\_\_\_ I am responsible for any Health/Accident costs.

\_\_\_\_\_ 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 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 Registration Packet and present photo identification.

\_\_\_\_\_ I give the SACC, 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 videos/photographs of my child to appear in media coverage approved by the SACC.

\_\_\_\_\_ I give permission for my child to participate in all off-site activities such as walks, visits to the library, etc.

\_\_\_\_\_ I understand that drop-off and pick-up will be at the pavilion at the American Legion Post 490, located behind the community center.

**Special Accommodations:** The Stillwater Area Community Center supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate and someone will contact you. Use a separate sheet if necessary.

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**Medical Information:** Describe any allergies, medical conditions, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet if necessary.

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**Personal Information:** Describe any personal situations that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary.

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**Step 5: Complete Financial and Permission Agreements:**

**Financial Agreement**

- I agree that upon enrollment I will purchase a minimum of one punch card (10 Days)
- I agree that each punch card purchase is non-refundable and the days remaining on the punch card at the end of camp will be forfeited or can be gifted to a family that is already enrolled in the program
- I understand that there is a \$25 service charge for all checks that are returned to SACC for insufficient funds
- I understand that any outstanding debts shall prohibit me and my child from enrolling or participating in any other SACC program until the balance is paid in full
- I understand and agree that I am responsible for the late fee of \$5.00 per child for every five minutes late picking up my child(ren)

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

**Sunscreen Permission**

- Parent or legal guardian is responsible for applying the first layer of sunscreen prior to drop-off
- Parents or legal guardians are responsible for providing children with sunscreen for later day applications.
- Camp staff is responsible for ensuring thorough follow-up applications after one hour in water, after two hours of activity in the sun and/or any other time as needed. This may mean that camp staff will need to assist in the application of the sunscreen in the case the camper is not able.
- Should camp staff need to apply sunscreen, it will be done in the following manner:
  - Staff will confirm that parental permission form has been signed.
  - Staff will use camper’s sunscreen and apply sunscreen to children’s exposed areas only except head and face.
  - Staff will do this in the presence of others and will not apply sunscreen to any area that a bathing suit covers.

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

Yes, camp staff may assist in applying sunscreen to my child

**Step 6: Complete Payment Method:**

**Town/Village of Stillwater Resident**

10 Day Punch Card- \$180.00  
(20% Discount on Second Child- \$144.00)

**Non-Stillwater Resident**

10 Day Punch Card- \$200.00  
(20% Discount on Second Child- \$160.00)

Note: Families of multiple children are required to purchase a punch card for each individual camper. There is a 20% sibling discount applied to the second card.

Total Amount Due: \$ \_\_\_\_\_  
(A minimum of 1 Card is required to complete registration)

- Check # \_\_\_\_\_ *Checks made payable to 'Stillwater Area Community Center'*
- Visa       Mastercard       Discover      *We do not keep credit card information on file*

Cardholder Name: \_\_\_\_\_

Authorized Signature of Cardholder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_ (Card Verification Code)

If paying with cash contact the Main Office at 518-664-2515 ext.210 to set up an appointment to drop off payment.

**Step 7: Mail/Fax/Email Completed Packet and Payment to:**

Stillwater Area Community Center  
c/o SACC-TACULAR Summer Camp  
PO Box 536  
Stillwater, NY 12170

Fax: (518)664-3590

Email: [justin@sacc.online](mailto:justin@sacc.online) or [brittany@sacc.online](mailto:brittany@sacc.online)

Registration Drop Off Accommodations  
can be made by appointment.