

Please read all pages carefully. When submitting your registration, please make sure you include all 4 pages, 5 pages if Medication Authorization form needed.

Camper Information

Present Grade: _____ Date of Birth: _____

Child's Name: _____, _____
Last First

Gender: _____

Parent's Name: _____, _____
Last First

Address: _____
Street

City State Zip

Phone #s: Home- _____
Name Number Name Number
Work- _____
Name Number Name Number
Cell- _____
Name Number Name Number

Please list all possible numbers in case a parent or guardian needs to be contacted

Does the camper attend Pocantico Schools? Yes _____ No _____

Bus Transportation for Resident Children Only

My child will be taking the bus- Yes ___ No ___

Child's shirt size: Youth S (6-8) M (10-12) L (14-16)
Adult S M L XL

Please circle one. Shirt size not guaranteed on late registration

2009 Pocantico Hills Day Camp Registration
599 Bedford Road, Sleepy Hollow, New York 10591
(914) 631-2440 x104 Email: summercamp@pocanticohills.org

Camper Registration Rates

The Teen program is only available during the full 6 week program.

6 Week Program: 7/1/09-8/7/09:

3 Week Program: ____ Session #1 (7/1/09-7/17/09)*

____ Session #2 (7/20/09-8/7/09)*

*Dates cannot be altered

Please check one

Please check session attending #1 or #2 and rate

District Resident (and employees)

District Resident (and employees)

____ 1st child - \$890

____ 1st child - \$535

____ 2nd child - \$825

____ 2nd child - \$495

____ Each additional child - \$725

____ Each additional child - \$435

Grandchild of Resident**

Grandchild of Resident**

____ Each child - \$1,200

____ Each child - \$720

Non-residents

Non-residents

____ 1st child - \$2,345

____ 1st child - \$1,410

____ Each additional child \$2,175

____ Each additional child \$1,300

Scholarship – Reduced Tuition Students

Scholarship – Reduced Tuition Students

____ Each child \$395

____ Each child \$240

Late Registration (After May 1, 2009) Residents ADD 50.00 to all fees

Non-Residents ADD \$100.00 to all fees

****Grandparents must include a copy of a recent utility bill and a copy of your current driver's license**

Activity Fee

This fee applies to all campers enrolled in a 6 or 3 week program. It will cover all group trips and the camp fair. Please add this amount to the Camper Registration Rates. This fee is due at the time of registration.

\$35 Pre-K, K, 1st and 2nd Grades

\$45 3rd and 4th Grades

\$75 5th Grade

\$115 6th Grade

Teens Program – Fees will be collected throughout camp

Checks made payable to Pocantico Hills Central School

Medical Information

Fill in dates or enclose a copy of immunization history.

DPT (Diphtheria, Pertussis, Tetanus) - 3 doses

1. _____ 2. _____ 3. _____ 4. _____

Polio - 3 or more doses

1. _____ 2. _____ 3. _____ 4. _____

MMR - 2 doses

1. _____ 2. _____

Hepatitis B - 3 doses (PreK-8)

1. _____ 2. _____ 3. _____

Varivax (Chicken Pox, Pre-K & K)

1. _____

PPD -Tuberculin

1. _____ Result _____

HIB (Pre-K) 1. _____

Health Insurance Co. _____

I.D. # _____

Emergency Contact Information

Grade completed (As of July 1, 2009) _____

Camper Name _____

Emergency Contact _____

Relationship _____

Phone-

Home _____

Business _____

Cell _____

Doctor's Name & Phone _____

WAIVER/ RELEASE - MINOR

_____ does hereby covenant and agree to release and hold
Parent/Legal Guardian
harmless the Pocantico Hills Central School District from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out participation in the Pocantico Hills Day Camp.

I understand participation in the Pocantico Hills Day Camp involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

Parent or Legal Guardian Signature

Participant

Parent/Guardian Permission

I permit my child to swim at the Pocantico Hills swimming pool and to attend camp trips.

In case of injury, I give permission for my child to be taken to a hospital for treatment to include evaluation of injuries, X-rays, and needed care.

I give permission for my child to attend camp trips. As set forth by the Westchester County Board of Health, counselors will be certified in CPR, First Aid, and Responding to Emergencies (RTE), where necessary. For water related activities, certified lifeguard(s) will always be present.

The health history is correct, and my child has permission to engage in all camp activities except as noted.

Camper's Name _____ Grade _____

Parent Signature _____ Date _____

After Camp Recreation – Residents Only - Grades 3-Teens

In district children in grades 3-8 who have parents written permission may stay after camp, however, no after hours transportation is available for these children. If the pool is closed due to inclement weather, all district children will be sent home at the conclusion of camp. Please note that no primary campers (Grades pre-K to 2nd) will be allowed to walk to the pool without adult supervision

Yes, my child (Grades 3-Teens) may stay after camp _____

No, my child (Grades 3-Teens) may not stay after camp _____

Medication Authorization Form
(If Applicable)

According to the provisions of the State Education Law, camp personnel cannot dispense medications, prescriptions or over the counter medications to the children, but may assist the child in administering his/her medication. The camp nurse may administer his/her medication. Permission from parents and written instructions from the physician are needed. If your child needs to take any medication during camp hours or on an overnight, please complete the form below and return to the camp office.

Child's Name _____ DOB _____

Medication _____ Present Grade _____

Diagnosis _____

Dosage and Frequency _____

Possible Side Effects _____

Purpose of Medication _____

Comments _____

Physician's Signature _____ Date _____

Parent's Signature _____ Date _____

Please note all medication must be in its original container from a pharmacy, with the child's name and medication clearly printed on the label.