



CROTON DAY CAMP

Time: 9:00 AM – 2:15 PM **Completed Grades:** K-6

Location: Holy Name of Mary Gym, 114 Grand Street

Completed forms, immunization records and **FULL** payment are required to register.

Reduced capacity for the 2024 camp season, register early, space is limited.

Online Credit Card Payment / Registration: www.crotononhudson-ny.gov/camp

Checks Payable: “Village of Croton

Summer Camps are available to Croton Village & School District Residents.

School District Residents: Are given equal priority in registration & pay the non-resident rate.

Non-Residents: applications will be accepted after May 1, 2024 – Space Permitting

Sibling Discount: First Camper pays the full amount, additional siblings, attending the same camp may pay the discounted rate.

2024 DAY CAMP SESSIONS

- #5100 Session 1: July 2 – July 12 (No Camp July 4)
- #5100 Session 2: July 15 – July 26
- #5100 Session 3: July 29 – August 9
- #5100 Full Season 6: July 2 – August 9

DAY CAMP FEES	
Village Resident	
• Session 1	\$380
• Session 2	\$405
• Session 3	\$405
• Full Season	\$995

DAY CAMP FEES	
School District Resident	
• Session 1	\$455
• Session 2	\$480
• Session 3	\$480
• Full Season	\$1135

DAY CAMP FEES - SIBLING DISCOUNT	
Village Resident	
• Session 1	\$360
• Session 2	\$385
• Session 3	\$385
• Full Season	\$940

DAY CAMP FEES- SIBLING DISCOUNT	
School District Resident	
• Session 1	\$445
• Session 2	\$470
• Session 3	\$470
• Full Season	\$1095

Village of Croton-on-Hudson Recreation Department

2024 DAY CAMP REGISTRATION

FULL PAYMENT, COMPLETED CAMP REGISTRATION FORM AND IMMUNIZATION RECORD REQUIRED TO REGISTER

PLEASE PRINT LEGIBLY

Date _____

Name of Camper _____ Sex: _____ M _____ F

Grade (in fall) _____ Age _____ Date of Birth _____

Guardian's Name: _____ Home Phone _____ Cell Phone _____

Mailing Address _____ E-mail _____

Second Guardian Name _____ Cell Phone _____

Doctor's Full Name _____ Phone _____

Emergency Contact _____ Phone _____

Friend Request (requests are considered but not guaranteed) _____

MEDICAL HISTORY - IMMUNIZATION RECORD * Please list exact dates MO/DAY/YR (Required by N.Y.S. Law)

YOU MUST ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD & FILL IN DATES BELOW

1. Diphtheria/Tetanus Toxoid (DPT) (4 Doses) Dates: (1) _____ (2) _____ (3) _____ (4) _____
2. Polio Vaccine (OPV or IPV) 3 or more doses Dates: (1) _____ (2) _____ (3) _____
3. Mumps/Measles/Rubella (MMR) (2 doses) Dates: (1) _____ (2) _____
4. Hepatitis B (Hep B) (3 doses) Dates: (1) _____ (2) _____ (3) _____
5. Haemophilus Influenza Type B (Hib) Date: (1) _____
6. Varicella (Chicken Pox) Date: (1) _____
7. COVID Vaccine Dates: (if applicable) (1) _____ (2) _____ (3) _____

If your child has not had a required immunization, please attach a letter of explanation from your doctor.

ALLERGIES, MEDICAL PROBLEMS, SPECIAL DIET, RESTRICTION ON ACTIVITY: _____

If your child is required to take any type of medication during camp hours, a separate Medical Authorization form MUST be completed by the parent and physician, and handed in with the medication on the first day the child attends camp.

HEALTH INSURANCE _____ IDENTIFICATION # _____

Please check this box if you give permission for camp personnel to apply sunscreen to your child.

Photos will be taken throughout the camp season. These photos may be used for end of year festivities and some images may be posted on the Village website or Facebook page. Check one of the boxes below indicating your preference regarding the use of your child's photos.

I give permission for photos to be used

I **DO NOT** give permission for photos to be used

I hereby certify that child listed above is in good physical and mental health. I give permission to take part in all camp activities, off-site trips and swimming at Charles J. Cook Pool unless otherwise indicated. **Persons participating do so at their own risk.** I waive, release and hold harmless the Village of Croton, it's employees and agents from any liability for injury to person or property that may arise from my child participating in this program. I understand that the Village of Croton-on-Hudson does not maintain medical insurance for participants. I give permission, in case of injury, to take my child to a hospital for treatment, to include evaluation of injuries, x-rays, and needed care.

DATE _____ GUARDIAN SIGNATURE _____

Circle: DAY CAMP SESSION (s)

Circle: VILLAGE RESIDENT / SCHOOL DISTRICT RESIDENT / NON-RESIDENT

ACTIVITY #5100 DAY CAMP SESSION 1: JULY 2 - JULY 12 (Skip July 4)

ACTIVITY #5100 DAY CAMP SESSION 2: JULY 15 - JULY 26

ACTIVITY #5100 DAY CAMP SESSION 3: JULY 29 - AUGUST 2

ACTIVITY #5100 DAY CAMP SESSION 6: FULL SEASON: JULY 2 - AUGUST 9