

Village of Croton-on-Hudson
Recreation & Parks Department
1 Van Wyck Street
Croton-on-Hudson, NY 10520

2021 SUMMER CAMP PROGRAM REGISTRATION

**You MUST use a specific Day Camp or Tiny Tots form to register!
These forms are on the village website under the Recreation Dept.**

This year our Day Camp and Tiny Tots program registration will be held by lottery. Camp applications will be due by April 29th in order to part of the lottery process. **Please note immunizations must be written on the registration form by the parent or guardian and per the Westchester County Health Department, you also must attach a copy of your child's immunization record printed on physician's letterhead.** Forms can be mailed or dropped off at the municipal blue mailbox outside the building. School District residents may register at this time and will pay the non-resident rate. .

If there are any openings in either summer camp session after June 1st, non-resident applications will be considered on a first-come, first-served basis. **If you have any questions regarding the registration process, please call the Recreation office at 271-3006.**

**Refunds for Day Camp and Tiny Tots will only be made if the space can be filled.
NO REFUNDS ISSUED AFTER JUNE 1.**

CROTON DAY CAMP

Tuesday, June 29th – Friday, August 6th Weekdays only @ C.E.T. School - No Camp July 5th
9:00am – 2:00pm - Groups 1-3, drop off starts @ 8:45am-9:00am & pick-up 2:00pm - 2:15pm
9:15am – 2:15pm - Groups 4-6, drop off starts @ 9:00am-9:15am & pick-up 2:15pm – 2:30pm

The Day Camp program is open to youngsters who are 5 & 6 years old and have completed Kindergarten through those who have completed 6th grade. Children will be divided into 6 groups (pods) of 10 campers, each with at least 2 counselors. Groups can only interact with their own group and not with other groups. **Please note, no friend request this year!** The program is varied and includes arts/crafts, sports, games and swimming. A camp T-shirt will be provided to all. Children must bring a non-perishable lunch. Approximately 1 week before camp begins, you will receive a "Parent Information Sheet" detailing specific **COVID-19** guidelines and the Group number your child has been assigned to.

Please see reverse for dates and fees.

DAY CAMP FEES:

Camp is divided into three, 2-week sessions.
Rates are charged per 2-week session or for the full 6-week season.

SESSION I: June 29th - July 9th (NO CAMP JULY 5th)
SESSION II: July 12th - July 23rd
SESSION III: July 26th - August 6th

Village Resident Rates

Activity 5100-1

\$340.00 Session I ~ 1st child
\$320.00 Session I ~ 2nd child*
\$290.00 Session I ~ 3rd child*

Activity 5100-6

\$900.00 Full Season ~ 1st child
\$840.00 Full Season ~ 2nd child*
\$810.00 Full Season ~ 3rd child*

Activity 5100-2 or 3

\$365.00 Session II or III ~ 1st child
\$345.00 Session II or III ~ 2nd child*
\$325.00 Session II or III ~ 3rd child*

School District / Non-Resident Rates

Activity 5200-1

\$405.00 Session I ~ 1st child
\$395.00 Session I ~ 2nd child*
\$365.00 Session I ~ 3rd child*

Activity 5200-6

\$1030.00 Full Season ~ 1st child
\$ 985.00 Full Season ~ 2nd child*
\$ 925.00 Full Season ~ 3rd child*

Activity 5200-2 or 3

\$430.00 Session II or III ~ 1st child
\$420.00 Session II or III ~ 2nd child*
\$390.00 Session II or III ~ 3rd child*

***To qualify for 2nd or 3rd child discount, all children must be attending Day Camp.**

Please make checks payable to "Village of Croton on Hudson"

If you have any questions regarding the registration process, please call the Recreation office at 271-3006.

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Friend Request _____

Village of Croton-on-Hudson Recreation Department
271-3006

DAY CAMP REGISTRATION

Registration **WILL NOT** be accepted until this form is completed **AND** handed in with full payment.

PLEASE PRINT LEGIBLY

Date _____

Name of Camper _____ Sex: ___ M ___ F

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

Parent's Name _____ Home Phone _____ Cell Phone _____

Mailing Address _____ E-mail _____

Parent's Work Phone – Mother _____ Father _____

Doctor's Last Name _____ Phone _____

Emergency Name _____ Phone _____

MEDICAL HISTORY - IMMUNIZATION RECORD * Please list exact dates, i.e. MO/DAY/YR (Required by N.Y.S. Law)
DATES MUST BE LISTED BELOW, AND YOU MUST ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD.

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) _____

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

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. Please 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 my child is in normal physical and mental health. I give my child listed above 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 also understand that the Village of Croton-on-Hudson does not maintain medical insurance for program 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 _____ PARENT'S SIGNATURE _____

Please circle appropriate Session & Activity:

	<u>Village Resident</u>	<u>Non-Resident/School District</u>
SESSION 1	Activity #5100-1	Activity #5200-1
SESSION 2	Activity #5100-2	Activity #5200-2
SESSION 3	Activity #5100-3	Activity #5200-3
FULL SEASON	Activity #5100-6	Activity #5200-6

Parent Sheet for Day Camp 2021

2021 CAMP SEASON is subject to change due to COVID 19 CDC updates

Welcome to the Village of Croton Day Camp. This information sheet will help your child have a safe and enjoyable camp experience and give you, as a parent, some valuable information.

Parents/Guardians must remain in their cars during drop off and pick up with a mask on at all times! While remaining in the car, a staff member will take your child's temperature and collect the screening questionnaire (must be filled out). If the questionnaire and temperature is adequate, the child will be escorted out of the car.

TEMPERATURE CHECKS AND DAILY SCREENING QUESTIONNAIRE (Will be mailed with the Parent information sheet) WILL BE CONDUCTED EVERY MONRING.

-Participants with a temperature greater than 100.4 will not be allowed entry for the whole day. Participants will not be permitted back into camp without a Doctor's note. Refunds will not be given for days missed for any reason including denial of entrance into camp.

-Participants are required to wear a mask or face covering at all times from drop off to pick up. The only exception is when they are eating/drinking or swimming/sprinkler.
Mask must be provided by participant.

-All staff members are required to wear mask/face coverings at all times and be asked to fill out the daily questionnaire and have their temperature taken.

-All equipment, tables, door handles, bathrooms, and other common surfaces will be sanitized at least twice daily, and on as needed basis. In addition, hand sanitizer will be available to all staff members and participants.

-If your child is not feeling well they must stay home.

-Only Staff and Campers are permitted within the building.

-Groups will be no more than 10-12 campers per group, and must stay in that group for the duration of the entire camp (no changing groups at any time) and **no friend requests**. Groups must socially distance from other groups and only the group of 10-12 can interact with each other.

-Camp begins Tuesday, June 29, 2021, and ends Friday, August 6, 2021. There is no camp on Monday, July 5, 2021. **Drop off for groups 1-3 8:45am-9am and drop off for groups 4-6 is from 9am-9:15am. Pick up for groups 1-3 is at 2:00 p.m. and groups 4-**

6 is at 2:15pm. Please do not drop off/pick up your child earlier/later than your group designated time. There is **no supervision** before the scheduled drop off time.

-The site for day camp is at **Carrie E. Tompkins Elementary School (CET)**. **Drop off and pick up will be in the back of the school. Parents must stay in their car at all times for drop off and pick up and have a mask on.**

Please Print and Sign that you understand and agree to the above information.

Print Name

Signature

**THIS FORM MUST BE RETURNED WITH
APPLICATION.**

THANK YOU!