

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

TINY TOTS 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)_____
7. COVID Dates: (1)_____ (2)_____ (3)_____

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. 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 good physical and mental health. I give my child listed above permission to take part in all camp activities and off-site trips 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:

Village Resident

Non-Resident/School District

SESSION 1 Activity #6150-1

Activity #6250-1

SESSION 2 Activity #6150-2

Activity #6250-2

SESSION 3 Activity #6150-3

Activity #6250-3

FULL SEASON Activity #6150-6

Activity #6250-6