Town of East Greenbush Summer Camp Registration

Please Fill Out Registration Form Completely. All fees and immunization records are due with registration. No spots are guaranteed until full payment has been received.

REGISTRATION DEADLINE IS JUNE 21st

**Participant Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Age: \_\_\_\_\_ DOB \_\_/\_\_/\_\_ Grade (entering):\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male or Female: m f**

**Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Medical Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Concerns: (IEP, 504, Anxiety, Behavior, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Phone during Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Emergency Name and Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle the weeks the child will be attending:**

**Session 1 Session 2 Session 3 Session 4 Session 5 Session 6**

**Please Circle: Full Day Half Day AM Half Day PM**

**After-Care Please Circle: YES NO**

**Bus Transportation:**

**(Within the Town of East Greenbush only) If your child is a student in the East Greenbush Central School District and not a resident there are two designated pick up and drop off locations. Please call 477-4194 for more information.**

**YES NO**

**Pick Up Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drop Off Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Counselor in Training Program:

**Is your child 15 and interested in being a CIT YES NO**

**Swim Permission:**

**We will be travelling each week to Grafton Lake State Park for swimming. All campers are swim tested before swimming, we employ our own water safety instructor and lifeguards, and we are supervised by Grafton Beach lifeguards. Does your child have permission to swim once they have been tested?**

**YES NO**

**Photographs:**

**Photographs will be taken during the summer camp to post on our website and Facebook page and may be used for future camp brochures. If you Do Not want your child to be included in any photographs, please complete the following: I do not want my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be photographed during the Summer Camp Program.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL DAY PROGRAM** |  |  |  |  |
| **Children** | **How many Weeks?** | **Resident  Full Day** | **Non-Resident Full Day** | **Total** |
| **Child One** |  | **$160** | **$190** |  |
| **Child 2** |  | **$145** | **$175** |  |
| **Child 3** |  | **$145** | **$175** |  |
| **Child 4** |  | **$145** | **$175** |  |
| **HALF DAY PROGRAM** |  |  |  |  |
| **How Many Children** | **How many Weeks?** | **Resident  ½ Day Price** | **Non-Resident ½ Day** | **Total** |
| **Child One** |  | **$110** | **$135** | **$** |
| **Child 2** |  | **$100** | **$122** | **$** |
| **Child 3** |  | **$100** | **$122** | **$** |
| **Child 4** |  | **$100** | **$122** | **$** |
| **HALF DAY & FIELD TRIP** | **How many weeks?** | **1 Field Trip** | **2 Field Trips** | **Total** |
| **Child one** |  | **$30** | **$50** |  |
| **Child 2** |  | **$30** | **$50** |  |
| **Child 3** |  | **$30** | **$50** |  |
| **Child 4** |  | **$30** | **$50** |  |
| **AFTERCARE PROGRAM  (3-5 PM)** |  |  |  |  |
| **How Many Children** | **How many weeks** | **Resident Aftercare Price** | **Non-Res Aftercare Price** | **Total** |
| **Child One** |  | **$80** | **$80** | **$** |
| **Child 2** |  | **$80** | **$80** | **$** |
| **Child 3** |  | **$80** | **$80** | **$** |
| **Child 4** |  | **$80** | **$80** | **$** |

**NEW PAYMENT OPTIONS:**

\*Pay in full at registration **OR** \*Pay ½ at registration

Balance due by July 1st

Please make checks payable to:

# The Town of East Greenbush

Mail registration form, updated immunization forms and payment to

225 Columbia Turnpike

Rensselaer, NY 12144

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office Use Only** | **Date** | **Amount** | **Chk #** | **Immunization received** | **Initial** |
| **Full Payment** |  |  |  |  |  |
| **1/2 Payment** |  |  |  |  |  |
| **1/2 Payment** |  |  |  |  |  |