



Camp Discovery

Child Information Page

M Child's Name: _____ Date of Birth: ___/___/___
 F Address: _____ Entering Grade: _____

Mother or Guardian: _____ Reside in Home? Yes No
 Work Phone: _____ Cell Phone: _____
 Employment: _____ Work Hours: _____

Father or Guardian: _____ Reside in Home? Yes No
 Work Phone: _____ Cell Phone: _____
 Employment: _____ Work Hours: _____

EMERGENCY CONTACTS

Please give the name, address, and telephone numbers of two people who may be contacted in case of an emergency or illness, when the parent or guardian is not reachable.

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Cell Phone _____	Cell Phone _____
Relationship to child _____	Relationship to child _____

AUTHORIZED PICK UPS

Your child(ren) will only be released to those individuals listed below unless otherwise specified to us in writing.

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

PARENT AGREEMENTS

Photo Release: May we use your child's photo/picture and/or name for publications, website and/or marketing purposes?
 Yes ___ No ___ **Parent Initial:** _____

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the following pages) necessary for the proper health and well-being of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the Camp Director to hospitalize, secure proper treatment for, and to order injections, sedation, anesthesia, X-ray, or surgery for my child(ren) above, as deemed necessary. The health history I have provided is correct so far as I know and my child has permission to engage in all prescribed activities except as noted by me. I also agree to notify this camp if my child is exposed to any communicable diseases.

I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case or an emergency.

I agree to review and update this information whenever a change occurs.

I give permission for my child(ren) to be transported on a school bus to and from camp for field trips.

I have been advised of the trips and destinations planned for the Camp Discovery program. My child has my permission to partake in any and all swimming activities, under the supervision guidelines set forth by the NYS Sanitary Code. I further understand that my child(ren) need(s) an appropriate bathing suit each day for camp. Further, I have reviewed the Aquatics section of the Parent Handbook and/or have had the opportunity to partake in a Parent Orientation to learn of Camp Discovery's swimming policies.

Signature – Parent or Person (s) Legally Responsible

Print Name

Date



Camp Discovery

EMERGENCY MEDICAL AUTHORIZATION

Child's Last Name _____

Child's First Name _____

I agree to return all **Camp Enrollment Forms**, including the **Immunization Records Form** prior to my child(ren) starting camp. I understand that children may not attend camp until all forms are completed and on file.

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs, they **MUST** be discussed with the Program Coordinator before entrance in to Camp Discovery.

I hereby release the Cohoes Community Center from any claim arising out of the doctor's actions. All medical expenses shall be the parent's responsibility.

Parents Signature _____

Date: _____

Allergy/Medical Information Summary

1. Is your child currently taking any regular prescription medication that is taken at home or at school?

Yes _____ No _____

If "yes", please list medications, condition for which it is being prescribed and dosage.

Med _____	Dosage _____	To Treat _____	Side Effects _____
Med _____	Dosage _____	To Treat _____	Side Effects _____
Med _____	Dosage _____	To Treat _____	Side Effects _____

2. Does your child have any food allergies or require a special diet? (Note: This is not a food preference question) Yes _____ No _____

3. Does your child have any medication allergies? Yes _____ No _____

Please list any other information that will be helpful in working with your child (i.e. behavior disorders, fears, etc.) _____

Camp Discovery

Enrollment Form

DSS Subsidized Care

Case Worker Name: _____

Case Worker phone number: _____

Case Number: _____

Mother or Guardian: _____

Cell: _____ Work: _____ Home: _____

Address: _____

Father or Guardian: _____

Cell: _____ Work: _____ Home: _____

Address: _____

ACCOUNT OWNERSHIP

- Mother or Guardian
- Father or Guardian
- Joint Account
- Court Ordered.

Information regarding the account will only be shared with the designated parties who are responsible for the account. In cases of a **joint account**, unless otherwise specified, it will assume to be a joint account between both biological parents. In cases of a **court ordered** agreement, please furnish us with a copy of the ruling and two accounts will be created reflecting the percentages outlined in the agreement.

CAMPER'S NAME:		CAMPER'S NAME:	
<p>Shirt Size</p> <input type="checkbox"/> Youth 6-8 <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth 10-12 <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth 12-14 <input type="checkbox"/> Adult Large	<p>\$160.00 per week</p> <p>\$25 per week deposit required</p>	<p>Shirt Size</p> <input type="checkbox"/> Youth 6-8 <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth 10-12 <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth 12-14 <input type="checkbox"/> Adult Large	<p>\$160.00 per week</p> <p>\$25 per week deposit required</p>
One: June 30 – July 4		One: June 30 – July 4	
Two: July 7– July 11		Two: July 7– July 11	
Three: July 14 – July 18		Three: July 14 – July 18	
Four: July 21 – July 25		Four: July 21 – July 25	
Five: July 28 – Aug 1		Five: July 28 – Aug 1	
Six: Aug 4 – Aug 8		Six: Aug 4 – Aug 8	
Sevене: Aug 11 – Aug 15		Sevене: Aug 11 – Aug 15	
Eight: Aug 18 – Aug 22		Eight: Aug 18 – Aug 22	
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Camp Discovery

Parent Fee Agreement

1. I understand that my \$25.00 deposit per week, per child is **non refundable** and that camper slots will only be reserved when accompanied by registration form(s) and deposit(s). Deposit(s) will be applied to the weekly fee for each applicable session.
2. I agree to **pay in full** the balance due for each session of camp the week prior to the first day of camp for which my child is registered, or I will forfeit my spot for that session. I understand that no child will be allowed to attend camp until the session fee is paid in full.
3. I understand that for children attending camp because of payment by the Department of Social Services (DSS), the *parent portion* will be accepted as payment in full for the deposit. Deposit is not required.
4. I understand that my child must comply with camp rules and standards of behavior. I agree that Camp Discovery camp staff have the right to enforce appropriate standards of conduct and may suspend or dismiss, without a refund, any camper who poses a physical, emotional, or safety risk to themselves or others.
5. I understand that there's **no refund (deposit or weekly fee)** for the voluntary withdrawal of a camper due to illness, vacation, or other absence (temporary or permanent), or for the dismissal of any camper.
6. I understand that field trips may be postponed or cancelled without prior notice due to weather conditions, transportation issues, etc., and that alternative, fun activities will be substituted.

 Person Responsible for payment Print Name

 Person Responsible for payment Signature

 Date

OFFICE USE ONLY

Camper #1 _____ x \$25 = \$ _____
 TOTAL # OF WKS ENROLLED _____
 Camper #2 _____ x \$25 = \$ _____
 TOTAL # OF WKS ENROLLED _____
 Camper #3 _____ x \$25 = \$ _____
 TOTAL # OF WKS ENROLLED _____
 Camper #4 _____ x \$25 = \$ _____
 TOTAL # OF WKS ENROLLED _____

TOTAL DEPOSIT AMOUNT = \$ _____

*Deposits are deducted from each week of camp for a "Balance Due" amount that is to be received **prior** to that week of camp. In all cases deposits are **non-refundable**.*

Payment type: Cash MC/VISA Check # _____

Employee Initials: _____

Date of Payment: _____