

# 2012 ENROLLMENT FORM



## PARENT INFORMATION

PARENT 1: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_  
 WORKPLACE: \_\_\_\_\_ RESIDES IN HOME WITH CAMPER:  YES  NO EMAIL: \_\_\_\_\_  
 PARENT 2: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_  
 WORKPLACE: \_\_\_\_\_ RESIDES IN HOME WITH CAMPER:  YES  NO EMAIL: \_\_\_\_\_

<b>ACCOUNT OWNERSHIP</b> <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Joint Account <input type="checkbox"/> Court Ordered.	<i>Information regarding the account will only be shared with the designated parties who are responsible for the account. In cases of a <b>joint account</b>, unless otherwise specified, it will assume to be a joint account between both biological parents. In cases of a <b>court ordered</b> agreement, please furnish us with a copy of the ruling and two accounts will be created reflecting the percentages outlined in the agreement.</i>
ADDRESS IF DIFFERENT FROM CAMPER'S: _____	

<b>CAMPER INFORMATION</b>	<i>Campers are organized into sub-groups for programming: Grades 1-2: VOY, Grades 3-5: EXP, Grades 6-8) BLA</i>
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Male  Female Camper 1: \_\_\_\_\_ Age: \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Entering Grade: \_\_\_  
 Male  Female Camper 2: \_\_\_\_\_ Age: \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Entering Grade: \_\_\_  
 Male  Female Camper 3: \_\_\_\_\_ Age: \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Entering Grade: \_\_\_  
 Male  Female Camper 4: \_\_\_\_\_ Age: \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Entering Grade: \_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

<b>ENROLLMENT INFORMATION</b>	<i>Please refer to our brochure and/or parent handbook for a listing of fees and discounts.</i>
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CAMPER 1:		CORE HOURS \$150.00
	<input type="checkbox"/> 6-8 <input type="checkbox"/> Adt. Sml <input type="checkbox"/> 10-12 <input type="checkbox"/> Adt. Med <input type="checkbox"/> 12-14 <input type="checkbox"/> Adt. Lrg	
One: June 25 – June 29		
Two: July 2 – July 6		
Three: July 9 – July 13		
Four: July 16 – July 20		
Five: July 23 – July 27		
Six: July 30 – Aug 3		
Seven: Aug. 6 – Aug. 10		
Eight: Aug. 13 – Aug. 17		
Nine: Aug. 20 – Aug. 24		

CAMPER 2:		CORE HOURS
	<input type="checkbox"/> 6-8 <input type="checkbox"/> Adt. Sml <input type="checkbox"/> 10-12 <input type="checkbox"/> Adt. Med <input type="checkbox"/> 12-14 <input type="checkbox"/> Adt. Lrg	
One: June 25 – June 29		
Two: July 2 – July 6		
Three: July 9 – July 13		
Four: July 16 – July 20		
Five: July 23 – July 27		
Six: July 30 – Aug 3		
Seven: Aug. 6 – Aug. 10		
Eight: Aug. 13 – Aug. 17		
Nine: Aug. 20 – Aug. 24		

CAMPER 3:		CORE HOURS
	<input type="checkbox"/> 6-8 <input type="checkbox"/> Adt. Sml <input type="checkbox"/> 10-12 <input type="checkbox"/> Adt. Med <input type="checkbox"/> 12-14 <input type="checkbox"/> Adt. Lrg	
One: June 25 – June 29		
Two: July 2 – July 6		
Three: July 9 – July 13		
Four: July 16 – July 20		
Five: July 23 – July 27		
Six: July 30 – Aug 3		
Seven: Aug. 6 – Aug. 10		
Eight: Aug. 13 – Aug. 17		
Nine: Aug. 20 – Aug. 24		

CAMPER 4:		CORE HOURS
	<input type="checkbox"/> 6-8 <input type="checkbox"/> Adt. Sml <input type="checkbox"/> 10-12 <input type="checkbox"/> Adt. Med <input type="checkbox"/> 12-14 <input type="checkbox"/> Adt. Lrg	
One: June 25 – June 29		
Two: July 2 – July 6		
Three: July 9 – July 13		
Four: July 16 – July 20		
Five: July 23 – July 27		
Six: July 30 – Aug 3		
Seven: Aug. 6 – Aug. 10		
Eight: Aug. 13 – Aug. 17		
Nine: Aug. 20 – Aug. 24		

Core Hours: 8:30 AM to 4:30 PM. Extended Care: 7 AM to 8:30 AM and/or 4:30 PM to 5:30 PM.  
 Please advise us if you have any children making use of other Center programs.

MEDICAL INFORMATION

Please feel free to attach additional information as required. See also: Medical Section of Parent Handbook. All campers must have a physical form on file prior to the start of camp. Said physical may be completed within the preceding 12 months of camp.

CAMPER 1: \_\_\_\_\_ WILL RECEIVE MEDICATION DURING CAMP:  YES  NO

KNOWN ALLERGIES: \_\_\_\_\_

MEDICATIONS TAKEN AT HOME (Please include times and dosages): \_\_\_\_\_

MEDICATIONS TO BE DISPENSED AT CAMP (Please see Medical Section of Parent Handbook for required documentation. Include times & dosages.)

\_\_\_\_\_

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CAMPER 2: \_\_\_\_\_ WILL RECEIVE MEDICATION DURING CAMP:  YES  NO

KNOWN ALLERGIES: \_\_\_\_\_

MEDICATIONS TAKEN AT HOME (Please include times and dosages): \_\_\_\_\_

MEDICATIONS TO BE DISPENSED AT CAMP (Please see Medical Section of Parent Handbook for required documentation. Include times & dosages.)

\_\_\_\_\_

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CAMPER 3: \_\_\_\_\_ WILL RECEIVE MEDICATION DURING CAMP:  YES  NO

KNOWN ALLERGIES: \_\_\_\_\_

MEDICATIONS TAKEN AT HOME (Please include times and dosages): \_\_\_\_\_

MEDICATIONS TO BE DISPENSED AT CAMP (Please see Medical Section of Parent Handbook for required documentation. Include times & dosages.)

\_\_\_\_\_

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CAMPER 4: \_\_\_\_\_ WILL RECEIVE MEDICATION DURING CAMP:  YES  NO

KNOWN ALLERGIES: \_\_\_\_\_

MEDICATIONS TAKEN AT HOME (Please include times and dosages): \_\_\_\_\_

MEDICATIONS TO BE DISPENSED AT CAMP (Please see Medical Section of Parent Handbook for required documentation. Include times & dosages.)

\_\_\_\_\_

MEDICAL PERMISSION aka "Permission to Treat"

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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SWIMMING / AQUATIC PERMISSION

I have been advised of the trips and destinations planned for the ROW 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 ROW's swimming policies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZED PICK UPS	"Authorized Pick Ups" are individuals, who in the parents' absence may pick up the child from camp. See also: Authorized Pick Ups in the Parent Handbook.
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NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CONDITIONS OF ACCEPTANCE

1. I understand that my \$20.00 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 agree to return all **Camp Enrollment Forms**, including the *Immunization Records Form* to the Center prior to my child(ren) starting camp. I understand that children may not attend camp until all forms are completed and on file at the Cohoes Community Center.
5. I understand that my child must comply with camp rules and standards of behavior. I agree that the Recreation On Wheels 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.
6. I understand that there's **no refund (deposit or 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.
7. I give permission for my child(ren) to be transported on a school bus to and from camp for field trips.
8. 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.
9. I understand that **children must arrive 30 minutes prior** to the start of the camp day. Please plan to arrive by 8:30 AM.
10. I understand that my child's enrollment is not finalized until I have submitted a deposit for each week registered or submitted a signed **Group Enrollment Form**.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY	
<p style="text-align: center; margin: 0;"><b>DEPOSIT INFO</b></p> <p>Camper #1 _____ x \$20 = \$ _____ TOTAL # OF WKS ENROLLED</p> <p>Camper #2 _____ x \$20 = \$ _____ TOTAL # OF WKS ENROLLED</p> <p>Camper #3 _____ x \$20 = \$ _____ TOTAL # OF WKS ENROLLED</p> <p>Camper #4 _____ x \$20 = \$ _____ TOTAL # OF WKS ENROLLED</p> <p style="text-align: center;"><b>TOTAL DEPOSIT AMOUNT = \$ _____</b></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><i>Deposits are deducted from each week of camp for a "Balance Due" amount that is to be received <b>prior</b> to that week of camp. In all cases deposits are <b>non-refundable</b>.</i></p> </div> <p>Payment type: <input type="checkbox"/> Cash <input type="checkbox"/> MC/VISA <input type="checkbox"/> Check # _____</p> <p>Employee Initials: _____</p> <p>Date of Payment: _____</p>