



# Camp Discovery

Discover your world!!

**JUNE 30, 2014-**  
**AUGUST 22, 2014**  
***REGISTRATION BEGINS***  
***APRIL 1ST, 2014***

22-40 Remsen Street, Cohoes, New York 12047  
518-237-7523 PH / 518-237-7524 FX  
[www.cohoescommunitycenter.org](http://www.cohoescommunitycenter.org)



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# 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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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 of 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:	
<b>Shirt Size</b> <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	\$160.00 per week  \$25 per week deposit required	<b>Shirt Size</b> <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	\$160.00 per week  \$25 per week deposit required
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	
Sevene: Aug 11 – Aug 15		Sevene: Aug 11 – Aug 15	
Eight: Aug 18 – Aug 22		Eight: Aug 18 – Aug 22	
CAMPER'S NAME:		CAMPER'S NAME:	
<b>Shirt Size</b> <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	\$160.00 per week  \$25 per week deposit required	<b>Shirt Size</b> <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	\$160.00 per week  \$25 per week deposit required
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Eight: Aug 18 – Aug 22		Eight: Aug 18 – Aug 22	



# 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: \_\_\_\_\_

Camp Discovery is a 8 week summer camp program for families looking for a fun filled and memorable summer. At Camp Discovery children spend their days outdoors learning and exploring! Please see the enclosed trip and special event schedule for more details.

**Parent Orientation: Saturday, June 14th @ 10am.**  
**All parents are required to attend.**

**Location:** Abram Lansing Elementary

**Hours:** 7:00 AM to 5:30 PM

**Cost of Care:** \$160 per week.

*Ask about 10% sibling discount.*

*\* Camp Discovery is not affiliated with the Cohoes City School District. Please contact the Cohoes Community Center for all camp information.*

### Registering Your Child

To register your child you must:

1. Complete the enclosed enrollment form.
2. Provide us with a non-refundable \$25.00 deposit per week per child.

**REGISTRATION BEGINS**  
**APRIL 1ST, 2014**



### Financial Assistance

Child care assistance for camp programs is available for qualifying families through the following agencies: Child Care Assistance Hotline (NYS D.S.S.) 447-7435 or Workforce Development Institute 272-3500. If you are currently approved for childcare assistance a new approval must be requested for summer care.



### What to Bring to Camp Each Day



Sneakers help keep your child busy each day at camp! We swim every day! Swimsuits are needed



even if your camper does not plan to swim and sunscreen, breakfast (if they did not eat at home) and a bagged lunch. Camp Discovery does not provide meal service.



\* Note Camp Discovery is not a food allergy free program. Please contact us if your child has a food allergy!



We ask that children do not bring I-Pods, MP3s, Video game systems, cell phones, etc... Camp Discovery cannot be held responsible for any lost property.

### Legal & Administrative Authority





Camp Discovery operates under a permit issued by the Albany County Department of Health. The camp is inspected at least twice yearly to ensure compliance with guidelines (Subpart 7-2) set forth by NYS Sanitary Code, which governs camp operations. Copies of camp inspections can be reviewed at the Albany County Department of Health. In addition, all camp staff are screened through the NYS Central Registry in compliance with the NYS Child Safety Act.





# Cohoes Community Center Camp Discovery

Week	Theme	Special Event	Trip of the Week
<b>WEEK 1</b>  <b>June 30, 2014- July 4, 2014</b> *No care Friday, July 4	<b>Artists Among Us Week</b>	Wednesday, July 2, 2014  <b>Talent Show</b>	Thursday, July 3, 2014  
<b>WEEK 2</b>  <b>July 7, 2014- July 11, 2014</b> <u>!!!Trip on Tuesday this week!!!</u>	<b>Top Chef Week</b>	Thursday, July 10, 2014  <b>Crunch &amp; Munch</b>	Tuesday, July 8, 2014    * Lunch included
<b>WEEK 3</b>  <b>July 14, 2014- July 18, 2014</b>	<b>Under the Big Top</b>	Wednesday, July 16, 2014  <b>Circus Camp</b>	Friday, July 18, 2014  
<b>WEEK 4</b>  <b>July 21, 2014- July 25, 2014</b>	<b>Science Week</b>	Wednesday, July 23, 2014  <b>Science Fair</b>	Friday, July 26, 2013  <b>TBA</b>

All special events are on site. Bus departs for field trips at 9am. All campers must arrive by 8:30am.

\*NOTE: Destinations are not final. Trips may be moved or changed due to capacity and/or weather.

\*Children must be 7 years old to participate in the City of Cohoes Recreation Program.



# Cohoes Community Center Camp Discovery

Week	Theme	Special Event	Trip of the Week
<b>WEEK 5</b>  <b>July 28, 2014- August 1, 2014</b>	<b>Camp Olympic Games</b>	<b>Thursday, July 31, 2014</b>  <b>Camp Games</b>	<b>Friday, August 1, 2014</b>   For Entering grade 4-8
			 For Entering grade K-3
<b>WEEK 6</b>  <b>August 4, 2014- August 8, 2014</b>  <u>*Trip on Wednesday this week!!!!</u>	<b>Family Week</b>	<b>Friday, August 8, 2014</b>  <b>Family Night at the CCC!</b>  6pm– 8pm Free food, games swimming and entertainment!	<b>Wednesday, August 6, 2014</b>   For Entering
			 For Entering grades K-3
<b>WEEK 7</b>  <b>August 11, 2014- August 15, 2014</b>	<b>Animal Planet Week</b>	<b>Wednesday, August 13, 2014</b>  <b>Living Zoo</b>	<b>Friday, August 15, 2014</b>  
<b>WEEK 8</b>  <b>August 18, 2014 August 22, 2014</b>	<b>Fun Fest Week</b>	<b>Wednesday, August 20, 2014</b>  <b>Camp Party!</b>	<b>Friday, August 22, 2014</b>  

All special events are on site. Bus departs for field trips at 9am. All campers must arrive by 8:30am.

\*NOTE: Destinations are not final. Trips may be moved or changed due to capacity and/or weather.

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