

Town of Ramapo

Full Day Camp & Mini Camp Registration 2022



PARENT/GUARDIAN NAME & PHONE:	Name:	Contact #:
PARENT/GUARDIAN NAME & PHONE:	Name:	Contact #:
FULL ADDRESS:	Address:	City, State & Zip Code:
EMAIL ADDRESS & ADD'L PHONE:	Email:	Phone #:
EMERGENCY CONTACT:	Name:	Contact #:

Camper Information (One form per child):

Camper's Last Name, First Name		Date of Birth
School Attending – Fall 2022		Grade – Fall 2022
		Gender (Circle One)
		M or F

Camp Options: check all that apply

CAMP SCUFFY		MONDAY – FRIDAY		
	Camp Scuffy KINDERGARTEN	Grade K	8:30am – 3:30pm	\$1600
	Camp Scuffy SPORTS	Grades 1 - 6	8:30am – 3:30pm	\$1600
	Camp Scuffy ADVENTURES	Grades 1 - 6	8:30am – 3:30pm	\$1600
	Camp Scuffy TEEN	Grades 7 - 9	8:30am – 3:30pm	\$1700
	Camp Scuffy Swim Lessons (6 45-minute lessons)	Grades 1 - 5	THURSDAYS	\$100
	Camp Scuffy Extended Day	Grades K - 9	3:30pm – 5:30pm	\$250
	Non-Resident upcharge	→	→	\$250

CREATE & EXPLORE		MONDAY – FRIDAY		
	Create & Explore	Grades 1 - 8	9:00am – 3:30pm	\$850
	Create & Explore Extended Day	Grades 1 - 8	3:30pm – 5:30pm	\$200

SPORTS CONDITIONING		MONDAY – FRIDAY		
	Sports Conditioning	Grades 6 - 9	9:00am – 3:00pm	\$900

TEEN TREK		MONDAY – THURSDAY		
	Teen Trek	Grades 7 - 9	9:00am – 3:00pm	\$1100

CIT PROGRAM held at Mini Camp sites – make location preference below				MONDAY – FRIDAY	
	First Choice _____	Second Choice _____	Grades 9 & 10	8:30am – 1:30pm	\$500

MINI CAMPS* *LOCATIONS SUBJECT TO CHANGE		MONDAY – FRIDAY		
	Cherry Lane*	Pre-K - Grade 5	9:00am – 1:00pm	\$400
	Montebello *	Pre-K - Grade 5	9:00am – 1:00pm	\$400

Non-Ramapo Resident Upcharge	
	Add \$125 for Sports Conditioning, Teen Trek, Create & Explore

Camper's Name: _____

PICK- UP & EMERGENCY INFORMATION:

In the event that there is an emergency at camp, and you cannot be reached, please list additional individuals (18 and over), who are authorized to pick up your child. Please remind all to have a photo ID ready to display for pick up. We will not release your child to any other individual without written permission.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION: **IMMUNIZATION RECORDS: Required by NYS- please attach current records with a doctor's signature or stamp.

Doctor: _____ Phone#: _____

Known Allergies: _____

Medical Comments: _____

Please provide any additional information about the camper's physical, emotional, or mental health of which the camp staff should be aware: _____

SUMMER CAMP TRIPS: I understand that by signing this form I agree for my child to attend all trips listed on camp calendar including any water related trips.

DEPT. OF HEALTH GUIDELINES: In New York State, summer camps must have a state, city or county health department permit to operate legally. These permits are issued only if the camp is in compliance with the state's health regulations. The permit to operate must be displayed in a conspicuous place on the premises. The camp must be inspected twice yearly by a health department representative. At least one inspection must be made during the time the camp is in operation. Each camp is checked to make sure that the physical facilities are safe, and that supervision is adequate.

AUTHORIZATION: I authorize that the above information is accurate and current, and all information has been filled out by the appropriate parties. In the event that I cannot be reached, and an emergency occurs, I hereby give permission to the physician selected by the Town to hospitalize and secure treatment for my child. I understand that the Town of Ramapo does not offer accident insurance and my personal insurance bear's primary responsibility in case of an accident. I will allow photos for promotion.

Parent/Guardian Signature

Date

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION: All campers who need medication administered during camp hours must have the following completed by a physician. Medication must be in original container, contain a prescription & will be administered by camp nurse. *For camps without a nurse, medication will be self-administered.*

Name of Medication(s), Dose & Method of Administration: _____

Specific date(s) & time(s) to be given: _____ Or Issue Only as Needed: _____

Physician's Name & Phone Number: _____

Signature of Physician: _____ Date: _____