

CITY OF LONG BEACH
DEPARTMENT OF PARKS AND RECREATION
MORNING CAMP 2019 INFORMATION

Monday through Friday 9:00AM to 1:00PM

Begins Monday, July 1 through Friday, August 16, 2019

(Except Thursday, July 4, 2019)

The City of Long Beach Department of Parks and Recreation is pleased to once again offer an affordable, fun and safe summer camp experience for children entering Kindergarten through age 12. The Morning Camp Program meets at either Lindell Elementary School or the Long Beach Middle School and includes various activities such as arts & crafts, swimming, gaga, board games, kickball, basketball, soccer, relay races, etc. Off-site trips include Adventureland, Splish Splash, Long Island Laser Bounce, Long Island Children's Museum, Bowling and much more.

Throughout the summer there are also special events days such as Themed Spirit Days, Block Party, and more. Every child also has the opportunity to take swim lessons with one of our qualified instructors.

The cost for camp for Long Beach Residents is \$575, School District Residents \$625 and for Non-Residents \$675.

For questions and concerns, please call Camp Director Joe Brand at 516-705-7411 or jbrand@longbeachny.gov.

SWIM INSTRUCTION

~Swim instruction will be available during the weekday morning sessions at the City of Long Beach Municipal Pool. Parents may register children for this program with the Playground Supervisor the day of.

~Only those children registered with the Playground Supervisor will be permitted to attend.

~Each child is required to bring a towel, bathing suit, goggles, and bathing cap.

~Swimming will take place at the Long Beach Recreation Pool.

~A pre-test will be given to each child to determine your child's swimming ability.

~A swimming schedule will be made available once camp begins.

OFF-SITE TRIPS

There will be a fee associated with all off-site trips. Children will receive registration forms from their Camp Supervisor. All registration forms must be signed by the child's parent and returned with payment to the Camp Supervisor. There will be a maximum of 35 campers allowed on each trip. First come first served. A list of trips will be posted on the camp web page at the individual camp sites.

BUS TRANSPORTATION:

Transportation will be provided at 8:40am to the Long Beach Middle School Morning camp from:

- The entrance to the Ice Arena at The Recreation Center Campus
- Point Lookout - Northwest corner of Parkside Drive & Lido Blvd.

Transportation will be provided at 8:40am to the Lindell Morning camp from:

- West School, Maryland Avenue

Transportation will be provided at 1:00pm from the Long Beach Middle School Morning camp to:

- The entrance to the Ice Arena at The Recreation Center Campus
- Point Lookout - Northwest corner of Parkside Drive & Lido Blvd.

Transportation will be provided at 1:00pm from the Lindell Morning camp to:

- West School, Maryland Avenue
- The entrance to the Ice Arena at The Recreation Center Campus

City Council

Anthony Eramo, President ~ Chumi Diamond, Vice President

John Bendo ~ Scott J. Mandel ~ Anissa D. Moore

Acting City Manager Robert Agostisi

Asst. Superintendent Parks & Recreation Paul Ferrante



CITY OF LONG BEACH
DEPARTMENT OF PARKS AND RECREATION

MORNING CAMP APPLICATION 2019

Monday through Friday 9:00AM to 1:00PM
Begins Monday, July 1 through Friday, August 16, 2019
(Except Thursday, July 4, 2019)



Only children entering Kindergarten, in September 2019, through 12 years of age (as of 7/1/19) are eligible for the Long Beach Recreation Morning Camp Program. PROOF OF AGE IS REQUIRED. Registration will be accepted at the Long Beach Recreation Center on Magnolia Boulevard & West Bay Drive.

APPLICATION WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:

- PHYSICAL EXAMINATION COMPLETED AND SIGNED BY DOCTOR
- TWO (2) RECENT COLOR PASSPORT PHOTOS OF CHILD (attach to application) (Please print clearly)

Child's Name _____ Age on 7/1 _____ Date of Birth _____ Sex M F

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

E:Mail _____

Emergency Contact _____ Relationship _____ Phone _____

School (as of September 2019) _____ Grade _____

Registration Fee: \$575.00 (Long Beach Residents)
 \$625.00 (School District Residents) \$675.00 (Non-District Resident)

CREDIT CARD (VISA OR MASTERCARD with 2.5% processing fee). CHECK OR MONEY ORDER PAYABLE TO: "CITY OF LONG BEACH"
NO REFUNDS ~ NO EXCEPTIONS

Camp Location Request LINDELL ELEMENTARY SCHOOL LONG BEACH MIDDLE SCHOOL

Will your child be attending Sports Camp? Yes No

Will your child be using our buses for transportation to camp? Yes No
(See Bus Transportation Details on the Information Page)

I hereby certify that the above information is correct and I, the parent or guardian of child named above, give permission and approval for his/her participation in the City of Long Beach Parks and Recreation Department's Morning Camp Program. I fully understand that my child must abide by all the Rules and Regulations set forth by the Parks and Recreation Department and further agree to explain to my child the Codes of Conduct set forth by the Long Beach Parks and Recreation Department. The Codes of Conduct can be found on the web at www.longbeachny.gov/rec. In the event I cannot be reached in an emergency situation, I hereby give my permission to the camp director/camp health director to secure proper treatment for my child named above. I understand that the camp will try to contact the parent(s) first at the numbers listed above.

I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video in which my child may appear while participating in Parks and Recreation programs and grant permission for publication or use of those images.

I authorize and give permission for the City of Long Beach to transport my child to the Recreation Pool for swimming lessons.

Parent Name (Print) _____ Parent Signature _____

Office Use Only
Receipt# _____ Amount \$ _____ Proof of Age _____ Staff _____ Date _____

CITY OF LONG BEACH
DEPARTMENT OF PARKS AND RECREATION
AFTERNOON SPORTS CAMP 2019 INFORMATION

Monday through Friday 1:00PM to 5:00PM

Begins Monday, July 1 through Friday, August 16, 2019

(Except Thursday, July 4, 2019)

The City of Long Beach Department of Parks and Recreation is pleased to once again offer an affordable, fun and safe summer camp experience for children entering second grade through age 12. The Afternoon Sports Camp Program meets at the Long Beach Recreation Center Campus and includes various activities including, Lacrosse, Basketball, Volleyball, Soccer, Softball, Swimming, Wrestling, Deck Hockey, Kickball, Ga-Ga, Football and Beach Activities. Sports Camp also goes on the same trips as the morning camp. Every child also has the opportunity to go swimming at the end of the day. Any child that attends the morning camp and the sports camp will be bussed from the morning camp site to the recreation center and back to the morning camp site at the end of the day.

The cost for camp for Long Beach Residents is \$575, School District Residents \$625 and for Non-Residents \$675.

For questions and concerns please call Camp Director Joe Brand at 516-705-7404 or jbrand@longbeachny.gov.

OFF-SITE TRIPS

There will be a fee associated with all off-site trips. Children will receive registration forms from their Camp Supervisor. All registration forms must be signed by the child's parent and returned with payment to the Camp Supervisor. There will be a maximum of 35 campers allowed on each trip. First come first served. A list of trips will be posted on the camp web page at the individual camp site.

BUS TRANSPORTATION:

Transportation will be provided at 1:00pm to the Recreation Campus for Sports Camp from the following locations:

- The Long Beach Middle School (for Morning Camp attendees)
- Lindell School - W. Hudson St. between Lindell Blvd. & Grand Blvd. (for Morning Camp attendees)

Transportation will be provided at 5:00pm from the Recreation Campus for Sports camp to:

- West School, Maryland Avenue
- Lindell School, 601 Lindell Blvd
- Long Beach Middle School
- Point Lookout - Northwest corner of Parkside Drive & Lido Blvd.



City Council
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CITY OF LONG BEACH
DEPARTMENT OF PARKS AND RECREATION



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APPLICATION WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:

- PHYSICAL EXAMINATION COMPLETED AND SIGNED BY DOCTOR
- TWO (2) RECENT COLOR PASSPORT PHOTOS OF CHILD (attach to application) (Please print clearly)

Child's Name _____ Age on 7/1 _____ Date of Birth _____ Sex M F

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ E:Mail _____

Emergency Contact _____ Relationship _____ Phone _____

School (as of September 2019) _____ Grade _____

Registration Fee: \$575.00 (Long Beach Residents)
 \$625.00 (School District Residents) \$675.00 (Non-District Resident)

CREDIT CARD (VISA OR MASTERCARD with 2.5% processing fee). CHECK OR MONEY ORDER PAYABLE TO: "CITY OF LONG BEACH"
NO REFUNDS ~ NO EXCEPTIONS

Camp Location Request SPORTS CAMP AT THE RECREATION CENTER

Will your child be attending Morning Camp? Yes No

Will your child be using our buses for transportation to? Yes No

(See Bus Transportation Details on the Information Page)

I hereby certify that the above information is correct and I, the parent or guardian of child named above, give permission and approval for his/her participation in the City of Long Beach Parks and Recreation Department's Morning Camp Program. I fully understand that my child must abide by all the Rules and Regulations set forth by the Parks and Recreation Department and further agree to explain to my child the Codes of Conduct set forth by the Long Beach Parks and Recreation Department. The Codes of Conduct can be found on the web at www.longbeachny.gov/rec. In the event I cannot be reached in an emergency situation, I hereby give my permission to the camp director/camp health director to secure proper treatment for my child named above. I understand that the camp will try to contact the parent(s) first at the numbers listed above.

I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video in which my child may appear while participating in Parks and Recreation programs and grant permission for publication or use of those images.

I authorize and give permission for my child to use the Recreation Pool for open swim.

Parent Name (Print) _____ Parent Signature _____

Office Use Only Receipt# _____ Amount \$ _____ Proof of Age _____ Staff _____ Date _____

Camper Profile

We are requesting the following information so that our professional staff may gain some insight to better understand your child. In order to promote his/her welfare, we are asking that you supply complete and candid answers. This form is strictly confidential and we suggest that your child not have access to it.

Whether or not your child has previously attended the City of Long Beach Summer Recreation Program, kindly complete this for the use by your child's counselor(s).

Name: _____ 2019 School _____

Grade _____ Age _____ Using Transportation YES / NO

Date of Birth: _____ Prefers to be called: _____

Father's Name: _____ Mother's Name _____

Special Needs: (Please describe on the back of this form):

Physical _____ Hearing/Visual _____

Allergies: _____ Other: _____

Interests:

Group My Child With: 1- _____ 2- _____

(Please note: This is a request that will be honored to the best of our ability.)

Please indicate your child's interests and favorite activities: _____

How well does your child socialize with others? _____

Please check any areas where your child should be given special consideration or attention.
(Additional information may be given on the back of this page.)

Medication _____ Swimming _____ Athletics _____

Food _____ Other _____

Will your child be using our buses for transportation to & from camp? _____

Swim: American Red Cross swimming levels previously achieved _____

Where _____ Date _____

This side of this form may be used to elaborate upon any item above. Also, feel free to describe any special needs or insights concerning your child that would be informative and helpful to your child's counselor, supervisory staff, and/or the nurse.

Parent/Guardian Signature: _____ Date: _____

Reviewed by: _____ Date : _____

CITY OF LONG BEACH
Recreation Department
PHYSICAL EXAMINATION

Camp _____

The law requires that all children in summer playground programs be examined by a physician upon entrance. Examination by the family physician is recommended yearly. Please return the completed form with the program application. Applications will not be accepted by the Recreation Department without the completed physical examination.

Child's Name _____

Date of Birth _____ Height _____ Weight _____

Eyes: Vision with Glasses R _____ L _____ Vision without Glasses R _____ L _____

Ears: Otosopic _____ Genito-Urinary _____

Heart _____ Blood Pressure _____

Lungs _____ Lymph _____

Nervous System: Specify if epileptic _____

Nose _____ Nutrition _____

Orthopedic-Extremities _____

Scoliosis, etc. _____ Structural Defect _____

Skin _____ Speech _____

Thyroid _____ Tonsils _____

Allergies or Asthma _____

Operations/Serious Injury (include date) _____

Current Medications & Diagnosis _____

Is this child able to participate in all Physical Education activities: _____

If no, please state limitation and diagnosis _____

Recommendations for follow-up _____

Doctor's signature and stamp

Doctor's telephone number

Doctor's address

Date of Examination

**HEALTH HISTORY
UPDATE OF HEALTH HISTORY RECORD**

DISEASES	DATE	DISEASES	DATE	DISEASES	DATE
Anemia		German Measles		Pneumonia	
Asthma		Gynecological		Rheumatic Fever	
Allergy		Hepatitis		Scarlet Fever	
Chicken Pox		Measles		Tuberculosis	
Diabetes		Mononucleosis		Contact with Tuberculosis	
Ear Condition		Mumps		Whooping Cough	
Epilepsy/seizures		Nephritis		Other Illness	
				Specify	

NEW YORK STATE REQUIRES A CERTIFICATE OF IMMUNIZATION BEFORE ADMITTANCE TO PLAYGROUND PROGRAMS

<u>DPT Series</u>	<u>Polio/OPV</u>	<u>MMR</u>	<u>Mumps</u>	<u>HIB/HBVC</u>	<u>Hepatitis B/HEP</u>
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___			___/___/___	___/___/___
___/___/___	___/___/___			___/___/___	
___/___/___	___/___/___	<u>Measles</u>	<u>Rubella</u>		
___/___/___	___/___/___	___/___/___	___/___/___	<u>Varicella</u>	
	___/___/___	___/___/___		___/___/___	

ADDITIONAL INNOCULATIONS AND TEST

<u>Mantoux Test</u>	<u>Tine Test</u>	<u>Chest X-Ray</u>	<u>Lead Screening</u>	<u>Small Pox</u>	<u>Other</u>
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	_____
Results	Results	Results	Results		___/___/___
_____	_____	_____	_____		

This is to certify that the afore-mentioned child has completed all immunizations.

Doctor's Signature _____ Date _____

This is to certify that the afore-mentioned child will have completed all immunizations by _____

Doctor's Signature _____ Date _____

CITY OF LONG BEACH – RECREATION DEPARTMENT – EMERGENCY CARD

What program(s) are you signing your child up for?				
Name of Child:			Date of Birth:	
Parent/Guardian Names:			Address:	
Home Phone:	Mom's Cell:	Mom's Work	Dad's Work:	Dad's Cell:
Emergency Contacts (Other than home) Name, Phone, and Relation to Child				
Physician: Name, Address, Phone				
PERSON(S) AUTHORIZED TO PICK UP CHILD				
ALLERGIES:	FOOD ALLERGIES:		MEDICATION ALLERGIES:	
Physical Restrictions:				
*IMPORTANT: List your Health Insurance Company's Name & Policy Holder & Number				
Company:		Policy Holder:	ID/Policy Number:	
List any and all medications child must take in the section below. A Doctor's prescription with dosage must accompany all medications. Medications must also be in ORIGINAL prescription bottle.				
Medications:				
Yes, I give my child _____ permission to walk home at the end of the program day.				
Parent will be contacted in any emergency. However, if neither parent nor other emergency adults cannot be reached, I give permission for my child to be treated by Child's Physician (listed above), if available, or other physician and/or hospital.				
Parent Signature: _____				

CITY OF LONG BEACH – RECREATION DEPARTMENT – EMERGENCY CARD

What program(s) are you signing your child up for?				
Name of Child:			Date of Birth:	
Parent/Guardian Names:			Address:	
Home Phone:	Mom's Cell:	Mom's Work	Dad's Work:	Dad's Cell:
Emergency Contacts (Other than home) Name, Phone, and Relation to Child				
Physician: Name, Address, Phone				
PERSON(S) AUTHORIZED TO PICK UP CHILD				
ALLERGIES:	FOOD ALLERGIES:		MEDICATION ALLERGIES:	
Physical Restrictions:				
*IMPORTANT: List your Health Insurance Company's Name & Policy Holder & Number				
Company:		Policy Holder:	ID/Policy Number:	
List any and all medications child must take in the section below. A Doctor's prescription with dosage must accompany all medications. Medications must also be in ORIGINAL prescription bottle.				
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Parent Signature: _____				

