



POCANTICO HILLS DAY CAMP



599 Bedford Road • Sleepy Hollow, N.Y. 10591 • 914-631-2440 • Fax 914-631-3280 • www.pocanticohills.org

Summer 2019 Registration Packet

Camp Director: Ryan King, rking@pocanticohills.org

Assistant Director: Kerry Papa, kpapa@pocanticohills.org

Office Assistant: Sharon Rubeo, summercamp@pocanticohills.org

summercamp@pocanticohills.org

(914) 631-2440 x 704
During Camp Season x 115



In-Person Registration Dates:

Thursday, 3/07/19, 3:00 – 5:00 p.m.

Thursday, 5/30/19, 3:00 – 5:00 p.m.

Online Registration Windows:

Opens 3/07/2019 at 5:00 PM - Closes 5/30/2019 at 5:00 PM

Camp Meet and Greet

Friday, May 31st at PTA Year End BBQ 6:30 P.M.



Pocantico Hills Day Camp Sleepy Hollow, New York 10591

SUMMER 2019 CAMP INFORMATION

Please read through everything in this packet. All information must be legibly filled out and required forms must be handed in at the time of registration, including payment.

Camp will operate from Monday, July 1st – Friday, August 9th

*****Camp is not in session on Thursday, July 4th**

Camp Hours.....9:00 a.m. – 3:00 p.m.

Pre Camp Hours.....8:00 a.m. – 9:00 a.m.

Post Camp Hours.....3:00 p.m. – 6:00 p.m.

Please fill out a packet for each child you are registering.

Camp registration forms cannot be processed if there are any outstanding debts and obligations owed to Pocantico Hills School District.

PAYMENT: Please make checks/money orders payable to Pocantico Hills Central School.

1. A 50% non-refundable deposit is to be paid at registration.
2. Balances due must be paid no later than June 1st, 2019.
3. Residents can use *My School Bucks* to pay for camp.
4. Registration is subject to space availability.
5. Grandchildren of residents are eligible for the Resident rates.
***** must bring proof of residency**
6. All activity fees are included, with the exception of additional fees for selected teen trips.

HEALTH HISTORY: Registration is not completed until all forms and required medical documentation is received.

1. **All Campers** must submit a current physical, **must be dated between 8/10/2018-7/01/2019**.
2. **All campers must submit up to date immunization records.** *Students who attend Pocantico Hills School already have immunizations on file with the nurse's office.*
3. **NEW** non-resident & resident campers must include a copy of the camper's birth certificate with his/her registration.

For questions regarding registration, health records, payments, balances, and transportation, we can be reached at 914-631-2440 x700 or x115 or you can email us at summercamp@pocanticohills.org



Pocantico Hills Day Camp - Summer 2019

CAMP REGISTRATION

Today's Date: _____

Camper's Name: _____
First
Last
Gender

Address: _____ Date of Birth: _____ Age: _____
Month/Day/Year

City, State, Zip: _____ Grade Entering (19-20): _____

Does camper attend Pocantico Hills School? YES NO

If not, list current school of attendance: _____

I will be dropping off/picking up my child from camp: YES NO

Bus Transportation is for Resident Children Only. My child take the bus: YES NO

***Residents:** If you think your child might need to take the bus **at any time**, please check off yes. We need to have a seat available for each child.*

Pre-Camp (available days camp is in session 8:00 a.m. – 9:00 a.m.) YES NO

Post-Camp (available days camp is in session 3:00 p.m. – 6:00 p.m.) YES NO

*****There is no Post Camp on Friday, 8/09/19**

Please check off the weeks you are registering your child for:
*(does **not** need to be consecutive weeks)*

<input type="checkbox"/> Week 1	<input type="checkbox"/> Week 2	<input type="checkbox"/> Week 3	<input type="checkbox"/> Week 4	<input type="checkbox"/> Week 5	<input type="checkbox"/> Week 6
07/01/19 - 07/05/19 Closed- July 4 th	07/08/19 - 07/12/19	07/15/19 - 07/19/19	07/22/19 - 07/26/18	07/29/19 - 08/02/19	08/05/19 - 08/09/19

*****Camp is not in session on Thursday, July 4th*****

CONTACT INFORMATION:

Parent/Guardian name: _____ Relationship to child: _____

Phone #1: _____ Phone #2: _____

Email: _____

Parent/Guardian name: _____ Relationship to child: _____

Phone #1: _____ Phone #2: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Contact name: _____ Relationship to child: _____

Phone #1: _____ Phone #2: _____

Email: _____



Pocantico Hills Day Camp - Summer 2019

FEE SCHEDULE

Please note:

- Campers must sign up for a **minimum of 2 weeks**.
- Weeks do not have to be consecutive.
- Grandchildren of residents are eligible for the Resident rates. *****Proof of residency required.**
- Additional fees will apply for selected teen trips.

	RESIDENT	NON-RESIDENT
6 Week Program		
1 st Child	\$ 1150.00	\$2550.00
2 nd Child	\$945.00	\$2550.00
Each Additional Child	\$795.00	\$2550.00
5 Week Program		
1 st Child	\$1045.00	\$2300.00
2 nd Child	\$840.00	\$2300.00
Each Additional Child	\$690.00	\$2300.00
4 Week Program		
1 st Child	\$940.00	\$2050.00
2 nd Child	\$735.00	\$2050.00
Each Additional Child	\$585.00	\$2050.00
3 Week Program		
1 st Child	\$835.00	\$1800.00
2 nd Child	\$630.00	\$1800.00
Each Additional Child	\$480.00	\$1800.00
2 Week Program		
1 st Child	\$730.00	\$1550.00
2 nd Child	\$525.00	\$1550.00
Each Additional Child	\$375.00	\$1550.00

PRE/POST CAMP CARE:

- Pre/Post Camp Care: No refunds. Campers can pay for a higher level of service, however cannot reduce the level of services for a refund. **No post camp care on the last day, August 9th, 2019.**

	Pre-Camp	Post Camp	Pre and Post Camp
Resident:			
<i>Per Child</i>	\$100	\$300	\$350
<i>Additional Child</i>	same	same	\$300
Non-Resident			
<i>Per Child</i>	\$200	\$600	\$700
<i>Additional Child</i>	same	same	\$700

Camper's Name: _____

Total Amount Due: _____



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WAIVER/RELEASE - MINOR

_____ does hereby covenant and agree to release and hold harmless the Pocantico Hills
Parent/Legal Guardian (print name)
Central School District from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the Pocantico Hills Day Camp.

I understand participation in the Pocantico Hills Day Camp involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

Parent or Legal Guardian Signature Camper's Name Date

Parent/Guardian Permission

- I permit my child to swim at the Pocantico Hills swimming pool and to attend camp trips.
- In case of injury, I give permission for my child to be taken to a hospital for treatment to include evaluation of injuries, X-rays, and needed care.
- I give permission for my child to attend camp trips. As set forth by the Westchester County Board of Health, counselors will be certified in CPR, First Aid, and Responding to Emergencies (RTE), where required.
- The health history is correct, and my child has permission to engage in all camp activities except as noted.

Parent or Legal Guardian Signature Camper's Name Date

Sun Protection/Bug Repellent

- I consent to have my child carry and use sunscreen/bug repellent she/he has brought to camp.
- I consent to have a day camp staff member assist with the application of sunscreen/bug repellent when, or if my child requests the assistance.

Parent or Legal Guardian Signature Camper's Name Date



Pocantico Hills Day Camp - Summer 2019

PHOTOGRAPHY AND INFORMATION REFUSAL

From time to time, Pocantico Hills Central School, produces promotional materials relating to its programs and is featured in external print, digital and electronic publications as part of its mission. As a participant in a program at Pocantico Hills, your child may be photographed for use in these promotional and other published materials.

Please sign below **only if you do NOT** grant permission for your child's likeness to be used in promotional materials in support of the mission of Pocantico Hills.

I **do NOT** give permission for my child, _____, Grade _____ (2019-2020) to be photographed as indicated above.

Parent or Guardian's Name (please print clearly)

Parent or Guardian's Signature

Date

Address

E-mail address

Telephone Number

Comments:



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HEALTH HISTORY FORM

Camper's Name:		DOB:	
Parent/Guardian: (person completing this form)		Home Phone: Cell Phone:	
Has your child ever:	YES	NO	If yes, please explain and include date:
Had an ongoing medical condition			
Seen a medical specialist			
Had allergies			<input type="checkbox"/> Food <input type="checkbox"/> Environment <input type="checkbox"/> Insect <input type="checkbox"/> Medication <input type="checkbox"/> Other
Been hospitalized			
Had an operation			
Had an injury requiring an Emergency Room visit			
Missed 5 days of school in a row due to illness/injury			
Had a bone/muscle injury			
Passed out, had a concussion or serious head injury			
Had a convulsion/seizure			
Had a vision problem or condition			<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts
Had a hearing problem or condition			<input type="checkbox"/> Hearing Aid <input type="checkbox"/> Cochlear implant
Worn dental bridge, braces or mouthpiece			
Have any family members under the age of 50 ever			
Had a heart attack			
Had other serious health problems			

A COPY OF YOUR CHILD'S MOST RECENT PHYSICAL EXAM IS REQUIRED BY THE DEPARTMENT OF HEALTH.
Please provide a copy with your registration packet. Registration is not complete without a copy of your child's physical.

NYS Immunization Requirements (Fill in dates or enclose a copy of immunization history)

DTaP, DTP (Diphtheria, Tetanus, Pertussis)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Tdap - Required for grades 6th thru 12th

1. _____

Polio (IPV or OPV)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Hepatitis B

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

Measles, Mumps, Rubella (MMR)

1. _____ 2. _____

Varivax Chicken Pox

1. _____ 2. _____

Hib (Required for 4's and Pre-K students only)

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

PCV (Required for 4's and Pre-K students only)

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

Meningococcal Vaccine

1. _____ 2. _____

I authorize the Pocantico Hills Day Camp to share information from my child's health records with staff as needed for his/her support while at camp.

Signature Parent/Guardian

Relationship to camper

Date



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PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF
MEDICATION DURING CAMP AND CAMP ACTIVITIES

When it is necessary for a child to take medication during camp hours, the following must be completed:

1. Written authorization from the parent.
2. Written, signed orders from the physician or other healthcare provider
3. The original prescription bottle of medication, or the original over the counter bottle, properly labeled as to its contents.

A. To be completed by the parent or guardian:

I request that my child _____, DOB: _____ receive the medication as prescribed below by our physician.

Signature (Parent or Guardian): _____

Contact Information: Home _____ Cell _____ Work _____

B. To be completed by physician:

Name of Child: _____ DOB: _____

Medication(s): _____

Diagnosis: _____

Dosage and Route of Medication: _____

Frequency/Time to be given: _____

If prn, for what symptoms: _____

Desired Action: _____

Possible Side Effects: _____

Duration of Treatment: _____

PLEASE CHECK ONE:

- I deem this child to be **self-directed** and understand that he/she may carry the medication listed above on his/her person and use it according to instructions during camp hours and all camp sponsored activities.
- I deem this child to be **non-self-directed** and understand that administration of oral, topical, inhalant and injectable medications must remain the responsibility of the camp nurse or licensed practical nurse.

Physician's Signature: _____ Date: _____

Physician's Name (print): _____ Phone: _____

Nurse's Signature: _____ Date: _____

Nurse's Name (print): _____ Phone: _____



Pocantico Hills Day Camp - Summer 2019
Camper T-Shirts

Each camper is given (1) shirt, campers are not required to wear the shirt during camp but are required to wear it on off site trips.

Camper's Name: _____

Grade Entering for 2019-2020: _____ Age: _____

Please select (1):

_____ Child Small

_____ Child Medium

_____ Child Large

_____ Adult Small

_____ Adult Medium

_____ Adult Large

_____ Adult X-Large



Pocantico Hills Day Camp - Summer 2019 IMPORTANT CONTACT INFORMATION

Camp Director: Ryan King, rking@pocanticohills.org

Assistant Director: Kerry Papa, kpapa@pocanticohills.org

For general questions, including transportation, attendance, nurse, contact Sharon Rubeo at:

summercamp@pocanticohills.org

(914) 631-2440 x 704

During Camp Session/Hours x 115

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