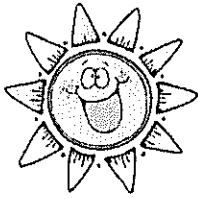
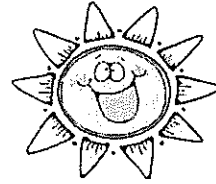


JUMP INTO KINDERCAMP

****REVISED 1/24/19****



Austin Road Elementary School
390 Austin Road
Mahopac, NY 10541
(845) 628-1346



We are happy to offer you a summer camp for incoming kindergartners at Austin Road Elementary School. This camp will help incoming children become familiar with the school routine. The focus will be on pre-kindergarten skills and familiarizing the children with their new environment. The child will gain experience through art, literature, movement and phonemic awareness activities.

Monday through Thursday

For four weeks in July

9:00am – 12:00 pm* new ending time!!

**The first week will run differently due to the holiday.

Week 1- Monday, July 1st- Wednesday, July 3rd

Week 2- Monday, July 8th- Thursday, July 11th

Week 3- Monday, July 15th- Thursday, July 18th

Week 4- Monday, July 22nd- Thursday, July 25th

The cost of the camp will be \$275.00. Please make your check out to the Austin Road PTO. Parents must provide transportation to and from kindercamp. There are no reimbursements for any days that your child does not attend camp (like vacations). Please send a snack and drink with your child each day.

Registration will be on a first come, first serve basis. Your child's teacher and room number will be mailed to you. Please send the attached registration form along with your check made out to Austin Road PTO for \$275.00 by **June 5, 2019**.

The checks will not be cashed until June.

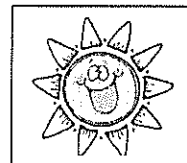
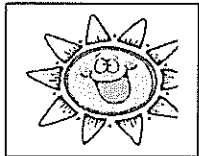
Please mail to or drop off at: Austin Road Elementary School

Attention: K. Feierstein 390 Austin Road, Mahopac, NY 10541

Any questions contact: feiersteink@mahopac.k12.ny.us

Austin Road KinderCamp

Emergency Form/ Registration Form



Child's Name: _____

Child's Date of Birth: _____

Allergies: _____

Parent's Names: _____

Address: _____

Home Phone Number: _____

Daytime/Work Phone Number: _____

Cell Phone Number(s): _____

Any concerns we should be aware of (health, academic, personal):

In Case of Emergency, please contact:

Name: _____ Phone Number: _____

Address: _____

Relationship to child: _____

Name: _____ Phone Number: _____

Address: _____

Relationship to child: _____

We cannot guarantee it, but if you would like your child placed with a friend for camp, please write friend's name: _____

Please return this form by **June 5th** to Kathleen Feierstein at Austin Road Elementary School, 390 Austin Road, Mahopac, NY 10541 with your payment of \$275.00 made out to the Austin Road PTO.

Your checks will not be cashed until June.

AUSTIN ROAD ELEMENTARY SCHOOL
MAHOPAC CENTRAL SCHOOL DISTRICT

James P. Gardineer
Principal

Bryan Gilligan
Assistant Principal

June 2019

Dear Parents/Guardians,

Please note that there is no medical staff employed by the Austin Road PTO during the Summer Learning Program, STEM Camp, Kindercamp, Art Camp, and Camp Fun sessions. The PTO and District kindly ask that you read and complete the following waiver in order for your child to participate in these programs.

Thank you!

Permission, Release & Waiver of Liability

I, the parent(s) or legal guardian(s) of _____, acknowledge that there is no medical personnel (nurse, EMT, etc.) in the Austin Road Elementary School building during the summer session. I realize that there is a potential for injuries, which can occur in any activity involving movement and/or exercise. I certify that my child is medically fit to participate without restriction in the summer session. I acknowledge the risk of injury involved in my child attending the summer session and hereby grant permission for my child to attend the summer session and agree to assume all risk of injury to the responsibility of such for my child. I further acknowledge that my child's participation in the summer session is voluntary and solely at my request. I hereby forever release and hold harmless the PTO, its employees, officials, volunteers, representatives and agents, as well as the District, its employees, officials, volunteers, Board of Education, representatives and agents (collectively "Releases") from any and all actions, claims, proceedings, suits, demands, liabilities or damages, including but not limited to for injury, death or property damage, as well as any costs and expenses incident thereto (including costs of defense settlement and reasonable attorney's fees), that I and/or my child, our assignees, heirs, distributees, next of kin, spouse and legal representatives now have or may have in the future arising from my child's participation in the summer session. I also agree individually and on behalf of my child that neither I, my assignees, heirs, distributees, guardians, next of kin, spouse nor legal representatives or my child will make any claim whatsoever against, sue or attach the property of any Release in connection with any of the matters covered by the foregoing Release.

I acknowledge and agree that I have carefully read this Permission, Release and Waiver of Liability Agreement and fully understand its contents. I acknowledge and agree that I am aware that this is a Release of Liability and a contract between me and the PTO, and I have executed the same of my own free will.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Session my child is attending (please circle):

SUMMER LEARNING PROGRAM STEM CAMP KINDERCAMP ART CAMP CAMP FUN