

Wilton
Rec



SUMMER

DAY CAMP

**REGISTRATION
ENDS**

June 4

— **Sorry No Exceptions** —

Registration forms will not be accepted
without shot records

PLEASE NOTE

PAYMENT DUE IN FULL AT TIME OF REGISTRATION. FEES ARE NON-REFUNDABLE.
Check, money order or credit card (Visa/Mastercard) accepted. **NO CASH.**

ARE YOU A
WILTON RESIDENT?
 Yes No



TOWN OF WILTON
Recreation
AT GAVIN PARK

OFFICE USE ONLY CAMP SHIRTS RECEIVED Yes No

SUMMER CAMP

Child's Name _____ Home Phone _____
Last First

Address _____
Street City State Zip Code

Date of Birth ____ / ____ / ____ Age _____ School District _____ Current Grade _____

Grade entering in September Grade 1-3 Grade 4-6 Grade 7-9 Email _____

Parent Contact

Please list contacts in order of preferred calling. DO NOT list parent if they are not authorized to pick up child. Parents are always called first before we use the emergency contact list.

1. Name _____ Daytime Phone _____ Employer _____

Address _____
Street City State Zip Code

2. Name _____ Daytime Phone _____ Employer _____

Address _____
Street City State Zip Code

Guardian (if not parent) _____ Daytime Phone _____

First and last names of siblings attending _____

AUTHORIZED PICK UP & EMERGENCY NUMBERS (BESIDES PARENTS)

Please provide names and numbers of **ONLY THOSE PEOPLE AVAILABLE** during camp hours. Authorized pick-ups must be 16 or older and show ID. **PLEASE LIST IN ORDER OF PREFERRED CONTACT.**

Name _____ Relationship to camper _____ Phone _____

Name _____ Relationship to camper _____ Phone _____

Name _____ Relationship to camper _____ Phone _____

Busing Info

AM Pick Up Address _____
Street City State Zip Code

PM Drop Off Address _____
Street City State Zip Code

PLEASE CHECK WHICH PACKAGE YOU ARE APPLYING FOR

PAYMENT IN FULL DUE BY JUNE 4

On Site (Camper will remain at Gavin Park for all activities)

Plus swimming 2 days per week

Plus swimming and all field trips

Plus busing

Plus extended care

8:30 am til 5 pm NO BUSING AVAILABLE

WILTON RESIDENT

\$395.00 per child

\$495.00 per child

\$595.00 per child

\$250.00 per child

\$50.00 per child

Jun 28-Jul 2 July 26-30

July 5-9 Aug 2-6

July 12-16 Aug 9-13

July 19-23

NON RESIDENT

Saratoga City School Dist.

\$745.00 per child

\$895.00 per child

\$995.00 per child

N/A

\$60.00 per child

Jun 28-Jul 2 July 26-30

July 5-9 Aug 2-6

July 12-16 Aug 9-13

July 19-23

NON RESIDENT

All Others

\$895.00 per child

\$995.00 per child

\$1,095.00 per child

N/A

\$60.00 per child

Jun 28-Jul 2 July 26-30

July 5-9 Aug 2-6

July 12-16 Aug 9-13

July 19-23

Shot Records

PROOF OF RESIDENCY (2 needed)

License Tax Bill National Grid Water

Bus Color _____

OFFICE USE ONLY

PAYMENT _____

DATE _____

REGISTRATION ENDS JUNE 4

Registration forms will not be accepted unless accompanied by shots records

Medical History & Emergency Information

Child's Name _____ Date of Birth ____ / ____ / ____
Last First

Insurance Carrier _____ ID# _____ Group # _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Immunization records turned in (must be done every camp season) Date of last tetanus _____

REGISTRATION FORMS WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY SHOT RECORDS

Health & Medications

1. Allergies (check boxes that apply). If unsure, please indicate with a question mark.

Bees _____ Reaction type Insect bites _____ Reaction type

Pollen _____ Reaction type Food _____ Food & Reaction type

Penicillin _____ Reaction type Other _____

2. Is there any factor that makes it advisable for your child to follow a limited program of physical activity, i.e. heart condition, recent fractures, surgery, asthma or extreme fears? _____

If so, what? _____

3. MEDICATIONS to be administered at camp? If yes, please fill out enclosed medication form completed and signed

YES (fill out additional form) NO

4. MEDICATIONS GIVEN AT HOME _____

5. Other information/disabilities _____

Medical Treatments

I AUTHORIZE TREATMENT of minor MEDICAL NEEDS BY STAFF Yes No

I, being the parent or legal guardian of the above named minor, do hereby appoint a representative of the Wilton Recreation

Program to act on my behalf in authorizing emergency medical, dental, or surgical care, or hospitalization for the above named

minor in my absence.

Signature

Date

Medication Form My child has an EIPEN My child will be taking medication at camp YES NO

Child's Name _____ Date of Birth ____ / ____ / ____
Last First

For the health and safety of children, we follow the NY State Health Department guidelines for the storage and administration of all the medications that are brought to camp. This completed form must be on file by 6/4/2010 in order for your child to attend. ALL MEDICATIONS SHOULD ARRIVE THE WEEK BEFORE CAMP OR ON THE CAMPERS FIRST DAY OF CAMP and will be stored in a locked storage facility.

CAMPERS MAY NOT DELIVER MEDICATION to medical staff!

Medication prescribed shall be kept in original containers bearing the pharmacy label, which show the filling date, the prescribing practioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and, if tablets or capsules, the number in the container.

ALL CAMPERS MUST BE ABLE TO SELF MEDICATE.

A DOCTOR'S NOTE IS NEEDED FOR ALL PRESCRIPTIONS.

Medication Information

Be specific with the complete directions, including the preferred time of administration. If your child arrives to camp and this form has not been completed, the parent will be contacted and medication can not be administered.

I consent to have the Camp Medical staff assist my child with medication(s):

MEDICATION NAME	DOSAGE	TIME(S) GIVEN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I DO DO NOT give permission for my son/daughter to self administer his/her INHALER at camp if the medical staff feels it is safe and appropriate.

I acknowledge that my child can self administer the EIPEN as prescribed by a physician. Yes No

Signature

Date

Waivers & Permission Slips

FIELD TRIP PERMISSION (for Swim & Trip participants)

I give my child permission to attend the Wilton Recreation Summer Camp Program Field Trips to any of the locations EXCEPT THE FOLLOWING:

Signature

Date

LIABILITY WAIVER & RULE ACKNOWLEDGEMENT

I absolve the Town of Wilton and Wilton Recreation and any of its employees and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in a Town of Wilton Recreation Commission sponsored program and any areas that may be encompassed thereof. Parents will be accountable for damage caused by their child(ren). No disorderly conduct will be tolerated. Swearing, physical contact, verbal abuse, weapons or items that could be used as weapons will not be permitted. Personal belongings of toys, CD players, hand held games etc are NOT permitted in camp. Respect will be shown to staff and to others at all times. Parents will be notified of disciplinary programs either verbally or through written notices. Suspension or expulsion is our last resort, but please note that ALL FEES are NON-REFUNDABLE. CANCELLED TRIPS ARE NON-REFUNDABLE.

Signature

AQUATIC AMUSEMENT PARK PERMISSION (for Trip participants)

I give my child permission to participate in aquatic amusement park trips

Signature

CHILD CHOICE TO STAY ON SITE (for Swim & Trip participants)

I give my child permission to choose daily if they wish to stay on-site for the day

Signature

I will allow pictures of my child to be taken by Wilton Recreation Staff for the purposes of brochures, newspapers, etc... YES NO

(If no, please supply a current photo for identification purposes.)