

**2016 SALTAIRE DAY CAMP APPLICATION**  
**FOR SALTAIRE RESIDENTS ONLY**  
 MAKE CHECKS OUT TO: *VILLAGE OF SALTAIRE*  
 RETURN APPLICATION AND FEE TO: *PO BOX 5551, BAYSHORE, NY 11706*

DAY CAMP RATES SALTAIRE RESIDENT FEE:	Early Registration Before 5/16/16	Late Registration After 5/16/16	<u>AMOUNT PAID</u>
Seasonal Rate (1st Child/Add'l Children)	\$1,370 \$1,233	\$1,541 \$1,387	\$ _____
Monthly Rate (1st Child/Add'l Children)	\$781 \$703	\$898 \$808	\$ _____
Weekly Rate	\$219	\$252	\$ _____
Daily Rate[Max 3 Days]	\$52	\$59	\$ _____

<b>SWIM TEAM FEE (Per Child)</b>	\$230	\$250	\$ _____
Optional & Additional Fee (For Ages 8 & Up Only)			

<b>TOTAL FEE</b>	\$ _____
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**DATES ATTENDING:** \_\_\_\_\_

**FOR DAILY AND WEEKLY REGISTRATION, PLEASE LIST WEEKS OF ENROLLMENT ON ABOVE LINE**

NAME OF CHILD	BIRTHDAY M/D/Y	Swim Team (Y/N)	NAME OF CHILD	BIRTHDAY M/D/Y	Swim Team (Y/N)
1)		<input type="checkbox"/>	2)		<input type="checkbox"/>
3)		<input type="checkbox"/>	4)		<input type="checkbox"/>

**FIRE ISLAND ADDRESS & PHONE:** \_\_\_\_\_

**PERMANENT ADDRESS:**

Street

City

State

Zip

**PERMANENT PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PARENTS' NAME:** \_\_\_\_\_

**EMERGENCY NAME & PHONE:** \_\_\_\_\_

**Age Group Policy:** Placement in age groups will be determined by the camper's age during the camp season. If a new camper's birthday is in July or August, he or she can choose which age group to join, and they will remain with that group until they graduate from the camp. In that instance however, we strongly recommend that the camper be placed in the younger group. This will allow the camper one more year in the camp program, and will allow them to become CIT's the first year after they graduate the camp. Proof of Age for 4 year-olds must be submitted to the Village, and in no instance may a camper begin camp until he/she has reached age 4.

**Medical Coverage and Waiver:** The Recreation Program provides limited accident insurance coverage for each child during participation in camp activities. The terms and conditions of the policy are available through the Village Office. It is not in any way a substitute for family medical coverage and the Village strongly encourages that each participant should maintain their own sufficient medical coverage. I give permission for emergency diagnostic and therapeutic procedures, including hospitalization, securing proper treatments, injection of medication, anesthesia or surgery as may be deemed necessary for my child by the medical personnel in charge of care at the time; and also provide information concerning my child's medical condition to the responsible officials when deemed necessary. My child is in good health and has my permission to enroll and participate. My child has no previous sickness, illness, disease or bodily injury which is in any way a constraint or restriction to his/her participation in the Saltaire Day Camp. I understand that I must have a complete medical form signed by a physician on file prior to the first day my child begins camp.

**Refund Policy:** No refunds given for daily or weekly registration. For monthly and seasonal, 50% refund given if camper drops out on or before his/her fourth day of camp. No refund given after camper's fourth day of camp.

\_\_\_\_\_  
 PARENT'S OR DESIGNEE'S NAME

\_\_\_\_\_  
 PARENT'S OR DESIGNEE'S SIGNATURE

# 2016 SALTAIRE DAY CAMP MEDICAL/IMMUNIZATION FORM

THIS FORM MUST BE SUBMITTED WITH THE CAMP APPLICATION FOR EACH CAMPER REGISTERED BEFORE THE CHILD'S FIRST DAY CAMP. NO CHILD WILL BE ACCEPTED WITHOUT THIS HEALTH FORM SIGNED BY PHYSICIAN.

## TO BE COMPLETED BY DOCTOR

Name of Camper \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

### CAMPER HEALTH HISTORY

Please describe the above-listed camper's medical history, including any medical conditions or medications that the camper may be taking that the Saltaire Day Camp should know about:

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(Attach Additional Sheets if Necessary)

Please list any allergies to medications, foods, plants, etc. and expected reaction and treatment:

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(Attach Additional Sheets if Necessary)

### IMMUNIZATION RECORD

Per requirements of Section 7-2.8(c) of the State Sanitary Code, an immunization record, including dates against diphtheria, haemophilus influenza b, hepatitis b, measles, mumps, poliomyelitis, rubella, tetanus and varicella is to be on file and updated annually for each camper. Please attach the complete immunization record for the child to this form and have the child's doctor fill out and sign the following:

IMMUNIZATION RECORD ATTACHED

RELIGIOUS WAIVER STATEMENT ATTACHED

If your child has not received all of the required immunizations, he or she will not be able to attend camp unless the parent or guardian submits a signed statement that the child has not been immunized due to religious beliefs which prohibits immunization.)

\_\_\_\_\_ was examined on \_\_\_\_\_  
(Child's Name) (Date)

and found to be in satisfactory health and free from communicable disease. There is no reason that this child should not participate in the routine activities associated with camp and swimming activities.

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_