

**Dear Summer Camp Parents/Guardians:**

It's that time of year again! Camp season is just around the corner!

With more than twenty years of Summer Day Camp experience under our belts, the Town of Wallkill Boys & Girls Clubs, Inc. is a leader in the Hudson Valley in providing GREAT summers for kids! We are so excited to continue that tradition here in the great Town of Fallsburg!

This year Camp will be held at Morningside Park in the Town of Fallsburg. Camp will start Monday July 3 2017 through Friday August 11, 2017, and will run from 9am – 3:00pm. (Camp **WILL NOT** be in session on July 4)

Camp is open to all campers ages 4 (and beginning kindergarten this September) through age 14. Campers ages 4-7 will take part in a specialized age-appropriate Pee Wee Camp each day.

Boys & Girls Clubs will once again be offering an optional Before Camp Program from 6-9am and/or After Camp Program from 3-6pm. This program will run separate from the camp and require an additional fee for any campers who need service beyond traditional camp hours.

Campers will also have the option of purchasing a field trip. The trip options are different for Pee Wee Campers and Main Site Campers, to ensure a fun, age appropriate experience for everyone!

This year we will only be accepting **225** applications for Town of Fallsburg Summer Camp. Applications will be taken on a first come first serve basis. A spot will not be considered filled until we have the **entire, completed application**.

Registrations must be **COMPLETED** and submitted to the Boys & Girls Clubs office. Forms can be dropped off Monday through Friday or by appointment, or can be mailed to: PO Box 14, Circleville, NY 10919.

Registration packets can be obtained at the Town of Fallsburg Town Hall, Town of Fallsburg Park and Recreation Office, the Boys & Girls Clubs office or online at [www.bgcorange.org](http://www.bgcorange.org) under the Town of Fallsburg Summer Day Camp Tab.

**A complete registration *MUST* include the following:**  
**Completed & Signed Camp Registration Forms (for ALL trips and programs you wish to register for)**  
**Signed and Initialed Parental Agreement**  
**Copy of up-to-date immunization records**  
**Payment in Full (NO Partial Payments, NO REFUNDS)**  
**Proof of Residency**

If you have any other questions, please feel free to contact the Boys & Girls Clubs at  
(845) 342 – 8833!

Best Wishes,

Barbi Neumann-Marty  
Camp Administrator



**2017 Fallsburg Summer Day Camp Registration Form**

**Camper Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ in September 2015 Gender: \_\_\_ male \_\_\_ female

School: \_\_\_\_\_ Previous Camper: \_\_\_\_\_

Child lives with \_\_\_ Both parents \_\_\_ Mother only \_\_\_ Father only \_\_\_ Other (Please Specify) \_\_\_\_\_

**Parent/Guardian Information:**

Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other \_\_\_  
 (Please Check Appropriate Box)

Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other \_\_\_  
 (Please Check Appropriate Box)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Shirt Size:** (Circle One) *Youth Size-* YS YM YL

*Adult Size-* AS AM AL AXL

| <b>Fallsburg Residents Only</b> |           | <b>Total</b> |
|---------------------------------|-----------|--------------|
| First Child                     | \$ 250.00 |              |
| Additional Child(ren)           | \$ 200.00 |              |
| <b>Non-Resident</b>             |           |              |
| First Child                     | \$ 400.00 |              |
| Additional Child(ren)           | \$ 350.00 |              |
| <b>Total</b>                    |           | _____        |



**2017 Fallsburg Summer Day Camp Registration Form**

**Emergency Contact Information:** Two people who can be contacted if you cannot be reached.

|  |  |
|--|--|
| Name: _____                              | Name: _____                              |
| Relationship to camper: _____            | Relationship to camper: _____            |
| Address: _____                           | Address: _____                           |
| City: _____ State: _____ Zip Code: _____ | City: _____ State: _____ Zip Code: _____ |
| Home Phone: _____                        | Home Phone: _____                        |
| Work Phone: _____ Ext: _____             | Work Phone: _____ Ext: _____             |
| Cell Phone: _____                        | Cell Phone: _____                        |

**Medical Information**

|  |   |
|--|---|
| <p><b>Please check all that apply:</b></p> <p><input type="checkbox"/> Allergies – <b>Food</b> _____</p> <p>_____</p> <p><input type="checkbox"/> Allergies – <b>Medicine</b> _____</p> <p>_____</p> <p><input type="checkbox"/> Allergies – <b>Environmental</b> _____</p> <p>_____</p> <p><input type="checkbox"/> Physical Restrictions _____</p> <p>_____</p> <p><input type="checkbox"/> Asthma</p> | <p><input type="checkbox"/> Medications _____</p> <p>_____</p> <p><input type="checkbox"/> Other Medical Concerns (Please be specific): _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Physical Restrictions (Please be specific): _____</p> <p>_____</p> <p>_____</p> |
|--|---|

*If your child requires taking medication during camp hours, you MUST send a note from the doctor as well as sending the medication in a current, original container. Prescriptions may be split into multiple bottles by the pharmacy upon your request.*

*I authorize the Town of Fallsburg Summer Camp staff to administer First Aid and/or Emergency Medical Treatment and/or arrange for transport to and treatment at a local medical facility in the event of a medical emergency for my child.*

*I authorize the Town of Fallsburg Summer Camp staff to take photographs of my child to be used for the purpose of camp newsletters and or video year book and promotional material.*

*If there, are any custodial/guardianship restrictions please provide a copy of that paperwork along with this application, as without it we are unable to enforce such restrictions.*

Parent's/Guardian's Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL AGREEMENT**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
(Parent/guardian) (Camper's name in full)  
have read and agreed to follow the mandatory responsibilities on \_\_\_\_\_  
(Date)

In the spaces provided, **please initial each item**, showing that the following agreement has been read and is understood.

\_\_\_\_\_ I will pick up my child by 3:00 p.m. each day. If an emergency arises making a late pickup necessary, I will call the office at 845-342-8833.

\_\_\_\_\_ I will ensure that my child is dressed appropriately for the program(s) and the weather: swimsuit and towel; sweatshirt/sweater; hat; sunscreen and insect repellent.

\_\_\_\_\_ I am aware that inappropriate behaviors will not be tolerated. A child exhibiting behaviors of: VIOLENCE, SEXUAL HARRASSMENT, ENDANGERING THE SAFETY OF A CAMPER OR STAFF MEMBER, ANY TYPE OF DISCRIMINATION, THEFT, VERBAL ABUSE AND POSSESSION OF ANY WEAPON OR FIRE STARTERS (matches/lighters) will result in immediate suspension of the child from camp. The child's parents will be called to pick up the child immediately. At the end of the camp day, the incident will be reviewed by administrative staff and a determination on the child's continued attendance in the program will be made. Parents will be notified of the results of the review. Incidents will be handled on a case by case basis.

\_\_\_\_\_ I understand that I am registering my child for the 6 week program and that there is no refund of camp fees.

\_\_\_\_\_ I will ensure my child follows directions of camp staff for their safety, enjoyment, and smooth operation of the program.

\_\_\_\_\_ I will check my child's belongings each day before we leave camp so personal items are not lost or misplaced.

\_\_\_\_\_ If I bring my child late to camp, I will take him/her directly to the camp director's office for check-in so the child may be safely taken to their group.

\_\_\_\_\_ **I will ensure that my child's medical/immunization records are *completed accurately and in full* for the safety of my child. Registration is not complete until this information is in the office.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



**2017 Main Camp Trip Registration Form**

**TRIP DESCRIPTIONS Main Camp: Keep this half for reference!**

(Important: Read descriptions prior to signing up for trips.)

All trips will leave shortly after morning attendance

**Grades 3 – 9**

**TRIP 1:**

July 12, 2017 **Rockland Boulders Game**: Campers will enjoy “Camp Day” with the Boulders! Specialized Camp Activities will take place throughout the course of the game. **Camper must be paid and registered by Wednesday July 3<sup>rd</sup>** in order to attend.

**This trip returns in time for normal dismissal.**

**COST \$40.00**

August 1, 2017 **Splash Down Beach** in Wappingers Falls, NY: Campers will enjoy water slides, pools, and other water activities. Due to long lines at snack shops, please send a bag lunch for this trip. Bathing suits are required.

**Camper must be paid and registered by Wednesday July 3<sup>rd</sup>** in order to attend.

**This trip returns around 4:00 PM and campers MUST be picked up.**

**COST \$36.00**

**\*\*\*\*Important: Read the trip descriptions prior to signing up for trips\*\*\*\***

**Available to Main Camp Only (Grades 3-9)**

| <u>Trip</u>                     | <u>Date</u> | <u>Cost</u> |       |
|---------------------------------|-------------|-------------|-------|
| Rockland Boulders Baseball Game | 7/12/17     | \$40.00     | _____ |
| Splash Down Beach               | 8/1/17      | \$40.00     | _____ |

I give permission for my child \_\_\_\_\_ to attend and be transported on the trip listed above. I also give consent to any needed first aid or emergency medical treatment that is needed on these trips. I have read and understand the trip descriptions.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a SEPARATE check made payable to: *Boys & Girls Clubs* for the total sum of all trips requested.**



**2017 Pee Wee Camp Trip Registration Form**

**TRIP DESCRIPTIONS Pee Wee Camp: Keep this half for reference!**

(Important: Read descriptions prior to signing up for trips.)

All trips will leave shortly after morning attendance

**Grades K, 1 & 2**

**TRIP 1:**

July 13, 2017 **Forestburgh Playhouse** in Forestburgh, NY: Campers will be able to enjoy a Broadway-caliber performance of "Willie Wonka" at the Forestburgh Playhouse. Campers should pack a bag lunch, which the campers can enjoy in the gardens surrounding the Playhouse after the show. **Camper must be paid and registered by July 3 to attend!**

**This trip returns in time for normal bussing.**

**COST \$40.00**

August 2, 2017 **Holiday Mountain** in Monticello, NY: Campers will be able to enjoy bumper boats, bumper cars, mini golf, small water park and the arcade. Campers will be provided with a hot dog, chips and a soda for lunch. Because there is a possibility campers might get wet, they should bring a bathing suit and towel. **Camper must be paid and registered by July 3<sup>rd</sup> in order to attend.**

**This trip returns in time for normal bussing.**

**COST \$40.00**

**\*\*\*\*Important: Read the trip descriptions prior to signing up for trips\*\*\*\***

**Available to Pee Wee Camp Only (Grades K-2)**

| <u>Trip</u>           | <u>Date</u> | <u>Cost</u> |       |
|-----------------------|-------------|-------------|-------|
| Forestburgh Playhouse | 07/13/17    | \$40.00     | _____ |
| Holiday Mountain      | 08/2/17     | \$40.00     | _____ |

I give permission for my child \_\_\_\_\_ to attend and be transported on the trip listed above. I also give consent to any needed first aid or emergency medical treatment that is needed on these trips. I have read and understand the trip descriptions.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a SEPARATE check made payable to: *Boys & Girls Clubs* for the total sum of all trips requested.**



## **2017 BEFORE AND AFTER CAMP Programs**

The Boys & Girls Clubs is pleased to offer our BEFORE & AFTER CAMP PROGRAMS to compliment the 2017 Town of Fallsburg Summer Day Camp. This program is being offered as a service to working parents who need supervision for their children before and after camp hours.

**Camp Dates:** 7/03/17 - 8/11/17

**Rates:** Before Camp: \$150.00  
After Camp: \$150.00

**When:** Monday – Friday  
Before Camp: 6:00 – 9:00 am  
After Camp: 3:00 – 6:00 pm

**Where:** Morningside Park  
Brickman Rd, Hurleyville, NY 12747

**Enrollment: Please complete & return application with full payment.**

**Registration:** Registration is on a first come/first serve basis. You must register your child by the beginning of camp as we are limited on the number of children that we can take in the before/after camp program. Registration will not be accepted, and a place will not be held without **Full Payment**.

**Activities:** The Before and After Camp Programs will be held at the Morningside Park. We will use the park's outdoor facilities. Games and activities will be planned to accommodate the ages and interest of the enrolled children.

**If you have any questions, please contact the Boys & Girls Clubs at 342-8833**



## 2017 Before & After Camp Registration Form

### Camper Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ in September 2015 Gender: \_\_\_ male \_\_\_ female

School: \_\_\_\_\_ Previous Camper: \_\_\_\_\_

Child lives with \_\_\_ both parents \_\_\_ Mother only \_\_\_ Father only \_\_\_ Other (Please Specify) \_\_\_\_\_

### Parent/Guardian Information:

|   |   |
|---|---|
| <p><i>Mother</i> ___ <i>Father</i> ___ <i>Guardian</i> ___ <i>Other</i> ___</p> <p><i>(Please Check Appropriate Box)</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: ___ Zip Code: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____ Ext: _____</p> <p>Cell Phone: _____</p> <p>Email Address: _____</p> | <p><i>Mother</i> ___ <i>Father</i> ___ <i>Guardian</i> ___ <i>Other</i> ___</p> <p><i>(Please Check Appropriate Box)</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: ___ Zip Code: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____ Ext: _____</p> <p>Cell Phone: _____</p> <p>Email Address: _____</p> |
|---|---|

### Pricing:

|             | First Child | Total |
|-------------|-------------|-------|
| Before Camp | \$150.00    |       |
| After Camp  | \$150.00    |       |

**Please Make Checks Payable to: *Boys & Girls Clubs***





## 2017 Before & After Camp Registration Form

**Emergency Contact Information:** Two people who can be contacted if you cannot be reached.

|  |  |
|--|--|
| Name: _____                              | Name: _____                              |
| Relationship to camper: _____            | Relationship to camper: _____            |
| Address: _____                           | Address: _____                           |
| City: _____ State: _____ Zip Code: _____ | City: _____ State: _____ Zip Code: _____ |
| Home Phone: _____                        | Home Phone: _____                        |
| Work Phone: _____ Ext: _____             | Work Phone: _____ Ext: _____             |
| Cell Phone: _____                        | Cell Phone: _____                        |

### Medical Information

|  |  |
|--|--|
| <p><b>Please check all that apply:</b></p> <p><input type="checkbox"/> Allergies – <b>Food</b> _____</p> <p>_____</p> <p><input type="checkbox"/> Allergies – <b>Medicine</b> _____</p> <p>_____</p> <p><input type="checkbox"/> Allergies – <b>Environmental</b> _____</p> <p>_____</p> <p><input type="checkbox"/> Physical Restrictions _____</p> <p>_____</p> <p><input type="checkbox"/> Asthma</p> | <p><input type="checkbox"/> Medications _____</p> <p>_____</p> <p><input type="checkbox"/> Other Medical Concerns (Please be specific): _____</p> <p>_____</p> <p><input type="checkbox"/> Physical Restrictions (Please be specific): _____</p> <p>_____</p> <p>_____</p> |
|--|--|

If your child requires medication during camp hours, you **MUST** send a note from the doctor as well as sending the medication in a current, original container; prescriptions may be split into multiple bottles by the pharmacy upon your request. I authorize the Town of Fallsburg Summer Camp staff to administer First Aid and/or Emergency Medical Treatment and/or arrange for transport to and treatment at a local medical facility in the event of a medical emergency for my child. I authorize the Town of Fallsburg Summer Camp staff to take photographs of my child to be used for the purpose of camp newsletters and or video year book and promotional material. If there, are any custodial/guardianship restrictions please provide a copy of that paperwork along with this application, as without it we are unable to enforce such restrictions.

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_