



Date Rec'd:	_____
Deposit Rec'd:	_____
Conf. Sent:	_____
Scholarship:	_____
Medical Alerts:	_____

NECC SUMMER DAY CAMP 2007
 Day Camp Registration Form
 DEADLINE: **JUNE 15, 2007**

Camper Information

First Name: _____ Last Name: _____

Male Female DOB: __/__/__ Grade: _____ New Camper? Return? (# of years) _____ Sibling Appl.?

Address: _____
(Street/P O Box, City, ST, Zip)

Home Phone: (____) _____ EMAIL: _____

Mother/Guardian: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Father/Guardian: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Emergency Contact Name: _____
(Other than parent) (Relationship)

Emergency Contact Phone: Daytime (____) _____ Evening: (____) _____

Theme Weeks: Around the World in Thirty Days – for children ages 8-13

*(Fees: \$100 per child/per week. Sibling discount: \$25. Deposit required with application: 50% of total fees. *)*

- | | | |
|----------------------------------|---------------------------------|-------------------------------|
| Japan: July 9 – 13 | Mexico: July 16-20 | India: July 23 – 27 |
| Egypt: July 30 – August 3 | New Zealand: August 6-10 | Russia: August 13 – 17 |

Please make checks payable to: **North East Community Center**
P.O. Box 35, Millerton NY 12546
(518) 789-4259 or (518) 929-2024

Total # of Sessions: _____
X \$100: _____
Less Deposit (50%): _____
Less Sibling Disc.
(\$25 x # of weeks): _____
Remaining Balance: _____

FINANCIAL & REFUND POLICIES:

- NECC reserves the right to dismiss a camper at any time for just and reasonable cause. Withdrawal or dismissal from camp, after registered session has begun, for reasons other than medical will **not** result in a refund.
- All cancellations and session changes must be made in writing and confirmed by the Camp Director. Cancellations and session changes may be mailed, emailed (Jan@neccmillerton.org) or faxed (518-789-9279) to office.
- **Deposits are non-refundable after June 20, 2007.** Refunds will be given up to July 1, **less the deposit.** Cancellations after July 1 must be documented for medical reasons. In this case, all fees **less the deposit** will be refunded.

This program has been funded by county dollars through the Dutchess County Children's Services Council Children's Health Initiative.

** Any family needing financial assistance should call the Program Director immediately. In addition, when applying before April 14, families can also apply for financial assistance directly to the Berkshire Taconic Foundation (application enclosed).*

PLEASE READ THE FOLLOWING CAREFULLY:

NECC is not responsible for loss of property through fire, carelessness, or neglect.

As the authorized legal parent/guardian, I hereby grant permission for my child to participate in camp activities with the understanding that good safety practices and adequate supervision are provided by NECC Staff and with the knowledge that an element of risk is inherent in all activities.

Permission is granted to NECC to take and use photographs that may include my child for the purpose of marketing brochures, Internet, and other NECC publicity. By participating in this event I grant the Dutchess County Children’s Services Council (CSC) and the United Way of Dutchess County permission to photograph and use those images in promotional and communication material, including publications on the CSC website.

Permission to transport my child in camp-designated vehicles for off-site trips and for emergency medical care is also granted. When the health, well-being, or safety of my child or others requires it, permission is granted to search my camper’s belongings, in his/her presence.

I understand that, before my child can participate in any water activities, a certified Progressive Swimming Instructor (PSI) must assess their swimming and water safety skills. There will be specific days designated for this testing and I give my child permission to participate in this assessment. In the event that my child misses the assessment, I understand that s/he may not be permitted to participate in any water activities until a comparable test has been conducted by a PSI and provided to the Camp Director for approval.

Further, I understand that camp will provide my child with two snacks each day. My child should come to camp after being fed a full breakfast and with a packed, nutritious lunch. No soda, candy, or chips are permitted. If my child has any allergies, to food or other items, I will indicate this on the “Personal Health & Medical Record”.

PARENT/CHILD CONDUCT AGREEMENT:

The NECC Summer Program is designed to provide activities to children in 3rd through 8th grade on a daily basis. Each day, different activities are offered along with a snack. The goal of the summer program is to provide a safe, supportive environment where children can socialize with their peers and have fun while enjoying group activities.

In order to attain this goal we have established the following Rules of Conduct:

- Respect self, others, and the surroundings
- Exercise self-control
- Refrain from use of inappropriate language
- Refrain from harmful physical contact

DISCIPLINARY POLICY:

If we feel a child is not following the guidelines, we will separate them from the group and discuss with the child what the expectations are. Once the child and the staff member have discussed this issue and have established that the child feels ready to return to the group, he/she may do so. If the problem persists, we will contact the parent to discuss the matter further. If after we have taken the first two steps we encounter similar problems, we will issue a written incident report. Should a child be unable to follow the rules or function in a manner that is appropriate for the Summer Program, he or she will be asked to take a break from the program during which time we will ask that a meeting between staff, parent, and child take place. Only after a meeting will the child be allowed to return to the Summer Program. We will not issue refunds as a result of such suspensions.

SICK POLICY:

If a child has had a fever or been sick within a 24-hour period, do not send him/her to the program as we do not want to jeopardize the health of the other children and staff.

Registrations are not valid until signed and dated by parent/guardian, signifying that the above has been read, understood, and accepted.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

For (Child’s Name): _____

PERSONAL HEALTH & MEDICAL RECORDS

A copy of your child's up-to-date immunizations MUST be provided before enrollment can be completed.

IDENTIFICATION - To be filled out by parent or guardian. Please print in ink.

Name _____ Date of birth _____ Age _____ Sex _____
Name of Parent or Guardian _____ Phone _____
Name of personal physician _____ Phone _____
Personal Health/Accident Insurance carrier _____ Policy No. _____

I give permission for full participation in the NECC Summer Day Camp, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission for NECC to contact the appropriate medical and/or dental practitioner. I also give permission to the licensed health-care practitioner selected by the staff member in charge to secure proper treatment, including hospitalization, anesthesia, surgery, and/or injections of medication for my child.

Date _____ Signature of Parent/Guardian _____

GENERAL INFORMATION - Check all items that apply, past or present, to your child's health history. Explain "YES" answers on back.

ADHD (Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Trouble	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer/Leukemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions/seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemophilia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list ALL medications taken in the 30 days prior to camp

List any medications to be taken at camp _____

List any physical or medical conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, and playing strenuous physical games:

List equipment needed such as braces, glasses, contact lenses, etc.

List any allergies, including food:

IMMUNIZATION (Give date of last inoculation. A copy of current immunization records must be attached.)

Tetanus toxiod _____	Mumps _____	Measles _____
Diphtheria _____	Rubella _____	Hepatitis B _____
Pertussis _____	Polio _____	Varicella _____
Haemophilus influenza type b _____		

CAMP PACK LIST

Each day please provide your child with the following:

- Bug spray (optional)
- Sunscreen
- Water bottle
- Bathing suit
- Towel
- Hat
- Healthy Lunch

The following items are **NOT** allowed at camp:

Water guns

Pokemon/Yugioh cards

Game Boy (unless permission is given ahead of time. For example a long ride field trip)

Discman/Walkman (unless permission is given ahead of time, i.e., a long ride field trip)

Jewelry

Valuables

Weapons of any kind

All electronic devices