

IMPORTANT: COMPLETE ALL INFO ON BOTH SIDES OF THIS FORM. Questions? Call 750-3902

*** Some info is asked for twice, and MUST BE PROVIDED IN BOTH PLACES. ***

*** If you are registering more than one child, each child's form must include all info. ***

Camper Name (last, first) _____ Age (as of 7/5/16) _____ Entering Grade _____

Parent(s)/Guardian(s) Name(s) _____ e-mail (*required) _____

Phone Number(s) _____

Siblings at camp? Name(s) and age(s) _____

2016 TOWN OF GARDINER SUMMER RECREATION PROGRAM

DATES: Tuesday, July 5th – Friday, August 12th 2016
TIME: 9:00 a.m. – 3:00 p.m. Monday – Friday
PLACE: Majestic Memorial Park, Murphy Lane, Gardiner, NY
AGES: 5 -13 (or entering Kindergarten through entering 8th grade)

* A limited number of Counselor-In-Training Positions are available for 14-15-16 year olds (or entering 9th grade & older).
* CIT applicants and parents must complete a CIT Application Form (not this form), and *if accepted*, the **COST IS \$200**

*** Return campers may register BY MAIL through March 31, 2016. For more info, see e-mail sent to returning camp families. ***

If This Will Be Your First Summer At Camp . . .

- FOR SIGN-UP, BRING:** - COMPLETED REGISTRATION FORM
- FULL PAYMENT (CASH OR CHECK [to “Town of Gardiner”] ONLY)
- COPY OF IMMUNIZATION RECORDS
- FOR GARDINER TAXPAYERS, PROOF OF RESIDENCY (*Driver’s Lic, Utility or Tax Bill, etc.*)

TO GARDINER TOWN HALL ON: Friday, April 1, 2016 – 4:30 – 6:30 pm
Saturday, April 2, 2016 – 10 am – 12 noon

FEES: \$ 450 for first child from each Gardiner family
\$ 425 for each additional child of Gardiner residents
\$ 500 for non-residents

Fees include pool admission twice each week and camp t-shirt. However, each camper is responsible for cost of admission, refreshments, etc. on each Friday field trip. (Cost ranges from \$10 to \$25 per trip.)

CAMPER’S NAME: _____

MALE / FEMALE DOB: _____ AGE: _____ ENTERING _____ GRADE T-SHIRT SIZE: Child S M L Adult S M L

ETHNICITY (OPTIONAL): ___ Caucasian ___ African-American ___ Latino ___ Asian ___ Native American ___ Other

OTHER CAMPER(S) REQUESTED IN CHILD’S GROUP: _____

COUNSELOR(S) REQUESTED: _____

Does your child have any allergies or any mental/physical conditions that we should be aware of? () NO () YES

Please explain: _____

PARENT'S / GUARDIAN'S NAME(S): _____

HOME ADDRESS: _____

MAILING ADDRESS (if different): _____ E-MAIL (*required) _____

HOME # _____ WORK # _____ CELL # _____

IN EMERGENCY, CONTACT: _____ TEL # _____

NAME OF PHYSICIAN: _____ TEL# _____

IF NECESSARY, PLEASE TRANSPORT MY CHILD TO _____ HOSPITAL BY THE GARDINER FIRE
(name of hospital)
DEPARTMENT RESCUE SQUAD OR OTHER EMERGENCY SERVICE.

IMPORTANT: You must provide us with a signed photocopy of your child's immunization records.

- OR -

If you prefer, you may have your child's doctor complete this form and sign here.

IMMUNIZATION

DATE

DPT _____ 1st _____

DPT _____ 2nd _____

DPT _____ 3rd _____

DPT _____ 4th _____

DPT _____ 5th _____

MMR _____ 1st _____

MMR _____ 2nd _____

POLIO _____ 1st _____

POLIO _____ 2nd _____

POLIO _____ 3rd _____

POLIO _____ 4th _____

HEPATITIS B SERIES _____ 1st _____

HEPATITIS B SERIES _____ 2nd _____

HEPATITIS B SERIES _____ 3rd _____

HEPATITIS B SERIES _____ 4th _____

HAEMOPHILUS INFLUENZA TYPE B _____

VARICELLA (chicken pox) _____

Doctor's signature _____ Date _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

GARDINER RESIDENT: YES -or- NO

FEE PAID: \$ _____

Additional Donation Towards Scholarship Fund (optional, of course): \$ _____

