



2022 REGISTRATION SMITH'S CLOVE PARK PreK SUMMER CAMP



Camp Dates & Time:

Session 1: July 5th through July 15th.
Session 2: July 18th through July 29th.
Session 3: Aug 1nd. through August 12th
Time: Sessions are 9:30 AM to 12:30 PM

**Child Must Be
A Monroe
Resident**

Child must be eligible to attend Kindergarten in September 2021.

Fee Schedule:

Price for each session - \$ TBA

Make checks payable to: M.J.P.R.C. (\$25 Service Fee for Returned Checks)

Registration Location:

AT SMITH'S CLOVE PARK PROGRAM ROOM
(Questions? Call Joe at 783-9108 Park Administration Office)

Registration Dates:

Tuesday- Thursday	May 10 to June 2	1:00 PM to 4:00 PM
Wednesday Evening	May 11 to June 8	5:30 PM to 7:30 PM
Saturday	May 21 & June 4, 11	10:00 AM to 1:00 PM

***** REGISTRATIONS ARE SUBJECT TO AVAILABILITY *****

- ❖ Each session runs for 2 weeks - Monday through Friday.
- ❖ A morning and afternoon session, **choose one or the other**
- ❖ **Child must be eligible to attend Kindergarten in September 2022.**
- ❖ Class size is limited and subject to a first come first serve basis.
- ❖ Drop off and pick up at the Office parking lot.
- ❖ This is a drop off program.
- ❖ Classes will be held both indoors and outdoors. Group will be kept separate and will not be allowed to mingle with YAC campers including siblings.
- ❖ Refunds may be requested until two weeks prior to start of each session, after which no refunds will be issued.
- ❖ There will be no camp when it rains

Residency ___ Town ___ Village ___ Harriman	For Office Use Payment Amount \$ _____ / _____ of _____	_____ Check _____ Cash
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2022 SMITH'S CLOVE PARK

PreK SUMMER CAMP APPLICATION & MEDICAL HISTORY



PLEASE PRINT

Child's Last Name: _____ First : _____ Age _____

Family Address: _____ Gender _____

Child's Date of Birth: _____ Parent's Phone #: _____

Parent's Name: _____ **Park ID #** _____

Father's Cell: _____ Work Phone #: _____

Mother's Cell: _____ Work Phone #: _____

Emergency #1: _____ Name: _____

Emergency #2: _____ Name: _____

Doctors Name: _____ Doctors Phone # _____

Doctors Address: _____

E MAIL ADDRESS: _____ (will be used for park event notification only)

I certify that the above information is true and accurate to the best of my knowledge.

Name Parent or Guardian (PRINT)

Signature Parent or Guardian

Immunization Record: (Or attach a copy of **current** immunization records with stamp or signature.)

Dates:

Dates:

Mumps _____

German Measles _____

Measles _____

Diphtheria _____

Poliomyelitis _____

Tetanus _____

Hepatitis _____

Hemophilus Influenza Type b (Hib) _____

Hepatitis b _____ / _____ / _____

Varicella _____

Height _____ Weight _____

_____ or Copy Attached

Authorized Signature of Physician or Registered Nurse

Summer Program	Dates	Start Time	End Time	Ages	Session My Child will be Attending
Session 1	July 5- July 15	9:30 AM	12:30 PM	Start Kindergarten Fall	____ @ \$ 60
Session 2-	July 18– July 29	9:30 AM	12:30PM	Start Kindergarten Fall	____ @ \$60
Session 3	Aug 1 – August 12	9:30 AM	12:30PM	Start Kindergarten Fall	____ @ \$60

Totals ____ sessions @ \$60 session= \$ _____

CAMPER'S NAME (one camper only) _____

Any special information about this child to help assure his/her safety: attention deficit, learning or behavioral disorders, allergies, etc. (to be filled in by parent or guardian):

PLEASE LIST THOSE ADULTS OTHER THAN YOURSELF OR SPOUSE WHO COULD BE PICKING UP YOUR CHILD.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE INDICATE IF: YOUR CHILD **MAY NOT** BE RELEASED TO YOUR SPOUSE OR CHILD'S OTHER PARENT OR GUARDIAN, AND/OR A CUSTODY SITUATION THAT MAY COMPROMISE YOUR CHILD'S SAFETY. Indicate if this situation is court ordered.

1. Medication Procedures

Procedure to be followed in the event that a child requires Medication while participating in the program administered by the Monroe Joint Park Recreation Commission:

No child may carry on its person any medical substance while at the summer educational programs. In the event a child is required to ingest a medical substance that has been duly prescribed by a physician, the following procedure must be adhered to:

- A) The parent and/or guardian of the child shall personally deliver the medication together with written instructions from the physician with respect to same to the Program Director. The written instructions shall include the following information:
 - 1) Name of medicine, 2) Reason for medicine, 3) The dosage, 4) The time, 5) Number of days
- B) The medication must be in the container provided by a registered pharmacist and shall have the professional label affixed thereto.
- C) Under no circumstances is a child to keep medicine on his/her person during the Program.
- D) The parent or guardian must submit a written request to the Program Director to give the medicine as directed by the physician.
- E) Medication needs to be picked up by the parent and/or guardian of the child within three (3) Program days after the final dosage is given.

2. MANDATORY MEDICAL AWARENESS

(Please Sign to Acknowledge You Read This)

I, the undersigned, as parent and /or guardian of _____ (child's name) understand that the Program administered by the Monroe Joint Park Recreation Commission may include an array of activities typically made available to children at educational seminar camps. The undersigned, as parent, legal guardian or person having legal custody of the child, does hereby grant permission to the Monroe Joint Park Recreation Commission, its servants or employees, to administer emergency first aid to my child in the event of an accident.

Read Carefully

- **Child must be starting kindergarten in September 2022**
- **All information must be completed and signed by the appropriate person.**
- **PROOF OF RESIDENCY (TOWN OF MONROE) IS REQUIRED (Park Photo ID, Village or Town tax bill or Landlord's Name / Proof)**
- **Updated and signed (by physician or registered nurse) immunization records are mandatory at the time of registration.**
- **Request for refunds, must be received by June 29 for Session 1 and July 11 for Session 2, and July 25 for session 3 in writing.**
- **Proof of guardianship may be required**

I, the undersigned, being the legal custodial parent/guardian of the above reference child certify that I have read the application and have answered all questions truthfully to the best of my ability and will abide by all policies and procedures as set forth, including the modifications due to COVID-19 outlining procedures to assist in maintaining a safe operating camp.

PARENT'S/GUARDIAN'S SIGNATURE

DATE SIGNED