2011 Pocantico Hills Day Camp Registration
599 Bedford Road, Sleepy Hollow, New York 10591
(914) 631-2440 x104 Email: summercamp@pocanticohills.org
campbusiness@pocanticohills.org for payment/busing questions

Dear Parents,

Please be aware of the following requirements to properly complete registration.

1. All registrations, including deposits, must be received by May 2, 2011. There will be a $50 late fee for residents and $100 late fee for non residents if applications are handed in after May 2, 2011.
2. Payment in full is required by June 20, 2011.
3. In order to start camp on July 5, 2011, late registration and full payment must be received no later than June 20, 2011.
4. Receipt of payment and balance information will be sent to you by e-mail. We will no longer be mailing out balances and receipts. Please make sure you include your e-mail address on the application.
5. Please make note of a new e-mail address for any questions about registration, payments, balances, and busing. It is campbusiness@pocanticohills.org
6. Campers participating in the Teen bike trip must enroll for the full 6 weeks. Teens not participating in the bike trip may enroll in the 3, 4, 5 or 6 week program. Teens not participating in bike training or attending the bike trip, but will be present in camp, will be assigned to assist primary grades.
7. Grandparents enrolling grandchildren must include a copy of recent utility bill and a copy of a current driver's license.
8. This year the Department of Health is requiring that sun block and bug sprays be approved by your child's pediatrician. Please make sure you fill out the medical form, page 7, and have your doctor sign it.

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Please read all pages carefully. When submitting your registration, please make sure you submit all 6 pages including the Medication Authorization form.

Camper Information

Present Grade: _____ Date of Birth: _____

Child's Name:_____, _____
Last First

Gender:_____

Parent's Name:_____, _____
Last First

Address:_____
Street

_____
City State Zip

Email:_____

***Email is needed for sending receipt of payment and balance information. We will no longer be mailing out balances and receipts.**

Please list all possible numbers in case a parent or guardian needs to be contacted.
Please list numbers in the order you wish us to call.

Phone #s:1. _____ 4._____
Name Number Name Number
2. _____ 5. _____
Name Number Name Number
3. _____ 6._____
Name Number Name Number

Does the camper attend Pocantico Schools? Yes_____ No_____
If not, then school of attendance:_____

Bus Transportation for Resident Children Only
My child will be taking the bus- Yes___ No___

Child's shirt size: Youth S (6-8) M (10-12) L (14-16)
Adult S M L XL
Please circle one. Shirt size not guaranteed on late registration.

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Camper Registration Rates

(Please add activity fees on page 3 to registration rates and pre/post care if applicable.)

Campers participating in the Teen bike trip must enroll for the full 6 weeks.

____ **6 Week Program:** 7/05/11-8/12/11

District Resident (and employees)	Non-residents	Grandchild of Resident**
_____1st child- $890	_____1st child- $2,345	_____Each child - $1,200
_____2nd child- $825	_____ Each additional child - $2,175	
_____Each additional child- $725		

Scholarship – Reduced Tuition Students
_____Each child $395

____ **5 Week Program: Please circle one:** 7/05/11-8/5/11 **or** 7/11/11-8/12/11

District Resident (and employees)	Non-residents	Grandchild of Resident**
_____1st child - $835	_____1st child- $2,300	_____Each child-$1,126
_____2nd child - $774	_____ Each additional child- $2,133	
_____Each additional child-$685		

Scholarship – Reduced Tuition Students
_____Each child $350

_____**4 Week Program: Please circle one**: 7/05/11-7/29/11 **or** 7/11/11-8/05/11 **or** 7/18/11-8/12/11

District Resident (and employees)	Non-residents	Grandchild of Resident**
_____1st child - $685	_____1st child- $2,100	_____Each child-$923
_____2nd child - $635	_____ Each additional child- $1,947	
_____Each additional child- $558		

Scholarship – Reduced Tuition Students
_____Each child $300

_____**3 Week Program: Please circle one:** 7/05/11-7/22/11 **or** 7/11/11-7/29/11 **or** 7/18/11-8/05/11 **or** 7/25/11-8/12/11

District Resident (and employees)	Non-residents	Grandchild of Resident**
_____1st child - $535	_____1st child- $1,500	_____Each child-$720
_____2nd child -$495	_____ Each additional child- $1,391	
_____Each additional child- $410		

Scholarship – Reduced Tuition Students
_____Each child $240

Late Registration (After May 2, 2011) Residents ADD 50.00 to all fees
Non-Residents ADD $100.00 to all fees

In order to start camp on July 5, 2011, applications must be received by June 20th.

*****Grandparents must include a copy of a recent utility bill and a copy of a current driver's license***

Checks made payable to Pocantico Hills Central School

Activity Fee: The activity fee covers the cost of field trips, overnights, and special events at camp. This fee applies to all campers. Please add this amount to the Camper Registration Rates. This fee is due at the time of registration. ***Activity Fees are non-refundable***.

Please check appropriate fee that you are including.
____$50 4 year olds, Pre-K, K, 1st and 2nd Grades
____$140 3rd, 4th, and 5th Grades
____$175 6th Grade
____Teens Program – Fees will be collected throughout camp

Pre/Post Camp Care:

Pre: 8:00-9:00 am- $160.00
Post: 3:00-5:30 pm- $250.00
Pre & Post: $325

1. Payment for supervision must be paid on or before the first day of summer camp.
2. No refunds or proration of fee.
3. No transportation will be provided.
4. Fee for Resident and Non Resident are the same
5. Campers can take pay for a higher level of service, but cannot reduce the level of service for a refund.

Checks made payable to Pocantico Hills Central School

A $400 deposit per child is required with a completed registration form to reserve a spot in camp. The balance is due before June 20, 2011.

NYS Immunization Requirements

Fill in dates or enclose a copy of immunization history.

DPT (Diphtheria, Pertussis, Tetanus) - 3 doses
1._____ 2. _____ 3. _____ 4. _____

Polio – 3 or more doses
1._____ 2. _____ 3. _____ 4. _____

MMR – 2 doses - 1._____ 2. _____

Hepatitis B – 3 doses -1._____ 2. _____ 3. _____

HIB - 1. _____ 2. _____ 3. _____

Varivax Chicken Pox - 1 dose if born on or after 1/1/94 1. _____ 2. _____

Tdap – Grades 6th thru 9th - 1 dose if born on or after 1/1/94 1. _____

Health Insurance Co. _____

I.D. # _____

Emergency Contact Information

Grade completed (As of July 1, 2010) _____

Camper Name _____

Emergency Contact _____

Relationship _____

Phone-

Home_____

Business _____

Cell_____

Doctor's Name & Phone _____

_____

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WAIVER/ RELEASE - MINOR

_____does hereby covenant and agree to release and hold
Parent/Legal Guardian
harmless the Pocantico Hills Central School District from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the Pocantico Hills Day Camp.

I understand participation in the Pocantico Hills Day Camp involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

_____ _____
Parent or Legal Guardian Signature Participant

Parent/Guardian Permission

I permit my child to swim at the Pocantico Hills swimming pool and to attend camp trips.

In case of injury, I give permission for my child to be taken to a hospital for treatment to include evaluation of injuries, X-rays, and needed care.

I give permission for my child to attend camp trips. As set forth by the Westchester County Board of Health, counselors will be certified in CPR, First Aid, and Responding to Emergencies (RTE), where necessary. For water related activities, certified lifeguard(s) will always be present.

The health history is correct, and my child has permission to engage in all camp activities except as noted.

_____

Camper's Name_____ Grade_____

Parent Signature _____ Date _____

After Camp Recreation **– Residents Only -** Grades 3-Teens
In district children in grades 3-8 who have parents written permission may stay after camp, however, no after hours transportation is available for these children. If the pool is closed due to inclement weather, all district children will be sent home at the conclusion of camp. Please note that no primary campers (Grades pre-K to 2nd) will be allowed to walk to the pool without adult supervision

Yes, my child (Grades 3-Teens) may stay after camp _____

No, my child (Grades 3-Teens) may not stay after camp _____

Medication Authorization Form
(If Applicable)

According to the provisions of the State Education Law, camp personnel cannot dispense medications, prescriptions or over the counter medications to the children, but may assist the child in administering his/her medication. The camp nurse may administer his/her medication. Permission from parents and written instructions from the physician are needed. If your child needs to take any medication during camp hours or on an overnight, please complete the form below and return to the camp office.

Child's Name _____ DOB _____

Medication _____ Present Grade _____

Diagnosis _____

Dosage and Frequency _____

Possible Side Effects _____

Purpose of Medication _____

Comments _____

My child can use the following sun protection and/or bug repellant.

_____

_____

_____

Physician's Signature _____ Date _____

Parent's Signature _____ Date_____

Please note all medication must be in its original container from a pharmacy, with the child's name and medication clearly printed on the label.