

**Town of Poughkeepsie
Recreation Department**

2016

GETAWAY CAMP

Welcome Packet

Town of Poughkeepsie Recreation Department

1 Overocker Rd.
Poughkeepsie, NY 12603

Phone (845) 485-3628
Fax (845) 485-3616

March 2016

Dear Parents:

Welcome to the Greenvale Getaway Camp. We are looking forward to your child having a fun time while meeting new friends, learning new things and participating in challenging activities. The camp is located at Greenvale Park, 2260 New Hackensack Road (Route 376).

In this packet are 3 forms that MUST be completed for your registration to be completed:

- Camp Medical History Form
- Camp Sign-Out Form
- Camp Discipline Policy

The Health Department requires these forms completed and returned to the Recreation Department Office **BEFORE June 20th**.

We would like to remind you that each camper should have/wear daily: shoes or sneakers, lunch of non-perishable foods, a water bottle, sunscreen, bug spray and a hat. Please label all these items with your child's full name and put all these items in a backpack. Please apply sunscreen and insect repellent to your camper daily. Some days may be "sprinkler days". On those days you will also want to send a towel and a bathing suit or a change of clothes.

Drop off and sign out will be at the soccer fields at the bottom of the hill. Drop off is at 9 AM and pick up is at 4 PM. Campers must be signed out when they leave camp. Campers will only be released to someone listed on the Dismissal Form. Please complete the dismissal form and return it and the Camp Discipline Policy with your medical form before June 20th.

This year we will have EXTENDED HOURS available. If you sign up for EXTENDED HOURS you may drop off your child between 7:30 AM and 9 AM; and/or pick your child up as late as 6 PM. Campers left after 6 PM may be subject to a fee of \$10 for every five minutes they are late. Drop off and pick up for the Extended Hours campers is at the pavilion at the bottom of the hill.

This program will be operating under a Summer Day Camp permit issued by the New York State Department of Health. The Dutchess County Health Department will be inspecting the camp at least twice this year. The inspection reports will be filed with the County Health Department at 85 Civic Center Plaza Suite 105, Poughkeepsie, NY 12601.

If you have any questions, please feel free to contact the Recreation Department at (845) 485-3628.

Sincerely,
The Getaway Camp Staff

(Please keep for your reference)

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CAMP MEDICAL FORM **Confidential-PLEASE PRINT**

Last Name _____ First Name _____

Weeks Attending: 1st___ 2nd___ 3rd___ 4th___ 5th___ 6th___

Home Address _____

Home Phone _____ Date of Birth ____/____/____ Sex _____

Mother's Name _____	Father's Name _____
Daytime Phone _____	Daytime Phone _____
Cell Phone _____	Cell Phone _____

Emergency Contacts

1. Name _____	Daytime Phone _____	Cell Phone _____
2. Name _____	Daytime Phone _____	Cell Phone _____

Primary Care Physician _____ Phone _____

Waiver:

I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the Town of Poughkeepsie, its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Town of Poughkeepsie Recreation Department. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child's photo, video, artwork etc. by the department for flyers, presentations, etc.

I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage.

Signature of Parent/Guardian _____ Date _____

Office use only

Nurse Notes	Camp Staff Notes
Check by Nurse: _____	Entered into Master: _____

(Please turn in to Town Hall by June 20th)

Name: _____ Weeks Attending: __ 1st __ 2nd __ 3rd __ 4th __ 5th __ 6th
(Please fill out the above)

Health History to be Completed by Parent/Guardian

Confidential

Your child's safety and health are important to us. Please be honest in your responses so we can do everything within our abilities to insure your child has a safe and fun time in our summer program. If you have any questions concerning the information on this form, do not hesitate to ask us.

**NOTE: Your child must have the immunizations required to attend school. Please attach a copy of updated immunization record on Physician's Letterhead. (Children entering kindergarten must be up to date for school).
(Must show date of last immunization or booster)**

Has your child ever had or do they now have:

	Now	Past	Explain
ADD/ADHD			
Asthma			
Cancer/Leukemia			
Convulsions/Seizures			
Diabetes			
Heart Trouble			
High Blood Pressure			
Joint or Bone Injury			
Surgery			
Other			

Allergies (to food, bees, insects or medication) _____

Medications

Taken in the last month _____

To be taken at camp _____

Any medications taken at camp:

- Will be self administered. We can not administer medication.
- Will be kept in a secure facility by the Camp Staff.
- Must be in their original labeled pharmacy container.
- Must be accompanied by a note from a doctor giving instructions for taking medications..
- Any medication that can be given at home should be.
- No refrigeration is available.

Physical/Dietary Restrictions _____

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Camp Sign-out Form

March 2016

PLEASE PRINT

Camper's Name:
Weeks Attending: 1st___ 2nd___ 3rd___ 4th___ 5th___ 6th___

Individuals authorized to pick up this child:

Name:

Phone:

I authorize only the above list of people to pick up my child from camp.

Parent/ Guardian Signature: _____ Date: _____

To be initialed at sign-out (during camp):

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

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Camp Discipline Policy

(March 2016)

Purpose:

The purpose of the camp is to provide a fun, enriching program in a safe environment for all campers and staff. To accomplish this, fair and reasonable rules have been established and will be enforced. All campers must understand that they are responsible for their own behavior.

Unacceptable Behaviors:

1. Repeatedly refusing to follow the instructions of camp staff.
2. Verbally abusing a staff member or another camper.
3. Striking, biting, kicking or physically abusing a staff member or fellow camper.
4. Intentionally damaging or taking of private property.
5. Repeatedly instigating physical or mental aggression.
6. Any behavior that puts the camper and others in a hazardous situation.
7. Leaving the group without permission.
8. Any form of inappropriate or unreasonable behavior that the Camp Director finds violates reasonable standards of camp behavior.

Consequences of Unacceptable Behavior:

All incidents are reviewed individually. When disciplinary action is warranted, generally, the following steps will be implemented:

1. Verbal warning to the camper (including an explanation).
2. Verbal conversation with parent(s) by phone or by appointment.
3. Meeting required with camper and parent(s) to discuss the situation prior to continued attendance.
4. Dismissal from camp without refund.

This is to confirm that both the parent/guardian and camper have read the Camp's Discipline Policy and understand the policies and procedures set forth by the administration of the camp. By signing below, you agree to adhere to the appropriate standards of behavior that provide a safe and enriched environment for campers and staff. Furthermore you accept the actions that will take place in response to a camper not abiding by these policies and procedures.

Acknowledged and Accepted By:

Camper (Printed)

Date

Parent/Guardian

Date

This document should be signed by both parent/guardian and camper then returned no later than the June 20th.