

**Town of Poughkeepsie
Recreation Department**

2017

GETAWAY CAMP

Welcome Packet

Town of Poughkeepsie Recreation Department

1 Overocker Rd.
Poughkeepsie, NY 12603

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

March 2017

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 **BY JUNE 1st**. If these forms are not returned by that date, you will be charged a late forms fee of \$10.00. Your child will not be able to attend camp unless these forms are received.

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.

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

Please turn in to Recreation Department Office by June 1st

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

Name _____ Daytime Phone _____ Cell Phone _____

Name _____ Daytime Phone _____ Cell Phone _____

Primary Care Physician _____ Phone _____

Address _____

Confidential Health History

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.

Physical Restrictions _____

Dietary Restrictions _____

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

Medications

Taken in the last month _____

To be taken at camp _____

Any medications taken at camp:

- Any medication that can be given at home should be.
- 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.

Camper's Name: _____ Weeks Attending: __1st__ __2nd__ __3rd__ __4th__ __5th__ __6th

Has your child ever had or do they now have:

| | Now | Past | Explain |
|----------------------------------|-----|------|---------|
| ADD/ADHD | | | |
| Asthma | | | |
| Bleeding/Clotting Disorder | | | |
| Convulsions/Seizures | | | |
| Diabetes | | | |
| Heart Defect/Disease | | | |
| Psychological Conditions/Illness | | | |
| Surgery | | | |
| Other | | | |

A camper with a developmental disability will likely require enhanced supervision, assistance, and/or support to complete daily activities or to protect against behavior that potentially puts the camper, other children, or staff members at risk.

The New York State Department of Health now requires camps to "identify camper disability information (developmental and/or physical disabilities) during the camp's enrollment process..." In addition, camps are advised to determine if such children have an "individual treatment, care, or behavioral plan that address a camper's unique physical, medical, behavioral, and/or social needs." Such a plan is not necessary, but if one exists the details should be shared with the camp.

- Does this child have a severe chronic disability attributable to mental retardation, cerebral palsy, epilepsy, autism or neurological impairment as determined by a qualified practitioner? Yes _____ No _____
- If yes, does the child have an individual treatment, care, or behavioral plan?
Yes _____ No _____

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

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 _____

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Camp Sign-out Form 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

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.

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.

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 June 1st.