

Town of Poughkeepsie      Recreation Department  
(845) 485-3628

# 2020 Greenvale Day Camp Welcome Packet

Dear Parents:

Welcome to the Greenvale Day 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 Behavior Policy

**The Camp Medical History Form, Camp Sign-Out Form and the Camp Behavior Policy Form along with any outstanding camp fee must be received in the Recreation Department Office two weeks prior to the camp week to hold the spot in camp.**

For your information, there is also included:

- Camp Information Sheet
- Cancellation & Refund Policy
- Camp Immunization Policy

If you have any questions, please feel free to contact the Recreation Department at (845) 485-3628 or email us at [rec@townofpoughkeepsie-ny.gov](mailto:rec@townofpoughkeepsie-ny.gov).

Sincerely,  
*The Greenvale Day Camp Staff*



# Town of Poughkeepsie

# Recreation Department

1 Overocker Rd.  
Poughkeepsie, NY 12603  
rec@townofpoughkeepsie-ny.gov

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

## 2020 Greenvale Day Camp Camp Information

- What To Bring:
  - shoes or sneakers
  - lunch of non-perishable foods
  - a water bottle
  - sunscreen
  - bug spray
  - 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.
- What Not To Bring:
  - Cell phones, electronics or items of high value or easily broken.
- Drop Off and Pick Up:
  - 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.
- Extended Hours:
  - 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.

# Town of Poughkeepsie      Recreation Department

## REGISTRATION, CANCELLATION AND REFUND POLICY

All registrations, cancellations and refunds will be handled according to the following guidelines:

- We strive for positive experiences and excellence in everything we do. If you have attended one of our activities and are dissatisfied, please call us immediately so we can try to improve the experience for your family and other families.
- Based upon registrations we commit town resources to hire staff, buy supplies and prepare for programs. Full refunds (or household credit, if preferred) will be given for programs cancelled by the Department.
  - If you are unable to attend an activity, we will try to transfer you to another section if there is space available and you so desire. There is a \$10.00 transfer fee.
  - If we cannot arrange a transfer, you may cancel the registration. If you cancel an activity there is a \$10.00 cancellation fee
  - **If you cancel more than 14 calendar days before the program begins, you can receive a refund of the activity price (less the cancellation fee) by household credit or check.** Checks will only be issued on the scheduled town check writing day. We do not issue cash or credit card refunds for cancellations.
  - **There will be NO refunds or credit given for cancellations 14 calendar days or less before the program begins.**
  - Special consideration may be given to documented life altering situations, medical conditions or summer school.

## CAMP IMMUNIZATION POLICY

As recommended by the NYS Department of Health, your child MUST have the immunizations required to attend school. Please attach a copy of their immunization record on Physician's Letterhead, updated to show date of last immunization or booster to their medical form. Children entering kindergarten must be up to date for school. A physical is NOT required to attend camp.

# 2020 Greenvale Day Camp Camper Health & Information Form

Town of Poughkeepsie Recreation Department, 1 Overocker Road, Poughkeepsie, NY 12603  
Phone 845-485-3628, Fax 845-485-3616, Email rec@townofpoughkeepsie-ny.gov

*This form, the sign-out form and the behavior policy form must be completed and the camp fee paid to hold the camp spot. As recommended by the NYS Department of Health, your child **MUST** have the immunizations required to attend school. Please attach a copy of their immunization record on Physician's Letterhead, updated to show date of last immunization or booster. Children entering kindergarten must be up to date for school.*

\_\_\_\_\_  
Camper Last Name                      Camper First Name                      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_                      Sex \_\_\_\_                      Age \_\_\_\_

Weeks Registered in Camp    \_\_\_\_1    \_\_\_\_2    \_\_\_\_3    \_\_\_\_4    \_\_\_\_5    \_\_\_\_6    \_\_\_\_7                      Grade in Fall \_\_\_\_

\_\_\_\_\_  
Parent/Guardian #1 First & Last Name

\_\_\_\_\_  
Parent/Guardian #2 First & Last Name

\_\_\_\_\_  
Parent/Guardian #1 Phone Numbers: cell, daytime

\_\_\_\_\_  
Parent/Guardian #2 Phone Numbers: cell, daytime

If parent/guardian listed above is not available in an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

## **Health History** (Check, giving approximate dates where indicated)

### **Conditions:**

\_\_\_\_ Frequent Ear Infections  
\_\_\_\_ Heart Defect/disease  
\_\_\_\_ Convulsions  
\_\_\_\_ Diabetes  
\_\_\_\_ Bleeding/Clotting Disorders  
\_\_\_\_ ADD/ADHD  
\_\_\_\_ Behavioral Issues  
\_\_\_\_ Other \_\_\_\_\_

### **Allergies:**

\_\_\_\_ Asthma  
\_\_\_\_ Hay Fever  
\_\_\_\_ Poison Ivy  
\_\_\_\_ Insect/Bee Sting  
\_\_\_\_ Food (detail below)

### **Dates:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details on above \_\_\_\_\_

Food Allergies \_\_\_\_\_

Any specific activities to be limited by physician's advice? \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference                      \_\_\_\_ Vassar                      \_\_\_\_ Mid-Hudson Regional

## **Medications**

Taken in the last month \_\_\_\_\_

To be taken at camp \_\_\_\_\_

Medications taken at camp:

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

**OVER, signature required**

Please explain any special needs your child may have so we can be prepared to make their stay as comfortable as possible: \_\_\_\_\_

The NYS DOH Children's Camp Code advises 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.

With regards to this Code requirement we ask (quoted from the Code) "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 with a relevant master's Degree or a Doctorate in Psychology?"  Yes  No

If yes, does your child have an individual treatment, care or behavioral plan?  Yes  No

If yes, please explain \_\_\_\_\_

**ALL FOLLOWING SECTIONS MUST BE COMPLETED AND SIGNED**

**Photo Release**

I hereby grant the Town of Poughkeepsie permission to use my child's photograph and/or other digital reproduction of him/her physical likeness for publication and /or promotional purposes of the Town of Poughkeepsie Recreation Department.  Accept  Decline

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Permission and Agreement to Hold Harmless**

As the participant signed below, knowing fully that the Town of Poughkeepsie Recreation Department provides the program activity, and or special event and all aspects associated with these being; Facility(s), Instructor(s), Equipment and Supervision, I hereby:

1. Agree to furnish my own insurance in case of injury,
2. Assume all risks and responsibilities of possible injury involved with participating in this program, activity, and or special event,
3. Testify that I am in sound health and capable of participating in the registered program,
4. Further agree to indemnify and hold harmless the Town of Poughkeepsie and its employees, to include volunteers, from liability resulting from my participation in this program, activity or special event.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Release and Authorization**

In case of emergency, I hereby give permission to the medical personnel selected by the camp, in my absence, to act as my agent in securing proper medical treatment for my child as named above, including hospitalization, routine tests, x-rays and other medical treatment. Every possible effort will be made to contact parents in the event of an emergency.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give the Town of Poughkeepsie Recreation Department staff permission to apply the following topical ointments and treatments to my child, if needed, while participating in our program.

Alcohol wipes	Yes _____ No _____	Sunscreen	Yes _____ No _____
Insect repellent	Yes _____ No _____	Sting Stop	Yes _____ No _____
Neosporin or similar ointment	Yes _____ No _____		

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Camp Sign-out Form

March 2020

PLEASE PRINT

Camper's Name:
Weeks Attending: 1st__ 2nd__ 3rd__ 4th__ 5th__ 6th__ 7th__

Individuals authorized to pick up this child. (Please include yourself)

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	Week 7
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

(Please turn in to Town Hall by two weeks before first week in camp.)

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## Camp Behavior Policy (March 2020)

### 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 and/or meeting required with camper and parent(s) to discuss the situation prior to continued attendance.
3. Dismissal from camp without refund.

This is to confirm that both the parent/guardian and camper have read the Camp's Behavior 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 two weeks before your first week in camp.**