

Town of Ancram Summer Camp Registration 2018

Camper's Name _____ Nickname: _____
Parents/Guardians Name _____
Address _____ State _____ Zip _____
Date of Birth _____ Sex: M ___ F ___ Age ___
Home Phone _____ Mom's Cell _____
Dad's Cell _____ Email Address _____

Own or rent property in Ancram? Yes ___ No ___

Which Camp sessions are you registering for?

Session I: 7/9-7/13 _____ Session IV: 7/30-8/3 _____
Session II: 7/16-7/20 _____ Session V: 8/6-8/10 _____
Session III: 7/23-7/27 _____ Session VI: 8/13-8/17 _____

****Multiple un-notified and unexplained absenteeism could cause you to lose your child's spot in camp and given to a child that is on a waiting list.**

Child Care Release: The Ancram Summer Camp will only be allowed to release your child to the three members that you authorize to pick up your child.

1. _____ Phone: _____ Cell: _____
2. _____ Phone: _____ Cell: _____
3. _____ Phone: _____ Cell: _____

Swimming program: I want my child to participate in the MWF swim lesson program. Yes ___ No ___ Swim level _____. I agree for my child to participate in open swim while at camp. Yes ___ No ___.

Field trip permission form: I agree to allow my child _____, to participate in field trips with the Ancram Summer Camp.

Signature: _____ Date: _____

****You will receive a confirmation email to notify you if your child/children have been accepted into camp or not*****

Town of Ancram Summer Camp Health Form

Please include **a copy** of your child's immunization record, and **a copy** of a physical within the last year.

Child's Name and Address _____

Phone: _____ Cell: _____

Date of Birth _____ Grade in school _____

Parent's Names and Address _____

Does your child live with both parents _____ If no, then please list the parent who has custody: _____

Name of guardian _____

Doctor's name _____ Phone _____

Insurance company _____ Policy # _____

Hospital preference _____

Does your child have allergies? Yes _____ No _____

(If yes, please check the allergy)

Nuts _____ Gluten _____ Dairy _____ Shellfish _____ other _____

Medication _____ Bee Stings _____ if yes, what happens? _____

Has your child been stung before? _____

Do they have an Epi-pen? _____

Other Allergies _____

Is your child up to date with his/her immunization records? Yes _____ No _____

If no, please explain _____

Is your child currently taking any medications Yes _____ No _____

Please list _____

Please list any surgeries or broken bones that your child has had.

Camp T-Shirt

Camper's Name: _____

Please circle size you wish us to order:

Child's	Small (4-6)	Medium (8-10)	Large (12-14)
Adult	Small	Medium	Large

****This will remain confidential and this will only apply to help our counselors with certain situations if needed****

Special Accommodations: Please briefly describe any special accommodations your child may need to participate.

Medical Information: Please describe and medical problems, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet is necessary.

Personal Information: Please describe any personal situations that we need to be aware of, such as restraining order, problems with other children, etc. Use a separate sheet if necessary.

If your child is not yet five years old please answer these questions and attach a copy of documentation that they have gone to daycare or preschool for one year and will be attending kindergarten September 2018- IE: A certificate, report card, etc. If documentation is not attached, then your application will not be accepted.

School attended:

Contact person and contact phone number at school:

Dates of school attended:
