

## Town of Ancram Summer Camp Registration 2019

Applications must be hard copy only – no email applications.

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: 7/1-7/5 \_\_\_\_\_ Session IV: 7/22-7/26 \_\_\_\_\_  
Session II: 7/8-7/12 \_\_\_\_\_ Session V: 7/29-8/2 \_\_\_\_\_  
Session III: 7/15-7/19 \_\_\_\_\_ Session VI: 8/5-8/9 \_\_\_\_\_

**\*\*Multiple un-notified and unexplained absenteeism could cause you to lose your child's spot in camp, which could be given to a child 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.

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**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.

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**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.

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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:

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Contact person and contact phone number at school:

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Dates of school attended:

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