

# 2017 Dryden Community Summer Camp

## Information Sheet



The camp will be held at the Dryden Elementary School.

**\*\*We will admit only children entering k-5<sup>th</sup> grade\*\***

All campers need to come prepared with the following:

- Lunch & Snacks **\*\*Summer Feeding Program\*\***
- Water Bottle \*labeled with child's name
- Sneakers
- Comfortable clothing (a change of clothes is a good idea)
- Sunscreen
- Swimsuit and towel for water games

Please DO NOT send the following with your camper:

- Electronics (handheld games, MP3/iPods, cell phones)
- Toy weapons (guns, swords, ect.)
- Clothing with inappropriate or graphics/sayings

**Field Trips:** When they are scheduled, field trips will typically be Thursdays. The bus leaves camp at 9 am and returns at 2:30 pm.

**Payment** for camp is due in advance. Registration and payment covers the entire week, whether or not your child attends or not. **NO REFUNDS WILL BE GIVEN.**

**Financial Assistance** is available on a first come, first served basis.

If you have any questions, please contact the Dryden Village Hall.



# 2017 Dryden Community Summer Camp Application

For Children entering Kindergarten- Entering 5<sup>th</sup> Grade

## CAMPER INFORMATION\*

Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please indicate camp sessions you will be attending:  
 (Cost includes all field trip, lunch, and snacks)

<input type="checkbox"/> <b>Session 1:</b> July 5 <sup>th</sup> - July 7 <sup>th</sup> <i>No camp July 3<sup>rd</sup> or 4<sup>th</sup></i> \$48.00	<input type="checkbox"/> <b>Session 2:</b> July 10 <sup>th</sup> - July 14 <sup>th</sup> \$80.00	<input type="checkbox"/> <b>Session 3:</b> July 17 <sup>th</sup> - July 21 <sup>st</sup> \$80.00
<input type="checkbox"/> <b>Session 4:</b> July 24 <sup>th</sup> - July 28 <sup>th</sup> \$80.00	<input type="checkbox"/> <b>Session 5:</b> July 31 <sup>st</sup> - August 4 <sup>th</sup> \$80.00	<input type="checkbox"/> <b>Session 6:</b> August 7 <sup>th</sup> - August 11 <sup>th</sup> \$80.00
<b>Total:</b>		

If you register your child for a week, you will be responsible for paying for that session whether your child attends camp or not. Camper spots will be limited. To save a spot, payment must be submitted with the application.



# Dryden Community Summer Camp

## Emergency Contact Form

Child's Name \_\_\_\_\_

Parents / Guardians \_\_\_\_\_

If emergency treatment is necessary, your child will be transported to the nearest hospital. Parents will be contacted in case of sickness or accident.

### **Emergency Contacts:** (if parents are unavailable) in case of illness or injury

Name	Relation	Home #	Work #
_____	_____	_____	_____
_____	_____	_____	_____

I HEARBY GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE DRYDEN COMMUNITY SUMMER CAMP. I UNDERSTAND THAT THE DCSC DOES NOT PARTICIPATE IN ANY MEDICAL INSURANCE PROGRAM. CHILDREN ATTEND AT THEIR OWN RISK WITHOUT LIABILITY TO STAFF, THE DRYDEN SCHOOL DISTRICT OR THE VILLAGE OF DRYDEN.

PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



# Dryden Community Summer Camp

## Release Information

### Medical/emergency treatment:

\_\_\_\_\_ I give permission for my child \_\_\_\_\_ to receive first aid or CPR, if needed, from the staff of Dryden Community Summer Camp.

\_\_\_\_\_ I give permission for the attending physician to give emergency treatment to my child. I understand that I will be responsible for any hospital expenses or insurance coverage that may be needed in case of emergency during my child's participation at Dryden Community Summer Camp.

### Field Trips

\_\_\_\_\_ I give permission for my child \_\_\_\_\_ to attend field trips with the Dryden Community Summer Camp.

A field trip schedule will be available on the first day of camp. There is no program for campers not attending field trips.

### Swimming

\_\_\_\_\_ I give permission for my child \_\_\_\_\_ to participate in swimming/water activities, when available. My child's swimming availability is:

- No previous swimming experience
- Limited experience (no lesson, cannot tread water or float)
- Moderate experience (can tread water and float)
- My child is a competent swimmer (can float, tread water, swim at least 2 strokes, can swim a full pool lap)

Swimming Activities will not take place every week. They will be scheduled as a field trip and will be listed on the field trip schedule.

### Sunscreen

\_\_\_\_\_ I give permission to the Dryden Community Summer Camp to apply sunscreen to my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Dryden Community Summer Camp Camper Pick-Up Authorization

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
give the following people permission to pick my child up from the Dryden Community  
Summer Camp with proper notification to camp staff.

Our staff will check I.D.s so please let the person picking up your child know to have it  
ready. Thank you.

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

I have notified the above individual(s) that photo identification will be required  
when picking up my child.

The following person(s) is **NOT** permitted to pick my child up from camp:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Dryden Community Summer Camp Camper Health Certificate

Camper Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Health History:

Growth and Development: (Please explain if not normal)

Physical                    normal            not normal    \_\_\_\_\_

Mental                    normal            not normal    \_\_\_\_\_

Emotional                normal            not normal    \_\_\_\_\_

Language                normal            not normal    \_\_\_\_\_

## Medical History:

Does this child have allergies?            No                    Yes \_\_\_\_\_

Does this child take medication daily?    No                    Yes \_\_\_\_\_

Does this child have a hearing problem?    No                    Yes \_\_\_\_\_

Does this child have a vision problem?    No                    Yes \_\_\_\_\_

Are there ANY conditions requiring special attention by the DCSC Staff?

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## Shot History:

Please attach a copy of your child's last physical with immunization records.

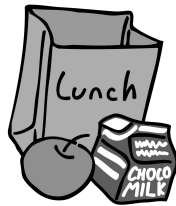
Date of last tetanus immunization: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Additional comments as necessary



# Dryden Community Summer Camp

## Summer Feeding Program



The 2017 Summer Feeding Program will be available to all Students Participating in the summer Recreation Program at Dryden Elementary School this summer. Any camper is welcome and can eat a free, healthy meal or snack.

The Program will start Week #2 (Monday, July 10), through the end of the summer camp.

Lunch will consist of a Turkey & Cheese on whole grain bread (WGB) with Mayo or Mustard, 6oz. Yogurt, with a Muffin and a Cheese stick,

or

PB & J on WGB, fresh Carrots with Ranch Dressing, Bag of Baked Chips , Fresh Fruit, and Milk.

Also an afternoon snack will be provided. The snack will consist of a WG item (examples are Cinnamon Bun, WG Pop-tart, WG Cookie Round) with Milk, or a Juice, WG Item ( same as above) and Cheese Stick.

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Camper Name: \_\_\_\_\_

Yes, my child will participate in the Summer Feeding Program

No, my child will bring his/her own lunch to camp.

**\*\* Reminder: The Summer Feeding Program is not available the first week of camp \*\***