



The Help. The Hope. The Healing.

## Agreements

I have read the camp information and understand the nature of the activities and the health and safety measures. I give permission for my child to attend and participate in activities on and off the camp property.

I give consent for my child to utilize transportation provided by Sitrin's Summer Day Camp and take to part in out-of-camp trips under proper supervision.

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.

I give permission to Sitrin's Summer Day Camp staff to apply over the counter sun protection and/or bug spray, when necessary, to my child. I will provide sun protection and/or bug spray to be used on my child. I will label sun protection and/or bug spray for the sole use of my child.

I give my permission for the public viewing and publication of any pictures or videos taken of my child while attending Sitrin's Summer Day Camp. I understand this may include, but is not limited to, pictures being placed on the Sitrin website, pamphlets, flyers and other public materials, as well as filming by the local television stations and press releases/photos in the local newspapers.

I understand that all children enrolled in Sitrin's Summer Day Camp are required to have a physical. I acknowledge that my child cannot be enrolled in the day camp until this information is received.

Camper's name: \_\_\_\_\_

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# Sitrin's Summer Day Camp

## Release of Day Campers

The following guidelines are intended to avoid any problems during pick-up/drop-off.

1. **All campers are to be released only to an authorized person.** Parents/guardians must complete and sign form below authorizing release of the camper to anyone other than the custodial parent or legal guardian. **Identification will be required** for release of campers to other authorized persons.
2. **All campers must be signed in and out by a parent/authorized person.** Campers are not to be dropped off at the door.
3. All specific custody agreements need to be discussed with the Camp Director, along with the legal documentation concerning the exclusion of a parent's right to pick up their child. The Camp will not refuse any parent the right to pick up their child unless copies of a legal custody arrangement are in the child's file at the Camp.
4. When a last-minute change occurs in who will be picking up a camper, the new instructions are to be verified with the Camp Director from an authorized person.
5. No camper may leave camp at any time without prior authorization from the custodial parent and the Camp Director. **Parents/guardians must notify Camp Director, either by phone or with a written notice, in advance, if someone other than parent/guardian will be picking camper(s) up. Parents will be contacted prior to letting child leave camp if no advance notice is given.**
6. The Sitrin Health Care Center reserves the right to refuse to release a child, in its care, to any person, who in its sole judgment, appears to be intoxicated, drinking, or impaired in any way. In this event, Sitrin will attempt to reach the people who are on the child's custody form and will ask them to pick up the child. As a last resort, Sitrin will contact the authorities so that appropriate arrangements can be made for the child until the situation can be resolved.

### No-shows/absentees

Day campers are to be checked in and out each day on the appropriate form. Parents are asked to notify the camp if a child is ill or will not be attending as expected. Camp personnel will attempt to call parents/guardians and/or emergency contacts if campers are not signed in as expected.

### Authorized Release of Day Camper

Camper \_\_\_\_\_ Session \_\_\_\_\_

I hereby authorize the following persons to pick-up my child at the end of each day and/or in an emergency:

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

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

Signature of custodial parent(s):

\_\_\_\_\_ Date signed: \_\_\_\_\_

\_\_\_\_\_ Date signed: \_\_\_\_\_

# Sittrin's Summer Day Camp Child History Form

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

How would you describe your child...

Outgoing/social       Shy/withdrawn       Aggressive       Active

Other: \_\_\_\_\_

How does your child get along with his/her siblings?: \_\_\_\_\_

Has your child had experience playing with other children?: \_\_\_\_\_

What age group does your child prefer to play with?: \_\_\_\_\_

Does your child enjoy being/playing alone? : \_\_\_\_\_

Does your child know any of the other children at the Camp?: \_\_\_\_\_

If yes, who and how?: \_\_\_\_\_

What frightens your child...

Animals       New people       Loud noises       Rough children       Darkness       Storms

Other: \_\_\_\_\_

What types of things make your child upset?: \_\_\_\_\_

How does your child express/show his/her feelings?: \_\_\_\_\_

What are your child's favorite toys? \_\_\_\_\_

Does your child like to...

Read       Listen to music       Dance       Sing       Art       Build things       Play outside

List some of your child's favorite activities: \_\_\_\_\_

## Comments

What would you like for your child to receive from us while here at the Camp?

Is there anything else we should know?

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Please send in a **recent photograph** of your child so camp staff will be familiar with your child when he or she arrives at camp.

# Sitrin's Summer Day Camp

## Health History Form for Children & Staff Attending Camp

(To be completed by Parent/Guardian)

Weeks attending: \_\_\_\_\_

Camper/staff name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_ Age \_\_\_

Parent or Guardian	Home Address	Employer Name/Address	Employer Phone #	Home Phone #	Cell Phone #	Pager#
<b>If Parent/Guardian is not available in an emergency, notify:</b>						

Does your child wear contacts? \_\_\_\_\_ Glasses? \_\_\_\_\_ When are they worn? \_\_\_\_\_

List any disabilities/diseases (If your child receives special education services during the school year please indicate level of assistance provided in school so that we can provide appropriate levels of assistance and supervision as well): \_\_\_\_\_

Operations or serious injuries (list dates): \_\_\_\_\_

Chronic or recurring illness or medical conditions: \_\_\_\_\_

State medications your child takes on a regular basis: \_\_\_\_\_

Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health History

- |  |                                    |  |   |                                 |
|--|------------------------------------|--|---|---------------------------------|
| <input type="checkbox"/> Convulsions             | <input type="checkbox"/> Seizures  | <input type="checkbox"/> Fainting spells             | <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Frequent nose bleeds    | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Murmur |
| <input type="checkbox"/> Bladder/kidney problems | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Frequent ear infections     |   |                                 |
- Asthma .....  inhaler (if used at camp, needs doctor's order on reverse side) .....  Mild .....  Severe

#### Diseases (with dates):

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Tuberculosis: _____ | <input type="checkbox"/> Mumps: _____   | <input type="checkbox"/> German Measles: _____  | <input type="checkbox"/> Whooping cough: _____  |
| <input type="checkbox"/> Chicken Pox: _____  | <input type="checkbox"/> Measles: _____ | <input type="checkbox"/> Rheumatic fever: _____ | <input type="checkbox"/> Mononucleosis: _____ <input type="checkbox"/> Scarlet fever: _____ |

#### Allergies:

Food allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_  Uses Epi Pen

Insect stings: \_\_\_\_\_ Reaction: \_\_\_\_\_  Uses Epi Pen

Penicillin or other drugs: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Is there any activity you DO NOT want your child to participate in? \_\_\_\_\_

Describe your child briefly (personality, abilities,...) \_\_\_\_\_

#### For female(s):

Has this person menstruated? \_\_\_ If not, has she been told about it? \_\_\_

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

**Immunization History (to be completed by physician): Please record the date (mo-day-year).**

Vaccination History		
Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) Tetanus Or	1 2 3	1 2
Tetanus		
Oral Polio (Sabin)* TOP		
Injectable Polio (Salk)		
Measles (hard measles, red measles, rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Chicken Pox (varicella)		
Haemophilus influenza b (HIB)		
Hepatitis B		
Tuberculin test given _____ (most recent)		

Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Blood Pressure: \_\_\_\_\_

Does Applicant have Diabetes?  
 Yes  No

Does Applicant have a seizure disorder?  Yes  No

Explanation of any reported loss of consciousness, convulsion or concussion:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescription Medications (Please complete with patient's current regimen for both scheduled a.m. and p.m. medications; attach a 2nd page, if needed). If Epi Pen needed, initial here : \_\_\_\_\_

Any medical treatment to be continued at camp: \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions?: \_\_\_\_\_

Activities to be encouraged or limited: \_\_\_\_\_

Additional health information (i.e., learning disability, bed wetting, etc.): \_\_\_\_\_

**Healthcare recommendations by Licensed Physician – within the last year**

I have examined the above camp applicant on \_\_\_\_\_ (date examined)

In my opinion, the applicant's condition \_\_\_ does \_\_\_ does not preclude his/her participation in an active camp program.

Licensed Physician's Signature: _____
Address: _____ Phone: _____
Date of form completion: _____ By: _____ <i>(initial if completed by nurse or physician's assistant)</i>

**Authorization of Medical Treatment of Minors**

I/We being the parent(s) or legal guardian(s) of the above named minor do hereby appoint Sitrin Health Care Center's Summer Day Care Staff to act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence, from: \_\_\_\_\_ through my child's enrollment at the Sitrin Health Care Center Summer Day Camp.

Name of preferred medical care facility/hospital: \_\_\_\_\_

Insurance Company/Government Program: \_\_\_\_\_

I.D. or Contract Number: \_\_\_\_\_

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required. **This completed form may be photocopied for trips out of camp.**

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

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Sittrin's Summer Day Camp

## General Camp Information

### What should a camper bring to camp?

#### Camp Attire

- Campers must come to camp prepared for all types of weather. Because out-of-camp trips will be in primarily outdoor settings it is important to have clothes for potentially chilly weather. If a camper comes to camp unprepared for cold weather, he or she might be sent home or the parents/guardians will be called to bring warmer clothes to camp.
- All campers must have sneakers. As indoor activities involve the use of a gym, and outdoor activities include field games and hiking, inappropriate footwear may limit the activities your child can participate in.
- Campers will need bathing suits, towels, and sandals/water shoes as camp will provide sprinklers and water activities on hot days.
- Sneakers with wheels will not be allowed at camp.

#### Toys, Radios, Etc.

- We do not allow the following items: CD-players, ipods, handheld electronic games, digital cameras, toys, cellular phones, or other valuables. If a camper is found with an item listed above, it will be held and sent home with the child.
- We do not allow guns or knives for safety reasons. If a camper is found with a gun or knife, he or she will be sent home.
- Campers are encouraged to bring a book or magazine to read after lunch.
- Sittrin's Summer Day Camp is not responsible for any items lost, broken, or stolen at camp.

#### Lunches

Campers should bring a lunch every day. Please write camper's name on the lunch. All lunches will be refrigerated.

#### Lost and Found

We ask all parents/guardians to please label everything that their children bring to camp. We have a Lost and Found that the campers and parents can go through. Campers go through the Lost and Found every Friday. If you know your child has lost something, inform the camp staff and we will make an effort to find the item.

**In case of an emergency:** If an emergency happens with a camper, the parent or guardian will be notified as soon as possible. There is a certified Responding to Emergency trained counselor on staff at all times. Depending on the degree of the injury, appropriate actions will be taken.

**Transportation to and from camp:** Transportation of campers to and from camp each day will be the responsibility of the parent/guardian.

### Camp sunscreen policy.

Camp participants spend a great deal of time in the outdoors and thereby are exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirits, minds, and bodies, we have made the following policy in this regard:

- All campers and staff will wear sunscreen with an SPF of at least 15 on all exposed skin, including lips, daily – even on cloudy days.
- Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to morning drop-off and sending in enough for later application.
- Day camp staff will be responsible for ensuring through follow-up applications after two hours of activity in the sun (due to perspiration), and/or any other times as needed. **Please note, this will mean your child may have sunscreen applied for them by the day camp staff. Please explain this to your child before camp.**
- Camp reserves the right to disallow anyone to participate in the day camp program at any time for failure to comply with this policy.

Please note that these decisions were made to protect your child. Furthermore, our staff has been trained on this subject and understands their responsibilities and the consequences for failure in observing this policy.

# Sitrin's Summer Day Camp Registration Form

Parent's name: \_\_\_\_\_ Sitrin Employee?: \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Number of children attending camp: \_\_\_\_\_

Camper's name \_\_\_\_\_ Camper's age \_\_\_\_\_

Camper's name \_\_\_\_\_ Camper's age \_\_\_\_\_

Camper's name \_\_\_\_\_ Camper's age \_\_\_\_\_

Camper's name \_\_\_\_\_ Camper's age \_\_\_\_\_

## Please check the appropriate boxes for the dates the camper will be attending:

- |                          |        |                  |                       |
|--------------------------|--------|------------------|-----------------------|
| <input type="checkbox"/> | Week 1 | June 28 – July 2 | Survivor Week         |
| <input type="checkbox"/> | Week 2 | July 5 - 9       | Take a Cruise Week    |
| <input type="checkbox"/> | Week 3 | July 12 - 16     | Science Week          |
| <input type="checkbox"/> | Week 4 | July 19 - 23     | Around the World Week |
| <input type="checkbox"/> | Week 5 | July 26 - 30     | Pirate Week           |
| <input type="checkbox"/> | Week 6 | August 2 - 6     | Circus Week           |
| <input type="checkbox"/> | Week 7 | August 9 – 13    | Mythical Magical Week |
| <input type="checkbox"/> | Week 8 | August 16 - 20   | Camp Spirit Week      |

## Fees:

\$160.00 per week.

\$150.00 per week early bird discount if you are paid in full prior to June 1st.

Sibling discount \$10.00 off each week.

**\$50 non-refundable deposit to hold place each week is included in fee.**

Checks should be made payable to Sitrin Health Care Center, Inc.

All registration forms and tuition should be mailed to:

Sitrin Health Care Center, Inc.  
Attn: Summer Day Camp  
PO Box 1000  
New Hartford, NY 13413

Acceptable payment methods: Check or Credit/Debit cards.

**All payments must be received in full by June 18, 2010.**

*Thank you for enrolling in Sitrin Summer Day Camp.*

# Sitrin's Summer Day Camp

## Camp Rules and Responsibility

### Camper Responsibility

We ask that all campers participating in Sitrin's Summer Day Camp follow directions from the staff. For health and safety reasons, it is important to comply with the rules that have been established. Sitrin's Summer Day Camp has the right to terminate any camper's participation in the program if he/she does not comply with established rules and standards of behavior. If this occurs, parents will be contacted to pick up the child. The camper may return to the Sitrin's Summer Day Camp upon the Director's approval.

- 1) Campers are required to follow all directions given by the Summer Day Camp staff.
- 2) Campers need to stay with their group at all times.
- 3) Campers cannot leave an area without a staff member's permission.
- 4) Campers need to stay with their buddy at all times.
- 5) Campers must have their shoes on at all times.
- 6) Fighting or horseplay (hitting, biting, pushing, shoving, or striking down another child) will not be allowed.
- 7) Inappropriate language is unacceptable.
- 8) Campers will not mistreat each other.
- 9) Campers will respect other's belongings.
- 10) Vandalism will not be tolerated.
- 11) Littering will not be allowed.
- 12) Electronic devices are discouraged. If they are brought to camp, they need to be kept in camper's bag and not on their person.
- 13) Cellular phones and digital cameras are prohibited.

### Parent's Responsibility

We ask all parents for their cooperation in making the child's stay at camp as safe and exciting as possible.

- 1) All registration information must be completed and signed by parent or legal guardian.
- 2) Please clearly mark all clothes and belongings with camper's name. We are not responsible for lost items.
- 3) Camper accident insurance claims must be submitted to the parent's insurance carrier. Please provide complete information regarding the company name, policy number, group number on the required health information form.
- 4) If your child takes any medication while at camp, a prescription must accompany the medication. Medicine must be in its original bottle.
- 5) We ask that parents please be punctual when picking up campers.