

2017 Town of Parishville Summer Recreation Program Day Camp

**Town of Hopkinton children will also have the opportunity to attend
BOTH morning and afternoon programs!**

For Whom:	All boys and girls 7 years of age to 12 years of age, or completed 1 st grade.
What's Happening:	<u>Mornings:</u> Playground games, sports, and arts and crafts, <u>Afternoons:</u> Swimming lessons, free swim, nature trail exploration, playground facilities and snack bar.
When:	Monday, July 10 th - Thursday, August 10 th , 2017.
Where:	Parishville Town Park and Beach Area.
More Facts:	Bus pickups start at 8:15 A.M. following approximate routes as in previous years to arrive at the park by 9:30 A.M. for both Town of Parishville and Town of Hopkinton students. NOTE: Bus routes may be subject to change for both townships. <u>Early registration will greatly assist us in organizing bus routes.</u>
Daily Schedule: 9:30 A.M. - 11:30 A.M.	Playground games, contests, sports skills, & arts and crafts
11:30 A.M.	Swimming lessons for children aged 4-6 years. Parent or care provider must accompany child and be prepared to swim with child.
11:30 A.M. - 12:00 NOON	Book browse (individual and small group reading), board games and lunch (staff supervised); snack bar 11:30 A.M. - 1:00 P.M. Monday through Friday.
12:00 Noon to 12:30 P.M.	Free swim, full beach.
12:30 P.M. - 2:20 P.M.	Swimming lessons with one area for free swim open at all times.
2:30 P.M.	Bus leaves to transport Parishville and Hopkinton out-of-town children home. Campers dismissed.

Parishville Park is a New York State Day Camp and must follow all guidelines. Please complete ALL sections of the registration form. Day Camp Visitor Passes are available at the Beach Office. Visitors CANNOT ride the bus or spend the day with a camper unless they have a pass for that day.

****Please contact the Parishville Park Office at (315) 265-8308 with any questions.
Please do not call the school. Thank you.**

Parishville Park Day Camp Registration

Please fill out the registration form and return to the Parishville-Hopkinton Central School Elementary Office by Friday, June 16, or bring to the Parishville Beach Office before June 30. Swimming class times will be assigned the first two days of programs. **Registrations must also be received on the first day you attend camp!!**

Name of Camper(s): _____

I need bus transportation

I do not need transportation

Circle: **A** - Morning recreation ONLY

C - BOTH morning recreation and swimming

B - Afternoon swimming lessons ONLY
(no bus transportation provided)

D - Age 6 and under lessons - no bus transportation provided

(Morning bus riders must stay for the entire day and take swimming lessons or be picked up at noon by parent)

Home location: _____ Township of: _____

**** Please explain any special pick-up drop-off accommodations we need to know about on the back of this sheet or an attached sheet. Ex. Pick-up at home but drop-off is at grandparent's house or a babysitter...this helps plan bus routes.****

I need to be tested for swimming lessons

I do not need to be tested for swimming lessons because I have previous Red Cross records at the **Parishville Beach**.

Please bring card if previous lessons were at different swimming program.

THE FOLLOWING INFORMATION MUST ACCOMPANY REGISTRATION (Required by New York State Health Dept.)

Name of Camper: _____ Birthdate: _____ Age: _____ Sex: _____

Parent or Guardian: _____ Phone: _____(home) _____(work)

Home address : _____
Street City State Zip Code

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

1. _____
Name Address Phone

2. _____
Name Address Phone

Date of last physical examination: _____ Physician's Name : _____

Physician's Address: _____ Phone: _____

ALLERGIC REACTIONS: Bee Sting: _____ Penicillin: _____ Other: _____

Requiring immediate medicine : _____

Medications are being sent with my child (including an inhaler): Yes No If yes, please include pertinent information for the Medical Director: _____

IMMUNIZATION RECORD - MANDATORY: (Dates **must** include Day, Month, and Year)

If not available at home, please contact your Doctor's Office for a copy of the records. **DO NOT STATE "ON RECORD AT SCHOOL" We need a physical copy or the dates written below.**

DPT Series _____ (date) Measles _____ (date) Polio Series _____ (date)

Mumps _____ (date) Rubella _____ (date) Tetanus Booster _____ (date)

PARENT/GUARDIAN AUTHORIZATION

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son or daughter.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____