

Please Check:
 Full Session _____
 1st Session _____
 2nd Session _____
 Extended Day _____
 Bus _____



I would like my child to be grouped with:

[Westchester]

Wagon Road Camp ENROLLMENT FORM Summer 2020

This form must be completed and signed by the parent or guardian of a camper enrolling in summer day camp.

YOUTH INFORMATION

Last Name	First Name
Home Address	Apartment #
City, State, Zip	Home Phone
Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Response
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> No Response	Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> No Response
Preferred Language	2020-2021 School
2019-2020 School	Grade Completed in Spring 2020
School Address 2019-2020	Receiving School Services <input type="checkbox"/> Special Education <input type="checkbox"/> IEP <input type="checkbox"/> English Language Learner (ELL) <input type="checkbox"/> Free/Reduced Lunch
School Type <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Other	
Names of other siblings or household members <u>in this program</u>	
If your child has an IEP or Special Needs, please use this space to provide details and complete the release on Page 4	

PARENT/GUARDIAN INFORMATION

If there is an emergency, please contact:

Parent/Guardian #1

Parent/Guardian #2

First Name		First Name	
Last Name		Last Name	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Primary Phone		Primary Phone	
Secondary Phone		Secondary Phone	
Parent Email		Parent Email	
Preferred Language		Preferred Language	
Relationship to Youth		Relationship to Youth	

ADDITIONAL EMERGENCY CONTACTS

Please identify TWO individuals OUTSIDE OF YOUR HOME who may be called if parents/guardians are not available.

Full Name		Full Name	
Pickup	If this person may also pick up your child, check here: <input type="checkbox"/>	Pickup	If this person may also pick up your child, check here: <input type="checkbox"/>
Relationship to Youth		Relationship to Youth	
Primary Phone		Primary Phone	
Secondary Phone		Secondary Phone	
Contact Email		Contact Email	

PROGRAM PICK UP / DISMISSAL

Permission to pick up child. My child may be picked up at dismissal by me or one of the following individuals over the age of 16:	Name	Relationship to Youth	Phone
	Name	Relationship to Youth	Phone
DO NOT RELEASE my child to the following people:	Name	Relationship to Youth	
	Name	Relationship to Youth	
Order of Protection	I have an order of protection with the individual(s) listed above and/or other individuals: <input type="checkbox"/> No <input type="checkbox"/> Yes ⇨ If yes, which individuals:		

CONSENTS

Consent to Participate

Admission: I affirm that I am the parent/guardian of the above name child, and I authorize Children's Aid to admit my child into Wagon Road Day Camp. My child may participate in all activities: swimming, horsemanship, high and low ropes course, sports, archery, inflatable water slide, Gaga ball, cooking, gardening, drama, music, dance, arts, hiking, zip line, group performances, initiatives, nature study, guest performances, camp carnival, small group games, and activities that build skills of caring for self and others. I give permission for my child to eat the food served at the camp. This authorization applies unless I specify in writing that my child not participate in an activity. The information on my child in this application is true & accurate, and any falsification or withholding of information is grounds for termination of service.

Overnight Camping: I understand that there is one overnight offered for each camper. There is no additional charge and it is optional. By signing this consent, I grant my child permission to participate in the overnight, but realize that he/she is not obligated to participate. I understand that the overnight will include specialist run activities, campfire, optional night hike, and other recreational activities consistent with Wagon Road Camp programming.

Lost Articles: I understand that Children's Aid is not responsible for lost articles, and understand that it is recommended that items of great value are not brought to camp.

Sunscreen: My child is allowed to bring sunscreen to camp and apply it to him/herself:..... Yes No

Wagon Road Staff may apply camp sunscreen to my child daily & as needed: Yes No

Bug Repellant: My child is allowed to bring bug repellant to camp & apply it to him/herself..... Yes No

Wagon Road Staff may apply camp bug repellant to my child as needed..... Yes No

/ /

Parent/Guardian: **Print Name and write Signature**

Month / Day / Year

Consent to Emergency Medical/Dental Care

If my child, _____, requires emergency medical or emergency dental care, and I cannot be reached, I give consent to Children's Aid program to obtain the necessary medical or emergency dental care for my child. I agree to pay all of the costs associated with the emergency medical or emergency dental care that my child receives. I understand that every effort will be made to contact me before and after medical or dental care is provided. **I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.**

/ /

Parent/Guardian: **Print Name and write Signature**

Month / Day / Year

Consent for Photo/Videotaping and Use of Youth Work

Please be aware that sometimes, staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both in camp and away from camp. In some cases, they may photograph, interview or otherwise record children who participate in these events. The resulting images, videos and interviews may be used solely for non-profit, non-commercial purposes of the program, with or without the participant's name, to promote the programs in printed and electronic media published by our agency, such as brochures, books, print and email newsletter, DVDs and videos, websites and blogs.

I understand my child, _____, may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program. Yes, I give my permission No, you do not have permission

I understand that my child's, _____'s, work may be used in materials that promote programs, solely for non-profit, non-commercial purposes of the program. Yes, I give my permission No, you do not have permission

/ /

Parent/Guardian: **Print Name and write Signature**

Month / Day / Year

Wagon Road Camp, 431 Quaker Road, Chappaqua, NY 10514

Phone: 914-238-4761 Fax 914-238-0714 E-mail: janetl@childrensaidnyc.org

Release of Information 2020

Date: _____

To Whom It May Concern:

I, _____, grant release to the individuals, institutions and any
(Parent or guardian name)
of their staff listed below or on the back to provide Children's Aid Wagon Road Camp information
regarding my child, _____, as it relates to my child's behavior, ability to form
(Child's name)
relationships with other children, mental health or physical health diagnosis, treatment plans, or special
needs. This includes verbal assessments over the phone as well as copies of any written reports and
evaluations such as psychologicals, psycho-socials, psychiatrics, educational evaluations, anecdotal
material, medical information and/or other relevant materials like IEPs. The intention is for these
professionals to share information with Wagon Road Camp about my child so that they may assess my
child's application to their Summer Day Camp

(Signature of Parent)

(Date)

(Signature of Translator, if applicable)

(Date)

Note: This release expires one year after it is signed.

Child's Last Name _____ First Name _____

Address _____ Apt. # _____

City/Town _____ Zip Code _____ Home Phone _____

Individuals and Institutions for which this release applies

Institution Name	Phone #	Name of Staff	Relationship to Camper
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Use the back if more room is need

Name of Camper _____ Date of Birth _____

2020 HEALTH INFORMATION (TO BE COMPLETED BY CHILD'S PARENT OR GUARDIAN)

This confidential information will be used only to ensure the safety of your child while he/she is in our programs.

CONDITION	NO	YES	Date of last occurrence:	ALLERGIES	NO	YES	If YES, specify reaction:
Asthma				Penicillin			
Does child use an inhaler?				Topical Ointments			
Convulsions/Seizures				Insect Stings			
Diabetes				Hay Fever			
Obesity				Plants			
Chicken Pox				Other Medicines			
Measles				Foods			
Congestive Illness (e.g. heart murmur/disease, blood pressure)				Please provide details about any conditions/allergies checked above or any conditions/allergies not listed:			
Behavioral/Emotional Issues							
Corrective Device (e.g. hearing aid, glasses)							
Physical Disability							
EpiPen							

Health Care Needs.

1. Does your child have any food restrictions? Yes No
 ⇒ If yes, please describe:

2. Are there any activities your child cannot participate in? Yes No
 ⇒ If yes, please describe:

3. Does your child have special health care needs? Yes No
 ⇒ If yes, please complete the "Individual Health Care Plan for a Child with Special Health Care Needs" form

4. Does your child take medication for any condition or illness? Yes No
 ⇒ If yes, please describe:

5. Will your child need to access any medications while in our program? Yes No
 ⇒ If yes, please complete the "Medication Authorization" form

Health Care Provider. Please bring a medical form (attached) completed by the child's doctor in the past year.

Child's Doctor: _____ Doctor's Phone: _____

Doctor's Address: _____

Health Insurance.

Insurance Carrier: _____ Policy Number: _____

Parent Signature _____ **Date** _____

Name of Camper _____

Date of Birth _____

2020 MEDICAL FORM (TO BE COMPLETED BY CHILD'S PHYSICIAN)

The purpose of this form is to provide the staff with pertinent information, which will service the needs of the camper in Wagon Road Summer Camp. **Physician must sign this form.**

Immunization History: Fill in or attach record	Dates
DTP Series	
Booster	
Tdap	
Polio	
MMR	
Hepatitis A	
Hepatitis B	
Meningococcal Vaccine	
Varicella (Chicken Pox)	

Medical Examination: Fill out by licensed Physician/Nurse Practitioner				Code: S=Satisfactory X=Non-Satisfactory (explain)			
General Appearance:							
Height:		Weight:		Blood Pressure:			
	Code		Code		Code		Code
Posture & Spine		Throat & Tonsil		Eyes		Vision	
Glasses		Extremities		Heart		Ears	
Hearing		Feet		Lungs		Skin	
Nose		Teeth		Abdomen		Hernia	
Genitalia							

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Status:
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
EpiPen Need	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Medical or Behavioral Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormal findings or handicapped conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical restrictions while in camp	Restrictions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Diet:	
	General Appraisal:	

I have examined the herein described, review his/her health history, and it is my opinion that he/she is physically able to engage in Day Camp activities (except as noted above).

Examining Physician/Nurse Practitioner _____

Telephone _____

Address: _____ Date of Exam: _____

2020 MEDICATION AUTHORIZATION FORM

In order for medication to be administered to participants. This document must be fully completed and **signed by both the parent and physician. The following rules must be followed:**

1. All prescription, over the counter (OTC) medications, medicated creams & vitamins/herbal supplements provided by the parent require both doctor's order and parent permission.
2. All items must be delivered to camp in the original pharmacy or OTC containers.
3. Unless campers are authorized to carry and self-administer medications like inhalers and Epi-Pens (see attached page), these items must be delivered to the camp and remain there for use. If the guardian cannot comply with this requirement, they must discuss transport with the camp director.
4. All prescription, OTC medications medicated creams & vitamins/herbal supplements must be current and unexpired.

Name of Camper _____ **Date of Birth** _____

Parent's Name _____ **Primary Phone #** _____

Physician's Name _____ **Primary Phone #** _____

I give permission for the onsite medical designee to administer the following medications for the above named participant:

Medication/OTC/Vitamin Supplement/Cream	Condition Treated	Dosage	Route	Frequency/Time	Conditions for PRN

Below is a list of OTC medications available for participants at camp. Indicate below which can be given to the above named participant.

OTC Medications	Dosage	Route	Schedule	Conditions for PRN	Indicate Below	
Tylenol 325 mg.	Per label by age/weight	Orally	Q 4 hr. pm	Pain or Fever > 100F	Yes	No
Motrin 200 mg.	Per label by age/weight	Orally	Q 6 hr. pm	Pain or Fever > 100F	Yes	No
Mylanta 15 cc	Per label by age/weight	Orally	Q 4 hr. no> 3/24 hr	Minor GI Discomfort	Yes	No
Tum Tablets	Per label by age/weight	Orally	Q 4 hr, no> 3/24 hr	Minor GI Discomfort	Yes	No
Calamine Lotion	Affected area	Topical	Q2-4 hr, prn	Itching Rash	Yes	No
Aloe Gel	1 Packet for affected area	Topical	Q 2-4 hr, prn	Sunburn Discomfort	Yes	No

Parent's Signature: _____ Date: _____

Physician's Signature: _____ NYS License # _____ Date: _____

WRC Inhalers and Epi-Pen/Avi-Q Authorization Summer 2020

Campers may be allowed to carry Asthma Inhalers & Epi-pens at camp, and campers may be authorized to self-administer these two medications only when this authorization form is completed by both the parent/guardian and the camper's physician.

Name of Participant: _____ Date of Birth: _____

Parent's Name: _____ Primary Phone #: _____

Physician's Name: _____ Primary Phone #: _____

Inhalers

I certify that my child has been instructed in the proper procedure to self-administer the asthma medication listed below:

(Name of Asthma Inhaler Medication)

My child is competent in the self-administration of this medication and can take responsibility for administering this medication in the proper dose and frequency. My child has my authorization to carry this medication while at camp. I further state that my child's physician has given consent for my child to self-administer and to carry this medication while at camp.

I understand that if my child self-administers this medication, my child will be taken directly to the camp nurse for monitoring.

Please check the appropriate box:

My child will carry the medication to and from camp each day and carry it around camp during the day.

The inhaler will be stored in the infirmary; my child will pick it up each day and return it before leaving.

I understand that if my child is using the medication unsafely, irresponsibly or fails to keep it out of reach of other campers, I will be called and a decision will be made to address this misuse for the protection of my child and other campers. I understand that Wagon Road Camp is not responsible for lost, stolen, or improperly discharged medication.

EpiPens/Auvi-Q

I certify that my child has been instructed in the procedure to self-administer Auto Injector Medication for Anaphylaxis listed below:

(Name of Auto-Injector Medication)

My child is competent in the self-administration of this medication and can take responsibility for administering this medication when Anaphylaxis is imminent. My child has my authorization to carry this medication while at camp. I further state that my child's physician has given consent for my child to self-administer and to carry this medication while at camp.

I understand that if my child self-administers this medication, my child will be taken directly to the camp nurse for monitoring.

Please check the appropriate box:

My child will carry the medication to and from camp each day and carry it around camp during the day.

The medication will be stored in the infirmary; my child will pick it up each day and return it before leaving.

I understand that if my child is using the medication unsafely, irresponsibly or fails to keep it out of reach of other campers, I will be called and a decision will be made to address this misuse for the protection of my child and other campers. I understand that Wagon Road Camp is not responsible for lost, stolen, or improperly discharged medication.

Parent's Signature _____ Date: _____

Physician's Signature: _____ NYS License # _____ Date: _____

Wagon Road Summer Day Camp Fee Schedule 2020

Session	Registered by 2/7/20	Registered by 3/1/20	Registered by 3/29/20	Camp Fee After 3/29/20	Bus Fee	Extended Day Fee
Full Session - 32 days June 29 to August 12	\$3400	\$3550	\$3700	\$3900	\$800	\$800 \$400 (am only) \$400 (pm only)
First Session - 16 days June 29 to July 22	\$2200	\$2255	\$2425	\$2560	\$500	\$500 \$250 (am only) \$250 (pm only)
Second Session – 16 days July 23 to August 12	\$2100	\$2150	\$2200	\$2250	\$500	\$390 \$195 (am only) \$195 (pm only)
Daily Rae for Partial Session – five day minimum ^	\$170	\$170	\$170	\$170	\$40	\$40
Daily Rate for Additional Days *	\$125	\$125	\$125	\$125	\$35	\$35

\$250 Camp Fee Discount for each additional sibling registered.

\$200 Camp Fee Discount for returning camper.

^ Rate for days purchased within a session.

*** Rate for days purchased in addition to First or Second Session.**

Please call the camp office for a Camp Tour at 914-238-4761 or email vwatman@childrensaidsociety.org.