

Please Make Selection:

- Full Session
28 days - July 5 to August 11
- Partial Session - 1st Session
13 days - July 5 to July 21
- Partial Session - 2nd Session
15 days - July 24 to August 11



Children's Aid

- I would like my child to be grouped with this child:

- I would like my child to be bused from this Children's Aid Center:

Wagon Road Summer Day Camp Enrollment Form 2023

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

Summer Camp 2023: Wednesday July 5th to Friday August 11th

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		2023-2024 School	
2022-2023 School		Grade Completed in Spring 2023	
School Address 2022-2023		Receiving School Services	<input type="checkbox"/> Special Education <input type="checkbox"/> Individualized Education Program (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 enrolling in this program			
Camper with Special Needs and Individualized Education Program (IEPs)	<p>Wagon Road Summer Day Camp is a mainstream camp for neuro-typical children, 6-13. We make reasonable accommodations for applicants with special needs and IEPs on a case by case basis. If you child has a special need or IEP, give the details of their condition below and sign the Release of Information form. In this instance, please submit the enclosed form, in order for your child to attend the camp.</p>		

PARENT/GUARDIAN INFORMATION

If there is an emergency, please contact:

Parent/Guardian #1

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

Parent/Guardian #2

First Name	
Last Name	
Home Address	
City, State, Zip	
Primary Phone	
Secondary Phone	
Parent Email	
Preferred Language	
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's Name (printed) _____

Parent's Signature: _____ Date: _____

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's Name (printed) _____

Parent's Signature: _____ Date: _____

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's Name (printed) _____

Parent's Signature: _____ Date: _____

Name of Camper _____

Date of Birth _____

2023 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:
Asthma			
Does child use an inhaler?			
Convulsions/Seizures			
Diabetes			
Obesity			
Chicken Pox			
Measles			
Congestive Illness (e.g. heart murmur/disease, blood pressure)			
Behavioral/Emotional Issues			
Corrective Device (hearing aid, glasses)			
Physical Disability			
EpiPen			

ALLERGIES	NO	YES	If YES, specify reaction:
Penicillin			
Topical Ointments			
Insect Stings			
Hay Fever			
Plants			
Other Medicines			
Foods			
Please provide details about any conditions/allergies checked above or any conditions/allergies not listed:			

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

6. Is your child vaccinated against COVID 19? Yes No **Note: Vaccination is not required to attend camp.**

⇒ If yes, please provide proof of vaccination.

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**



Children's Aid

Every step of the way

Wagon Road Camp

Phone: 914-238-4761

431 Quaker Road, Chappaqua, NY 10514

FAX: 914-238-0714

Cell: 917-634-6616

Summer Day Camp Special Consent 2023

Please note the following special conditions of the 2023 Summer Camp at Wagon Road. All caregivers must consent to these conditions in order for their children to be enrolled in the camp.

Background: DOH Guidance for summer camps will come out in May of 2023. These guidelines will be in effect unless the DOH Guidance requires us to change them. In which case you will be notified.

Last summer there were no cases of COVID that could be traced to Wagon Road Camp. There were some campers and staff who tested positive for COVID (14 cases of 370 campers and staff), **but that did not lead to an outbreak of cases at camp.** This is the second year where there has been no spread of COVID during the summer day camp.

Camp Operating Rules 2023:

- Staff are required to be vaccinated to work at Wagon Road
- Campers do not need to be vaccinated, but it is highly recommended.
- The camp program will operate with a pre-Pandemic organization. That is there are no restrictions on activities or interactions among the campers and staff.
- This summer the camp will have an enrollment of 300 campers.

Conditions:

1. Screening: Daily screening will no longer be required. Any staff or camper who exhibits illness at the camp will be tested for COVID. If found to have COVID, the camper or staff will be isolated and sent home. They are to quarantine for 5 days, and can return to camp if they are symptom free and must wear a mask for 5 more days.
2. Parents will be informed that your child has had an exposure on the bus or in her group. We will not be testing campers or staff unless they exhibit symptoms of illness.
3. If your child becomes sick, tests positive for a communicable disease, you must contact us immediately for DOH reporting. We will with you how much time your child should stay out of camp. Depending on the situation, we may require COVID testing upon your child's return.
4. Any staff or camper who tests positive for the COVID or exhibits symptoms of COVID must be reported to the DOH **should that be required.** Under these circumstances, the DOH mandated actions must be

followed. These mandates will be outlined prior to camp starting, and the DOH may change them as the situation requires.

5. Masks are not required for camp, they are optional.
6. Hand washing and hand sanitizing is done at the beginning and end of every activity at least.
7. These rules are subject to change if new information about the Pandemic emerges or if the DOH institutes more restrictive or more relaxed rules.
8. All water fountains will be off for the summer, unless the DOH approves for them to be used.

While these practices are all consistent with Department of Health guidance and we will do our best to keep your child safe from COVID 19, we cannot promise or guarantee that this or any other pathogen will not enter Wagon Road. Participating in the camp program means there will always be a risk of your child becoming ill with COVID or possible other communicable disease. We want you to be fully aware of this risk in deciding to send your child to camp, and that you are willing to accept and assume this risk on your child's behalf.

I have chosen to have my child attend Wagon Road Camp during the summer of 2023. I acknowledge that my child will be responsible for following all Camp rules regarding mask wearing and social distancing as directed. I also understand that participating in the Camp's activities may place my child at greater risk of contracting COVID-19, which my family has discussed this risk, and are willing to assume this risk.

I give my consent for you to administer a COVID Test at camp at the discretion of the Camp Director and or Camp Nurse.

I acknowledge and agree that we waive all rights and will hold Children's Aid harmless for any resulting illness or death due to COVID-19.

Signature

Date

Caregiver Name



Summer Day Camp Annual Physical Form 2023

(TO BE COMPLETED BY CHILD'S PHYSICIAN)

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

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

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.**

Name of Camper _____ Date of Birth _____

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	Please Describe Asthma:
EpiPen Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	****If yes, Summer Day Camp Inhalers and Epi-Pen/Avi-Q Authorization Form is required
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide Allergy Details:
Other Medical or Behavioral Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Describe:
Abnormal findings or handicapped conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Describe:
Physical restrictions while in camp	<input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictions: 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)



Summer Day Camp Medication Authorization Form 2023

Wagon Road Camp, 431 Quaker Road, Chappaqua, NY 10514
 Phone: 914-238-4761 Fax 914-238-0714 E-mail: cayala@childrensaidnyc.org

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 By mg/ml	Route	Frequency/Time	Conditions for PRN

This list of OTC Medications can be given to your child only if you and your doctor approve. Please circle "yes" or "no" for each.

OTC Medications	Dosage	Route	Schedule	Conditions for PRN	Indicate Below	
					Yes	No
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:** _____



Summer Day Camp Inhalers and Epi-Pen/Avi-Q Authorization Form 2023

Wagon Road Camp, 431 Quaker Road, Chappaqua, NY 10514
Phone: 914-238-4761 Fax 914-238-0714 E-mail: cayala@childrensaidnyc.org

In order for Campers to be allowed to carry Asthma Inhalers and Epi-pens at camp, 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: _____