

Dobbs Ferry Summer Magic Junior Camp 2016

About the Program . . .

Summer Magic Junior Day Camp is designed to be a positive and enjoyable first camp experience for the children who attend. Making the summer fun and exciting is our main goal. To accomplish this, we offer a variety of activities and events for our young campers. Camp activities include Red Cross swimming lessons, sports, games, and arts & crafts programs. Weekly themes, numerous special events and out of camp trips also help to build the Summer Magic Junior Day Camp atmosphere of excitement. **(Children must not be in diapers)**

Our campers will be divided into five coed groups, each of which will be staffed by a Head Counselor and other counselors. Each group will have its own group color. Every camper who registers for the full six weeks will receive two camp shirts as part of the program.

Ages: 4* & 5 years old (must be 4 years old before December 1, 2016)

Starting: Tuesday, July 5th thru Friday, August 12th, 6 week program.
No Camp Monday, July 4th

Location: Community Center/Memorial Park, Palisade Street

Time: 9:00 A.M. – 1:00 P.M.

Fee:	Village Resident only:	School District Resident**:
6 week	\$600.00	\$650.00
Second Child	\$525.00	\$575.00
Three Weeks	\$400.00	\$425.00
Two Weeks	\$375.00	\$400.00

- Fees include cost of trips. No refund if child doesn't go on trip.
- A school district resident is a family who does not live in the Village of Dobbs Ferry, but is part of the Dobbs Ferry schools & school district.
- Child's primary residence is considered official address

Limit: 50 participants

Deadline: May 31st (Late fee will be assessed after this date).

Refund: NO REFUND after June 17th

Registration: Starts on Saturday, April 2nd at Embassy Community Center from 1:00 P.M. – 5:00 P.M. continuing, Monday – Friday, 9:00 A.M. – 4:00 P.M., Wednesdays until 7:00 P.M. and Saturdays 9:00 A.M. – 1:00 P.M. until May 31st.

Late Fee: \$50.00 (beginning Wednesday, June 1st, depending on availability)



This program is offered to Dobbs Ferry residents only. Proof of residency must be provided at registration.

Dobbs Ferry Recreation & Parks Department

Camp Registration Form

JUNIOR CAMP

Camp Registration will **NOT** be accepted until this form is fully completed and handed in.

(Please **PRINT NEATLY**)

Camper's Name: _____ Sex _____ Grade in Fall _____

Address: _____ Town, State: _____

Age: _____ Date of Birth: _____ Home Phone Number _____

Mother Name: _____ Fathers Name: _____

Work or Cell Phone Numbers: Mother _____ Father _____

Mother's E-Mail _____ Father E-Mail _____

Do both parents work full time during the summer? Yes No (circle one)

List two other persons to contact in case of EMERGENCY:

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Doctors Name: _____ Phone Number _____

List any allergies, medical problems, special diets, or restrictions on activities:

If the child is required to take medication during the camp day, a special form must be completed.

Camper's Immunization Record

Required by New York State Department of Health

Please List exact dates; ie. Mo/dd/yr

Diphtheria (4 doses) 1. _____ 2. _____ 3. _____ 4. _____

Oral Polio (3 doses) 1. _____ 2. _____ 3. _____

Live Measles (2 doses) 1. _____ 2. _____

Live Rubella (2 doses) 1. _____ 2. _____

Live Mumps (2 doses) 1. _____ 2. _____

Hepatitis B (2 doses) 1. _____ 2. _____

⁶Tetanus (1 dose) 1. _____

Varicella(1 dose)(chicken pox) 1. _____

Haemophilus Influenza type B 1. _____

Please list any special needs on the back of this form.

As a participant in the above program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risks of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the Village of Dobbs Ferry does not provide accidental medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Village of Dobbs Ferry, Parks and Recreation Department, its officers, agents and employees from any and all claims.

In the event I cannot be reached and an emergency situation occurs, I hereby give my permission to the physician selected by the Village to hospitalize and/or secure proper treatment for my child.

Parent Signature

Date

MUST HAVE MEDICAL HISTORY TO REGISTER.

NO REFUND AFTER JUNE 17th.

Location: Community Center/Memorial Park,
Palisade Street

Date: Tuesday, July 5th through Friday, August 12th (6 week program)
No Camp Monday, July 4th

Camp hours: 9:00 A.M. – 1:00 P.M.

Fees:	Village Resident only:	School District Resident**:
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- Child's primary residence is considered official address.

Registration: Starts on Saturday, April 2nd at The Embassy Community Center, 1P.M. – 5 P.M. continuing Monday – Friday, 9:00 A.M. – 4:00 P.M., Wednesdays until 7:00 P.M. and Saturdays 9:00 A.M. – 1:00 P.M. until May 31st.

Limits: **50 participants**

Deadline: **May 31st (Late fee will be assessed after this date).**

Refund: **NO REFUND** after June 17th.

Late Fee: \$50.00 (beginning Wednesday, June 1st, depending on availability)

Tee shirt: Child's Tee Shirt size:

YS (6 – 10) _____ M (10 – 12) _____ YL (14 – 16) _____

Please return the completed application to:

Embassy Community Center

60 Palisade Street

Office Hours: Monday – Friday, 9:00 A.M. - 4:00 P.M.

Wednesdays until 7:00 P.M. Saturdays, 9:00 A.M. – 1:00 P.M until May 31st.

NO registration Memorial Day Weekend

Checks should be made payable to **The Village of Dobbs Ferry (NO CASH PLEASE)**. Applications post marked before April 2nd will be returned. **We also take Visa, Master Card & Discover**

Please list any special needs for your child:

For More Information please call 693-0024