Dobbs Ferry Recreation Department
60 Palisade St., Dobbs Ferry, NY 10522
693-0024

Dobbs Ferry Summer Magic Senior Day Camp 2016

Grades:	Children entering grades 1-6 in the fall
Starting:	Tuesday, July 5th thru Friday, August 12th 6 week program. (No camp July 4th)
Location:	**Dobbs Ferry Springhurst School** 175 Walgrove Avenue
Time:	9:00 A.M. – 3:00 P.M. (campers will be dismissed starting at 2:45)
Limit:	**Varies by grade**
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)

Camp News will be sent out via email and Facebook announcements. Please make sure you have provided your accurate email address. Facebook information will be available at the time of registration

Swimming Lessons, Sports, Out of Camp Trips,
Weekly Special Events, Afternoon Free Swim, Entertainers
Annual Camp BBQ, Camp Talent Show & ArchForKids architectural programs

About the program . . .

Senior Camp is designed to be a positive and enjoyable camp experience for 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 campers. Camp activities include swimming instruction, sports, games, sing-a-long and arts & crafts. Weekly themes, numerous special events and out-of-camp trips also help to build the Summer Magic Day Camp atmosphere of fun and excitement.

Our campers will be divided into coed groups according to grade, each of which will be staffed by a Head Counselor and a Counselor. Every camper who registers for the full six weeks will receive two camp shirts as part of the program.

FEE:	**Village Resident only:**	**School District Resident:**
6 week	$815.00	$840.00
Second Child	$715.00	$740.00
Three Weeks	$565.00	$590.00
Two Weeks	$490.00	$515.00

- Fee includes cost of trips. No refund if child doesn't go on the 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.
- Child's primary residence is considered official address

Fee includes cost of trips. No refund if child doesn't go.

REGISTRATION: Starts on Saturday, April 2nd, at Embassy Community Center 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 30th. **Applications postmarked before April 2nd will be returned.**

LIMIT: **Varies by grade**

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)

Please return the completed application to:

Embassy Community Center
60 Palisade Street
Office Hours: 9:00 A.M. – 4:00 P.M. Monday through Friday
Wednesdays until 7:00 P.M. and Saturdays 9:00 A.M. – 1:00 P.M. until May 30th
NO registration Memorial Day weekend

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

For more information please call 693-0024.

Camp Registration Form

SENIOR 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. _____		
6 Tetanus (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.

Dobbs Ferry Camp
Permission Slip

	YES	NO
Swim Lessons	☐	☐
Free Swim	☐	☐

*** The summer Magic Day Camp is planning to teach your child swimming lessons this summer. We will be testing your child's swimming abilities on the first two days of camp. If your child doesn't take the swimming test your child will not be allowed in the pool. If your child does not want to take lessons, he/she will be sitting on the deck during the lesson. This also applies to Free Swim. Please notify us.**

I give my son/daughter _____, Age _____, Group_____,

Phone _____, Address _____, Email _____.

_____ _____

Signature Date

Dobbs Ferry Summer Magic Day Camp Pickup Permission Slip

The Dobbs Ferry Summer Magic Day Camp needs your permission for your child to be picked-up by anyone other than his/her parents. Please list each person or persons who will be picking up your son/daughter. All signed permission slips must be returned to the Summer Magic Day Camp on the **FIRST DAY OF CAMP.**

I give my permission to have my son/daughter _____,

Age _____, Group _____, Address _____, Phone _____,

Name	Home Phone	Emergency Phone	Relationship	Day(s)

*** If for some reason you or your designated driver is unable to pick up the camper, you may send someone else but please tell them the safety (pass) word. The safety (pass) word will be _____ and don't forget to let the camper know. This is for your child's safety.**

_____ _____

Signature Date