

VILLAGE OF WEST HAVERSTRAW SUMMER YOUTH PROGRAM

LOCATION:

- Village of West Haverstraw Community Center
130 Samsondale Avenue, West Haverstraw, NY 10993

SESSION:

- Day Camp starts Monday, July 1ST 2019, and will end Friday, August 9th 2019.
- **DAY CAMP WILL BE CLOSED ON THURSDAY, JULY 4th, 2019.**
- Each session will be held from 10:00 a.m. until 3:00 p.m., Monday through Friday.
- Please note the time changes for camp on the following dates:
 - Thursday, July 11th camp **begins at 9:00 am**
 - Monday, July 15th camp **begins at 9:00 am**
 - Thursday, August 8th camp **begins at 9:00 am**
 - Friday, August 9th camp **ends at 2:00 pm**
- **Please do not have children at the camp any earlier than 9:45 a.m. and no later than 10:00 a.m.**
- Lunch, free of charge, is available to all campers. If interested, please sign up for daily lunch on your registration form under "Daily Lunch".
- **THERE WILL BE CAMP ON RAINY DAYS!**

ELIGIBILITY:

- Only children who **reside within the Village of West Haverstraw** are eligible. **You must provide two (2) proofs of residency (Utility Bill, Driver's License, Vehicle Registration, Tax Bill, etc.)**
- **Each child must have COMPLETED KINDERGARTEN and BE ENTERING 1ST GRADE IN SEPTEMBER.**
- **Child CANNOT BE OLDER THAN 13 YEARS OF AGE.**

REGISTRATION:

- Forms are to be completed in their entirety and returned at the Village of West Haverstraw, Village Hall, 130 Samsondale Avenue, West Haverstraw, NY from **8:30 a.m. until 4:30 p.m., Monday through Friday.**
- For the convenience of working parents, we will also be holding registrations on a Thursday evening and a Saturday morning.
 - **Thursday, June 20th from 5:30 p.m. to 8:30 p.m.**
 - **Saturday, June 29th from 9:00 a.m. to 1:00 p.m.**

FEES:

- \$115.00 registration fee per family plus daily trip fees. **Only cash, checks, or money orders accepted.**
- **If any trip fees are due from a child from last year, you must pay the fee before you can register your child for camp this summer.**
- **All children must attend camp with the correct trip fee due each day.** If a child does not have the trip fee, he/she will be held at the Village Hall. This will only be permitted to happen once; the second time a parent/guardian will be called to pick up the child.

FORMS:

- Fill out **one registration form per child.**
- **Make sure to attach an up-to-date (not older than 1 year) Immunization Record with the Health Record Form/Physical (not older than 1 year) and both must be signed by the physician.**
- **ALL CHILDREN MUST PROVIDE DOCUMENTATION THAT THEY HAVE RECEIVED TWO DOSES OF MMR (measles, mumps, and rubella) or EVIDENCE OF IMMUNITY FROM A LABORATORY.**
- If the child is **SIX YEARS OLD or JUST COMPLETED KINDERGARTEN**, and never attended our day camp, a **copy of an original birth certificate must be provided.**
- **Children cannot be registered unless all of the proper paperwork is attached to the application.**

INSURANCE:

- In the event of injury to a camper your personal Family plan must respond before you can submit to Village insurance.

MEDICAL RELEASE

I, _____, parent/guardian of _____
(Print name – parent/guardian) (Print name – child)

hereby give my permission for the medical personnel of the Village of West Haverstraw Day Camp to administer first aid to my child. In the event that I cannot be reached, I will allow the aforementioned individuals to exercise judgment in securing medical aid and ambulance services for transport to the nearest medical facility for the emergency care and treatment of my child.

Parent/Guardian Signature: _____ **Date:** _____

CAMPER PHOTO RELEASE

I hereby give my permission for camp directors and staff of the West Haverstraw Village Hall to capture video, audio, images & any other personal identification characteristics to be used in any manner, in perpetuity, in any & all media, now known or hereafter devised, including the right to edit, delete, dub &/or fictionalize such materials. By signing below, I waive any & all rights to compensation, ownership of such materials, or ability to restrict usage of such materials.

Parent/Guardian Signature: _____ **Date:** _____

TRIP PERMISSION SLIP and WAIVERS

I hereby grant permission for my child to participate in all types of field trips, such as aquatic rides at Splashdown Water Park and Bowline Park (swimming pool, water slides splash pad, lazy river), and activities at New Roc City, Sports Time, Bounce and Launch trampoline parks, High Exposure indoor climbing, Palisades climb ropes course, Monster Mini Golf, Rye Playland, Powerhouse Studios, Rockland Boulders Game at Palisades Credit Union Park, Bronx Zoo, and The Castle (arcade, amusement rides, laser tag, go-carts, mini golf, batting cages) while attending the Village of West Haverstraw Summer Program.

I understand that a weekly schedule will be given out each week so that I am aware of the date, time and type of trips that will be taken the following week. I also understand that I may withdraw my permission at any time.

Parent/Guardian Signature: _____ **Date:** _____

PLEASE FILL OUT AND SIGN THE ATTACHED WAIVERS FOR BOUNCE, LAUNCH, AND HIGH EXPOSURE.

THESE WAIVERS MUST BE FILLED OUT FOR OUR RECORDS, REGARDLESS OF IF YOU CHILD WILL ATTEND.

FILL OUT ONE WAIVER PER CHILD.

MUST SUBMIT THE FOLLOWING PAPERWORK:

1. Copy of the most current physical, completed within the last year and signed by the physician.
2. Copy of the most current immunization record, completed within the last year and signed by the physician.
3. If the child is 6 years old, a copy of the Birth Certificate.
4. If the child attends a private school, a letter or proof of enrollment from the school.

WAIVER/EMERGENCY AUTHORIZATION:

I hereby certify that the above information is valid and accurate. The undersigned hereby release of the Village of West Haverstraw, its Village Board, employees, and volunteers of any liability whatsoever in connection with any damages and/or injury that the above named person may sustain as a result of his/her participation in the above named program. I authorize the use of photos for promotional purposes. In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Recreational Director to hospitalize and secure treatment for my child.

The Village of West Haverstraw is under permit from the New York Department of Health and inspected twice a year. Copies of reports are on file at the Village Hall or the Rockland County Health Department Office, Sanatorium Road, Pomona, NY 10970.

Parent/Guardian Signature: _____ Date: ____/____/____

Approved by: _____ Date: ____/____/____

BUS TRANSPORTATION

All campers should be at the bus stop no later than 9:30 am.

ROUTE	STOPS
Bus 1	Route 9W at Hillside Avenue Route 9W at Zariello Lane Route 9W at Zugibe Court Railroad Avenue at Blauvelt Avenue Railroad Avenue at North Wayne Avenue Tanneyanns Lane at Mackey Court
Bus 2	Bridge Street at Church Street Bridge Street at Cross Street Suffern Lane at Railroad Avenue and Main Street Main Street at Rowan Drive Captain Shankey Drive at Barnes Drive Madison Avenue at Bronico Drive Sand Street at Morton Street Main Street at Jones Drive Seminara Circle at Nardiello Drive
Bus 3	Mackey Road at Hirsch Drive Larkin Lane at Silvestro Way Maple Avenue at Malone Avenue Stanley Road at Route 202 Hasbrouck Road at Kensington Circle
Bus 4	Andrews Drive at Railroad Avenue Chapel Street at Railroad Avenue Alice Street at Chapel Street Cinder Road at Central Highway McGovern Drive at Central Highway Prospect Street at Railroad Avenue Railroad Avenue at Kennedy Drive Samsondale Avenue at Optimum Building Delloro Street at Samsondale Avenue