



2010 BEFORE AND AFTER CAMP PROGRAM

The Boys & Girls Club is pleased to continue our limited BEFORE & AFTER CAMP PROGRAM to complement the 2010 Town of Wallkill Summer Camp.

This program is being offered as a service to working parents who need supervision for their children before and after camp hours.

Session 1: June 28, 2010 – July 16, 2010

Session 2: July 19, 2010 – August 6, 2010

Rates: Before Camp: \$75.00 (per 3 week session)
After Camp: \$100.00 (per 3 week session)

When: Monday – Friday
Before Camp: 6:00 – 9:00 am
After Camp: 3:00 – 6:00 pm

Where: Boys & Girls Club – **CLUBHOUSE**
Thompson Memorial Park- (845) 361-2222
Circleville, NY 10919
(Elementary children grades K-2nd will be shuttled to the park at 3:00 pm)

Enrollment: Please complete & return application with full payment by 6/11/10.

Registration: Registration is on a first come/first serve basis. You must register your child by June 9, 2010 as we are limited on the number of children that we can take in the before/after camp program. Registration will not be accepted, and a place will not be held without **Full Payment.**

Activities: The after camp program will be held at the Boys & Girls Club's Clubhouse. We will also use the park's outdoor facilities. Games and activities will be planned to accommodate the ages and interest of the enrolled children.

CAMPERS MUST BE PICKED UP BY 6:00 PM

If you have any questions, please contact John at 361-2222



2010 Summer Before/After Camp Registration

Please type or print clearly.

Camper: _____ Age: _____ Date of Birth: _____
 Sex: _____ Entering _____ grade next fall
 Street Address: _____ Phone (____) ____ - ____
 City: _____ State: _____ Zip Code: _____
 Mailing Address (if different): _____
 City: _____ State: _____ Zip Code: _____

PLEASE CIRCLE THE PERSON(S) WITH WHOM THE CAMPER LIVES:
 Mother Father Guardian Other

Father's Name: First _____ Last _____
 Home# _____ Work# _____ Cell# _____
 Mother's Name: First _____ Last _____
 Home# _____ Work# _____ Cell# _____
 Guardian's Name: First _____ Last _____
 Home# _____ Work# _____ Cell# _____

	<u>Session 1</u>	<u>Session 2</u>	<u>Both Sessions</u>	
Before Camp	\$75	\$75	\$150	
After Camp	\$100	\$100	\$200	
			TOTAL	_____

Please Make Checks Payable to: *Town of Wallkill Boys and Girls Club*

If your child requires taking medication during camp hours, you MUST send a note from the doctor as well as sending the medication in a current, original container; prescriptions may be split into multiple bottles by the pharmacy upon your request.

I authorize the Town of Wallkill and the Boys & Girls Club staff to administer to my child First Aid and/or Emergency Medical Treatment and/or arrange for transport to and treatment at a local medical facility in the event of a medical emergency.

I authorize the Town of Wallkill and the Boys & Girls Club staff to take photographs of my child to be used for the purpose of camp newsletters and or video year book and promotional material.

If there are any custodial/guardianship restrictions please provide a copy of that paperwork along with this application, as without it we are unable to enforce it.

***Parent's Signature: _____ Date: _____**

Print Name: _____