



Dear summer camp parents:

It's that time of year again. Camp season is just around the corner! We are now registering for the 2010 Town of Wallkill/Boys & Girls Club summer day camp program. Camp will begin on June 28th and end August 6th 2010. Children entering grades 1 & 2 will attend the school site at either Circleville Elementary School or Pakanasink Elementary School both located on Route 302. Children entering grades 3 – 9 will be at the Circleville Park off Route 302. First year campers in the School Site program must show proof of Kindergarten completion.

Registrations must be **COMPLETED** and submitted in person at the Boys & Girls Club Clubhouse between the hours of 10:00am & 6:00pm on Wednesday, Thursday, Friday, or by appointment.

A complete registration Must include the following:

- Completed & Signed Camp Registration Form**
- Copy of up to date immunization records**
- Payment in Full**
- Trip Permission Slip, with Payment for all selected trips**

Applications can be picked up at the Boys & Girls Club Clubhouse or downloaded from the Boys & Girls Club web page www.bgcorange.org . **Registration begins on Wednesday, April 6th and ends on Friday June 11th**. All registration will be done on a first come, first serve basis, no exceptions will be made. To ensure availability for both sessions, please pay for both sessions when registering, space will not be held. All trips must also be paid for at time of registration as trips have limited spots. To receive the resident pricing, you must provide your Wallkill ID card number, which is available from the Town of Wallkill Town Hall.

If you have any other questions, please feel free to contact me at (845)361-2222.

Sincerely,

John Kane



2010 Summer Camp Registration

Please type or print clearly.

Camper: _____ Age: _____ Date of Birth: _____ Sex: _____

Attended T.O.W. Camp Last Year? Yes No 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# _____

Walkkill Residents Only	Resident ID #		
	<u>Session 1</u>	<u>Session 2</u>	<u>Both Sessions</u>
Registration Fee (1 st child)	\$275	\$275	\$550
Additional Child	\$225	\$225	\$450
Busing	\$60	\$60	\$120
			TOTAL

(Scholarships are available for Town Residents in need.)

Non Residents	Resident ID #		
	<u>Session 1</u>	<u>Session 2</u>	<u>Both Sessions</u>
Registration Fee	\$325	\$325	\$650
Additional Child	\$275	\$275	\$550
Busing	\$80	\$80	\$160
			TOTAL

Bus Stop: (AM) _____ (PM) _____

PAYMENT IS DUE IN FULL AT THE TIME OF REGISTRATION

Shirt Size: (circle one) Youth Size- YS YM YL Adult Size- AS AM AL AXL

Parent's signature acknowledges receipt of Camp Handbook and permission for the above named camper to attend program. THERE WILL BE NO REFUNDS FOR ANY REASON. I understand that my child will also automatically become a member of the Boys & Girls Club

*Parent's Signature: _____ Date: _____

Print Name: _____

(PARENT MUST ALSO SIGN BACK OF FORM)

FOR OFFICE USE ONLY:

Resident ID#: _____ Birth Certificate: _____ Initial _____

Proof of immunization, may be filled out on medical/emergency form *School Doc: _____

TOTAL: _____ PAYMENT METHOD: _____ CHECK# _____ Group# _____



Primary daytime contact: _____ **Relationship:** _____
 Cell: _____ Phone: _____ Work: _____

Other contacts — please list those who are authorized to pick up your child

First Contact: _____ Phone: _____ Work: _____ Cell: _____
 Second Contact: _____ Phone: _____ Work: _____ Cell: _____
 Other Contacts (optional): _____

MEDICAL ALERTS

Please list any medical alerts that may effect your child's camp experience (i.e. Bee & Peanut Allergies, Asthma or any disabilities we should be aware of):

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 Walkill 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 Walkill 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 such restrictions.

Parent's Name: _____

Signature: _____

Date: _____



2010 Camp Bus Stop List

Parents are responsible for the behavior of their children at the stops. Do not leave children unsupervised at the stops. CAUTION: There are multiple busses stopping in the area for different camps; please ensure that you child boards the correct bus for OUR camp.

Busses should pick up between 8:20 & 8:30 AM and return around 3:15 & 3:40 PM.

Please use this list to select the bus stop you wish your child to ride on the camp registration form

Bus 1

- A) Washington Heights Firehouse/playground
- B) Woodstock Playground
- C) Dundee Circle

Bus 2

- D) The Meadows at Barn
(Including Canterbury Knolls)
- E) Rockwood Gardens
- F) Patio Road
- G) Elizabeth Road/Corning Road
- H) Little League Blvd

Bus 3

- I) Jervic Paint
- J) Silverlake Firehouse
- K) Amy Lane/Marie Lane
- L) Connors Rd/Freezer Rd

Bus 4

- M) Sarah Lane Playground
- N) Inwood Gardens
- O) Sherwood Forest
- P) Imperial Gardens
- Q) Stephen Ave. Park



TRIP DESCRIPTIONS: **Keep this page for reference!**

JUNIOR SITE ONLY – Campers entering Grades 1 and 2.
(Important: Read descriptions prior to signing up for trips.)

All trips will leave shortly after morning attendance; check descriptions for return time.
*** *Please send a bag lunch for all trips, unless otherwise noted.* ***

SESSION 1 TRIPS:

July 8, 2010 **Fun Central** in Wappingers Falls, NY: Campers will enjoy miniature golf, bumper boating and game tokens. Children may bring extra money for games and food and may bring a bag lunch.

This trip returns in time for normal bussing.

COST \$25.00

July 13, 2010 **The Castle** in Chester, NY: Campers will enjoy roller skating and go carts. Additional money may be sent for snacks and game tokens. Snack line is usually long; please send a bag lunch for this trip.

This trip returns in time for normal bussing.

COST \$25.00

SESSION 2 TRIPS:

July 29, 2010 **Space Farms** in Sussex, NJ: Campers will have the opportunity to explore the museum and the zoo. They have over 500 different animals in the 400 acre park. Campers should bring a bag lunch.

This trip returns in time for normal bussing.

COST \$20.00



**2010 Junior SITE Trip List
Campers entering Grades 1 and 2 ONLY**

*****Trip Permission/Registration Form*****

Dear Parents/Guardians:

Here are the preplanned trips for our 2010 camp. Trips require both payment and this permission form to be **returned to us by 6/11/10**. There is no sign up for trips after this date or on the day of the trip. Trips are optional and a full camp day is still held for those who choose not to partake in a given trip. There will be **no refunds or transfers** of any registered trips. Please note that your child **MUST** be attending the session in which the trip you are registering for is held. Also, campers must wear their camp shirts for each trip.

Although we expect this list to be firm, it may become necessary to change dates or venues of a given trip due to weather or other unforeseen circumstances.

******Important: Read the trip descriptions prior to signing up for trips******

Check the trips you wish to sign up for and return this entire page complete with payment.

SESSION 1 TRIPS:

TRIP:	Date	Cost
_____ Fun Central	July 8, 2010	25.00
_____ The Castle	July 13, 2010	25.00

SESSION 2 TRIPS:

_____ Space Farms	July 29, 2010	20.00
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I am signing up for _____ trips for a total of \$_____.

I give permission for my child _____ to attend and be transported on the trips listed above. I also give consent to any needed first aid or emergency medical treatment that is needed on these trips. I have read and understand the trip descriptions and consent to pick my child up from the camp if the trip returns later than normal bussing.

Please attach a SEPARATE check made payable to the:

Boys & Girls Club

For the total sum for all trips requested