



REGISTRATION CHECKLIST

In order for your child to enroll in Camp Saw Mill, all of the following documents must be completed in their entirety.

This packet is **double sided**.

- Registration Swim Permission Form
- Pick-up Signature Form
- Immunization Records from Child's Physician
- Medical History Form
- Conditions of Enrollment

Questions?

Please contact the **Camp Office** at:

Summercamp@sawmillclub.com

(914)241-0797 ext. 3038



IMPORTANT INFORMATION

There will be no guaranteed make up days and NO refunds for any reason after May 12, 2019.

REGISTRATION

Begins on January 30th, 2018. Full payment is due at time of registration. Payment plans available (surcharge applies). See below for Registration Packet

SIBLING DISCOUNT

If you register more than one child, a 5% discount will be applied for each additional child.

SCHEDULE CHANGES

Camper schedules and packets will be mailed the first week of June.

CAMP REFUND POLICY

The camp fees, less the \$50 non-refundable processing fee, will be refunded only if your child is withdrawn before May 12, 2018. There will be no refunds or make-ups for camp absences unless the session is canceled by Saw Mill Club.





CAMPER REGISTRATION

Full payment due at time of registration.
Payment plans available; surcharge applies.

Child's Name _____

Member # _____

Male Female

Date of Birth _____

Entering in Fall 2019 : 3 Year Old Program
 4 Year Old Program
 K 1 2 3

Home Phone _____ E-Mail _____

Address _____

City/State Zip _____

School attending _____

Two children to be grouped with (one only may be chosen) 1. _____ 2. _____

Mothers Name (First & Last) _____ Daytime/ Work/Cell Phone _____

Fathers Name (First & Last) _____ Daytime/Work/Cell Phone _____

PARENT OR GUARDIAN CONSENT:

I hereby give consent for my child to participate in the camp program at Saw Mill Club. I have read and agree to all Camp Saw Mill policies stated above. I certify that I know of no physical problems or conditions which would impair my child from participating in the program. If necessary, I authorize the persons in charge to secure first aid and/or the services of any legally qualified physician or hospital, and agree to assume all financial obligations connected therewith.

Name _____ Date _____

Pricing for all options is per week

Half Day Option 8:45AM–12:00PM:	5-day	4-day	3-day
Members:	\$399.00	\$329.00	\$269.00
Non-Members	\$479.00	\$399.00	\$315.00

Full Day Option 8:45AM–2:00PM: 3-4 YEAR OLDS

Members:	\$495.00	\$410.00	\$310.00
Non-Members	\$535.00	\$450.00	\$350.00

Full Day Option 8:45AM–3:00PM: 5 YEARS OLD & UP

Members:	\$535.00	\$425.00	\$375.00
Non-Members	\$595.00	\$475.00	\$400.00

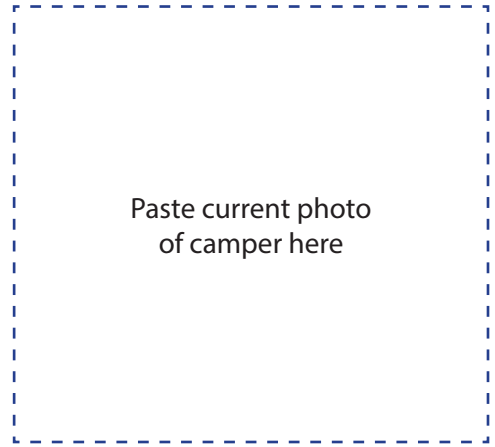
2 Full & 3 Half Day Option: 3 & 4 Year Olds 5-year Olds

Members:	\$425.00	\$480.00
Non-Members	\$498.00	\$525.00

3 Full & 2 Half Day Option:

Members:	\$460.00	\$495.00
Non-Members	\$515.00	\$545.00

Campers must be registered for a minimum of two weeks and can attend camp 3 – 5 days per week



Paste current photo of camper here

MEDICAL HISTORY FORM

Participants Name _____ Male Female Date of Birth _____

Complete Address _____

Home Phone _____

Mother _____ Cell Phone _____

Father _____ Cell Phone _____

Doctor's Name _____ Phone _____

In case of emergency, we require two names and phone numbers other than parents:

Name _____ Phone _____

Name _____ Phone _____

Medication in camp office: Yes No Medication: _____

Child's specific health problems, insect sensitivities, physical limitation, allergies, etc...

MEDICAL HISTORY – IMMUNIZATION RECORD (Required by NYS Law)

We are required by New York State Sanitary Code subpart 7.2 to maintain a current, confidential file on each child. Please provide the information by attaching a copy of immunizations to this form.

I understand that my signature below as a parent or legal guardian indicates that all of the above information is accurate, that my child is in satisfactory health with no specific health problems other than those noted above, that I agree to comply with all program policies, and that I give my permission for my child to participate in all program activities. By signing below, I also give permission, in case of injury, for the Camp Director to call an ambulance to take my child to a hospital for treatment, which may include evaluation of injuries, x-rays, and needed care.

I have read and understand the Parent Information above.

Parent/Legal Guardian _____ Date _____

Please return to the Children's Department



REGISTRATION WORKSHEET

Please see the price chart (following page) to complete this worksheet. If your child is not attending camp on a given week, please leave that week blank. Families have the option to extend their children's weeks as the summer continues. We require all campers to register for a minimum of 2 weeks.

This worksheet must be filled out neatly and will not be accepted without all of the other forms (including the camper's IMMUNIZATION RECORD) as stated on the cover page of this packet.

Campers must be registered for a minimum of two weeks and can attend camp 3 – 5 days per week

WEEK 1 – JUNE 17–21

	Mon	Tues	Wed	Thurs	Fri	Price
Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WEEK 2 – JUNE 24–28

	Mon	Tues	Wed	Thurs	Fri	Price
Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WEEK 3 – JULY 1–5 (FOUR DAY WEEK)

	Mon	Tues	Wed	Thurs	Fri	Price
Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

WEEK 4 – JULY 8–12

	Mon	Tues	Wed	Thurs	Fri	Price
Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WEEK 5 – JULY 15–19

	Mon	Tues	Wed	Thurs	Fri	Price
Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WEEK 6 – JULY 22–26

	Mon	Tues	Wed	Thurs	Fri	Price
Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WEEK 7 – JULY 29–AUG 2

	Mon	Tues	Wed	Thurs	Fri	Price
Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WEEK 8 – AUGUST 5–9

	Mon	Tues	Wed	Thurs	Fri	Price
Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WEEK 9 – AUGUST 12–16

	Mon	Tues	Wed	Thurs	Fri	Price
Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Member
- Non-Member

Subtotal	_____
-5% Sibling Discount	_____
Processing Fee	\$50.00
Total	_____
Charge Credit Card	_____
	Card Number _____ Exp. Date _____
Charge Membership	_____
	Member Number _____



CONDITIONS OF ENROLLMENT

1. The camper and his/her parents agree to abide by the rules and regulations set by the Directors of Camp Saw Mill. Rules and regulations are put in place for the health, safety and welfare of the Camp and the children in attendance.
2. No reduction, credits or allowance is made for late arrival or early withdrawal of a camper after May 10, 2019.
3. In the event the camp season or day is shortened due to flood, hurricane, tornado or other natural disaster, war, terrorism, order of civil authority or any other reason beyond the camp's control, camp shall not be liable for any consequential damages, and the refund of tuition, if any, shall be in the complete discretion of the camp.
4. The Directors reserve the right to refuse an application or dismiss a camper whose behavior or influence is considered unsatisfactory or unfavorable to the best interest of the camp or other campers. In that event, no refunds will be given.
5. When it is considered necessary for a camper's health, the Directors reserve the right to have a camper hospitalized or to use outside medical professionals. Parents remain responsible for the cost of any outside care.
6. I realize that no environment is risk-free, and so I have discussed with my child the importance of following the camp rules. I give my permission for my child to participate in all activities, including swimming, and for camp personnel to assist my child when dressing (if necessary). A child who is unable to physically apply sunscreen may be assisted by unlicensed personnel when directed to do so by the child, if permitted by a parent or guardian and authorized by the camp. By signing below, I give permission for Camp Saw Mill Staff to help my child in applying sunscreen when the child asks for assistance in doing so.
7. The camp is not responsible for camper's lost or damaged personal belongings while at camp.

Parent Signature



Dear Parents,

The Board of Health now requires parental permission for your child to use the pool for both swim lessons and free swim during camp. Please sign below indicating your consent.

Thank you,

Whitney Kennedy
Director

Child's Name _____ Group Name _____

Parent's Signature _____ Date _____





Pick-Up Signature Form

Child's Name _____

Child's Group _____

For the safety of your child, please print the names of the individuals who have your permission to pick up your child, including yourself. Please let anyone who may be picking up your child know that they **may be required to show photo ID at the time of pick up. Each child MUST be signed out every day.**

Name:

1. _____

2. _____

3. _____

4. _____

If your child should go home with someone other than those persons listed above, including a fellow camper, a note must be given to the counselor at drop off or an e-mail must be sent to the Camp Director ahead of time. **Photo ID will be required**