

# Summer LITTLE 1's 2022



**Summer Little 1's** is a program for 12-24 month olds to enjoy summer mornings with friends. Indoor activities will include circle time, music, art projects, storytime and snack. Free play and sports will be outdoors.

**Summer Little 1's** hours are 9:00 to 11:45AM.

Pricing for all option is per week				
9:00AM-11:45PM:	5-day	4-day	3-day	2-day
Members:	\$250.00	\$225.00	\$200.00	\$175.00
Non-Members	\$295.00	\$270.00	\$245.00	\$220.00

Campers must be registered for a minimum of two weeks and can attend camp 2 – 5 days per week

Please indicate weeks and days attending by checking the appropriate boxes.

<input type="checkbox"/> <b>Week 1</b> (Jun 13-17) Mon Tue Wed Thu Fri	<input type="checkbox"/> <b>Week 2</b> (Jun 20-24) Mon Tue Wed Thu Fri	<input type="checkbox"/> <b>Week 3</b> (Jun 27-Jul 1) Mon Tue Wed Thu Fri	<input type="checkbox"/> <b>Week 4</b> (July 5-8) Tue Wed Thu Fri	<input type="checkbox"/> <b>Week 5</b> (July 11-15) Mon Tue Wed Thu Fri
<input type="checkbox"/> <b>Week 5</b> (July 18-22) Mon Tue Wed Thu Fri	<input type="checkbox"/> <b>Week 7</b> (July 25-29) Mon Tue Wed Thu Fri	<input type="checkbox"/> <b>Week 8</b> (July 1-5) Mon Tue Wed Thu Fri	<input type="checkbox"/> <b>Week 9</b> (July 8-12) Mon Tue Wed Thu Fri	<input type="checkbox"/> <b>Week 10</b> (Aug 15-19) Mon Tue Wed Thu Fri

Child's Name (First/Last) \_\_\_\_\_  Male  Female \_\_\_\_\_

Charge:  Membership  Credit Card

Date of Birth \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

City/State/Zip \_\_\_\_\_ children to be grouped with \_\_\_\_\_

Mothers Name (First/Last) \_\_\_\_\_ Mother's Work/Cell Phone \_\_\_\_\_

Fathers Name (First/Last) \_\_\_\_\_ Father's Work/Cell Phone \_\_\_\_\_

Please indicate attendance by checking the appropriate boxes

- **Credit Card Number must be on file for non-members** Total \_\_\_\_\_
- **There are no refunds for days not attended and no make-up days** Charge Credit Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV \_\_\_\_\_ Billing Zip \_\_\_\_\_

### Parent or Guardian consent:

I hereby give consent for my child to participate in the camp program at Saw Mill Club. 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Summercamp@sawmillclub.com



## IMPORTANT INFORMATION

**There will be no guaranteed make up days and NO refunds for any reason after May 15, 2022.**

### REGISTRATION

Begins on January 31<sup>st</sup>, 2022. 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 15, 2022. There will be no refunds or make-ups for camp absences unless the session is canceled by Saw Mill Club.





# 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:

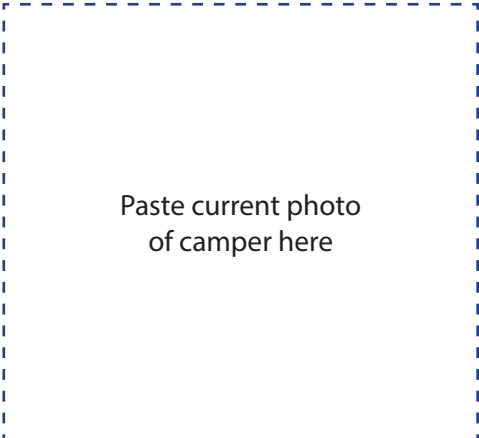
1. \_\_\_\_\_

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**



# 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



## 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 15, 2022.
- 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) and to apply sunscreen when deemed necessary by the Camp Director or Counselors.
- 7.** The camp is not responsible for camper's lost or damaged personal belongings while at camp.

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Parent Signature