

Cambridge Valley Summer Day Camp

The Cambridge Valley Summer Day Camp will begin its seventh year on July 5, 2017. This camp is based on a 30+ year tradition to provide summer recreation opportunities for children in the Cambridge area. We offer great programs including swimming lessons, arts and crafts, sports, reading programs and science & nature activities.

The morning program from 9am-11:30am is free and includes programs such as swimming lessons, sports, arts & crafts, hiking and nature. This takes place at Lake Lauderdale on Route 22. Bus transportation is provided for Salem residents from the Salem school.

You may also use this form to register for the optional afternoon program. Children will stay at the lake for an extended time and then be transported by bus to the new youth center (coming soon!!!!) in the Village of Cambridge. It will be located in the former Parishinor's Hall on South Park Street in Cambridge. The afternoon program includes walking trips, field trips, special activities and fun and games.

Registration for the full day camp for \$110 -per week, per child. Children can stay until 5:30pm! This includes field trip costs. Lunch is not provided, all day campers should bring a bagged lunch.

Early drop at Lake Lauderdale is available for \$15 per week, drop off as early as 7am.

We will offer pre and post camp care at the Village Youth Center the weeks prior to and after the Lake Lauderdale camp ends.

If you have registration questions please contact Lindsay Shaner, Recreation Administrator at 518-531-6268.



MAIL OR DROP OFF FORMS TO:
Village of Cambridge Clerk's Office
Summer Program
56 North Park Street Cambridge, NY 12816
Or drop off at the CYC After School Program at CCS

CHILD'S NAME _____ NICKNAME _____

BIRTH DATE _____ GENDER _____ RACE (For grant records) _____

FALL 2015 Grade _____ HAVE YOU BEEN TO CYC CAMP BEFORE: Y N

PARENT OR GUARDIAN _____

HOME ADDRESS _____
(street address) (city & state) (zip)

PHONE NUMBER _____
(home) (work) (cell)

EMAIL _____

Please circle where you live: *(This is where your home's property taxes are paid, if you rent please inquire with your landlord)*

Town of Cambridge

Town of Jackson

Town of Salem

Town of White Creek

Village of Cambridge

Village of Salem

Other _____

Please list up to three people who are authorized to pick-up your child other than those listed on the Parent or Guardian Line. Your child will not be released to anyone but the five people listed on this form. A photo ID may be required by these adults, please inform those on this list.

- 1. _____
- 2. _____
- 3. _____

Any non-medical information we should be aware of?

Name _____

Fall 2017 Grade _____

PART 1

_____ Please register my child for the **FREE Morning Enrichment Program only (9am-11:30am)**

PART 2 – DAY CAMP PROGRAM (9AM-5:30PM)

Please check all weeks your child will attend the afternoon program (\$110/week, first week only \$65)

___ July 5-7 ___ July 10-14 ___ July 17-21 ___ July 24-28 ___ July 31-Aug 4 ___ August 7-11

PART 3 – EARLY DROP-OFF (7am-9am)

Add early drop off for just a small fee! (\$15/week, first week only \$9)

___ July 5-7 ___ July 10-14 ___ July 17-21 ___ July 24-28 ___ July 31-Aug 4 ___ August 7-11

Payment Calculation

_____ FULL DAY CAMP WEEKS x \$110\$ _____

_____ EARLY DROP OFF WEEKS x \$15.....\$ _____

Deduct \$45 is registered for week 1 afternoon camp, and \$6 for week 1 early drop-off - \$ _____

\$10 Late fee if registered after June 1, 2016\$ _____

Total Due.....\$ _____

Full payment is due when registering. If you need to discuss a payment plan, please contact us.

Make check or money order payable to Village of Cambridge. No cash or credit cards accepted.

Salem Residents must pay:

SALEM BUS FEE: \$25/CHILD OR \$40/FAMILY. Make check payable to Town of Salem

Cash or credit cards are not accepted. Checks or money orders only!!!!

TO REGISTER FOR PRE OR POST CAMP WEEKS PLEASE CONTACT Lindsay at 518-531-6268

MEDICAL FORM & RELEASE STATEMENT

Registration Not Accepted Unless Medical Form is Complete, including copy of Immunization Record

NAME _____ BIRTH DATE _____ GENDER _____

HOME ADDRESS _____
Street Address _____ City _____ State _____ Zip _____

CONTACT INFORMATION IN CASE OF EMERGENCY

MOTHER'S NAME HOME PHONE # WORK PHONE # MOBILE PHONE # _____

FATHER'S NAME HOME PHONE # WORK PHONE # MOBILE PHONE # _____

CONTACT HOME PHONE # WORK PHONE # MOBILE PHONE # _____

EMERGENCY

INSURANCE INFORMATION

IS THE PARTICIPANT COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE? _____ YES _____ NO

IF SO, INDICATE CARRIER OR PLAN NAME _____
GROUP # _____

MEDICAL TREATMENT AUTHORIZATION

This health history is correct and complete. The person described in this form has permission to engage in all camp activities except as noted within. I hereby give permission to the Cambridge Youth Commission to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Cambridge Youth Commission to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent or Guardian: _____ Date _____

Printed Name _____ Relationship to camper _____

ALLERGIES

_____ No known allergies _____ This camper is allergic to: _____ Food _____ Medicine _____ Environmental

Please describe below any allergies and the reaction seen:

HEALTH HISTORY Please list any health or behavioral issues below. (Included an additional sheet if necessary)

IMMUNIZATIONS

Attach a copy of your child's up-to-date immunization record to this form. MUST HAVE TO COMPLETE REGISTRATION!!!!!! May be faxed from doctor to 518-677-8323

Please check all over the counter medicines you would allow your child to have at camp. Physician must sign in order for us to administer any of these drugs.

_____ insect repellent _____ sunscreen _____ anti-itch cream _____ antibiotic ointment

Physician Signature (We cannot administer any of these medications without a physician signature)

_____ Date _____

Village of Cambridge Youth Recreation Program Anti-Bullying Policy

Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with the intent to hurt another. Bullying happens when a person or group of people want to have power over another and use their power to get their way, at the expense of someone else. Bullying can also happen through cyberspace: through the use of e-mails, text messaging, instant messaging, and other less direct methods. This type of bullying can also lead to persons being hurt during or between the camp seasons and be especially hurtful when persons are targeted with meanness and exclusion.

At the Village of Cambridge Youth Recreation Programs bullying is inexcusable, and we have a firm policy against all types of bullying. We work together as a team to ensure that participants gain self-confidence, make new friends, and go home with great memories.

Unfortunately, persons who are bullied may not have the same potential to get the most out of their experience. Our leadership addresses all incidents of bullying seriously. We train our staff to promote communication within the staff and camp participants so both staff and participants will be comfortable alerting us to any problems during their time at our programs. Every person has the right to expect to have the best possible experience, and by working together as a team to identify and manage bullying, we can help ensure that all participants and staff have a great experience at the Village of Cambridge Youth Recreation Program.

The following page is the list of guidelines we expect all staff and participants of the Village of Cambridge Youth Recreation Programs to follow. While, these guidelines address more than bullying, they stand as our program's discipline policy

Village of Cambridge Youth Recreation Program Guidelines

1. Respect staff and other participants by not using foul, hurtful or obscene language or engaging in physical violence, bullying or other aggressive behaviors that threaten the safety and well being of others.
2. Do not intentionally damage the property or supplies used at the program.
3. Put back supplies in their proper place after using them and clean-up work/play areas properly.
4. Listen carefully to directions and when someone else is talking.
5. Respect designated quiet areas, such as homework/reading area.
6. Stay within the programs designated areas within the school building/grounds or Lake Lauderdale Park.
7. Cooperate and participate in organized activities.
8. Participants are responsible for their own belongings and should leave valuables at home.
9. Inappropriate materials such as weapons, cigarettes/drugs, alcohol, or anything illegal are not allowed at the program.

Bad Language/Abusive Teasing Consequence Schedule

- 1st Time: Verbal warning
2nd Time: Loss of privilege, *guardian notified from this point forward*
3rd Time: 1-day suspension from program
4th Time: 1-week suspension from program
Next occurrence child is removed from the program.

Physical Violence & Inappropriate Items Consequence Schedule

- 1st Time: Removal from situation, loss of privilege,
guardians of all parties involved notified from this point forward
2nd Time: 1-day suspension from program
3rd Time: 1-week suspension from program
Next occurrence child is removed from the program

- *In the instance that a child is in possession of an illegal item police will be notified*

- *If a child is removed from the program, re-entrance will only be allowed after meetings between Director/Family result in a satisfactory assessment and plan of that child's participation in the program.*

I, _____, have read and understand the Anti-Bullying Policy and Program Guidelines for the Village of Cambridge Youth Recreation Programs.

Date _____ Signature _____