

Town of Poughkeepsie Recreation Department

1 Overocker Rd.
Poughkeepsie, NY 12603

Phone (845) 485-3628
Fax (845) 485-3616

June 2010

Dear Parents:

Welcome to our day camp, Greenvale Getaway Camp. We are looking forward to your child having a fun time while meeting new friends, learning new things and participating in challenging activities. Greenvale Getaway Camp will be run at Greenvale Park at 2260 New Hackensack Road (Route 376).

There are three forms enclosed with this letter that need to be completed and returned. They are:

- Camp Medical History Form
- Camp Sign-Out Form
- Camp Discipline Policy

Please complete the enclosed forms and return them to this office at least two weeks prior to the start of the camp week. The Health Department requires us to have these forms completed in order for your child to be able to participate.

We would like to remind you that each camper should have/wear daily: shoes or sneakers, lunch of non-perishable foods, a water bottle, sunscreen, bug spray and a hat. Please label all these items with your child's full name and put all these items in a backpack. Please apply sunscreen and insect repellent to your camper daily. Some days may be "sprinkler days". On those days you will also want to send a towel and a bathing suit or a change of clothes.

Drop off and sign out will be at the soccer fields at the bottom of the hill. Drop off is at 9 AM and pick up is at 4 PM. Campers must be signed out when they leave camp. Please complete the dismissal form and return it with your medical form. Campers will only be released to someone listed on the form. There are NO EXTENDED HOURS available. Please make sure your child is picked up at 4 PM. Campers left after 4 PM may be subject to a fee of \$10 for every five minutes they are late.

This program will be operating under a Summer Day Camp permit issued by the New York State Department of Health. The Dutchess County Health Department will be inspecting the camp at least twice this year. The inspection reports will be filed with the County Health Department at 387 Main Street, Poughkeepsie, NY 12601.

If you have any questions, please feel free to contact the Recreation Department at (845) 485-3628.

Sincerely,

The Greenvale Getaway Camp Staff

**Town of Poughkeepsie
Recreation Department**

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Camp Sign-out Form

Camper: _____

Weeks Attending: 1__ 2__ 3__ 4__ 5__ 6__

Individuals authorized to pick up this child:

Name:

Phone:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I authorize only the above list of people to pick up my child from camp.

Parent/ Guardian Signature: _____ Date: _____

Town of Poughkeepsie Recreation Department

Greenvale Getaway Camp Program

Camp Discipline Policy

Purpose:

At times, disciplinary action may be necessary in order to ensure the safety of campers and staff. When identifying a situation that requires disciplinary action, implementing a fair and reasonable solution not only provides protection of health and ensures the safety of camp participants, but also supports the Mission to create an enriched environment for all campers.

Establishing a course of action:

Disciplinary action will be in response to any one of the following:

1. Camper's repeated refusal to follow the instructions of Counselors/Directors.
2. Camper's verbal abuse of a staff person or another camper.
3. Camper's striking, biting, kicking or physically abusing a staff person or fellow camper.
4. Intentional damage or taking of private property.
5. Repeated instigation of physical or mental aggression.
6. Behavior that puts the camper and others in a hazardous situation.
7. Leaving the group without permission from Counselors/Directors.
8. Any form of inappropriate or unreasonable behavior that a Counselor/Director finds violates the standards of camp behavior.

Behavior:

All campers must be **mature and acknowledge their responsibility for their own behavior**, as well as their own property. Additionally, campers must **acknowledge their understanding of the rights and property of others**.

There is to be **no excessive horseplay, loudness, and unruly or abusive language**. There will be **no physical or emotional abuse, such as hitting, punching, taunting or verbal bashing**.

It is to be expected that campers will **pay attention and follow the rules and regulations in place with regard to all facilities and areas of camp**. **VIOLATION OF THE RULES AND REGULATIONS WILL RESULT IN THE LOSS OF THE OPPORTUNITY TO PARTICIPATE IN FUTURE CAMP PROGRAMS AND ACTIVITIES AND/OR AN IMMEDIATE RETURN HOME UNDER PARENTAL RESPONSIBILITY WITH NO REFUND OF FEES PAID**. Decisions are at the discretion of the Camp Director, Recreation Leader or the Recreation Director.

Policy:

When disciplinary action is warranted, generally, the following steps will be implemented:

1. Verbal warning to the camper (including an explanation).
2. Verbal conversation with parent(s) by phone or by appointment.
3. Meeting required with camper and parent(s) to discuss the situation **prior to continued attendance**.
4. **Dismissal from camp without refund**.

All incidents are reviewed individually. Some may warrant more serious disciplinary action. The Camp Directors and The Town of Poughkeepsie Recreation Department **reserve the right to bypass the above-mentioned steps and dismiss or suspend a camper from the program without refund**.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE RECREATION OFFICE AT 845-485-3628 BETWEEN THE HOURS OF 8:00AM TO 4:00PM.

**Town of Poughkeepsie Recreation Department
1 Overocker Road
Poughkeepsie NY 12603**

June 2010

To Camp Parents/Participants:

This letter is to confirm that both the parent/guardian and camper have read the Camp's Disciplinary Policy and understand the policies and procedures set forth by the administration of the camps. By signing below, you agree to adhere to the appropriate standards of behavior that provide a safe and enriched environment for campers and staff. Furthermore you accept the actions that will take place in response to a camper not abiding by the policies and procedures of the Poughkeepsie Camp Program.

Thank you for your cooperation, and I hope you enjoy this summer's activities!

Best wishes,

Tom Meyering
Park Facilities and Programs Director

**This document should be signed by both parent/guardian and
camper then returned no later than the first day of camp.**

Acknowledged and Accepted By:

Camper

Date

Parent/Guardian

Date

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CAMP EMERGENCY/MEDICAL FORM

Confidential

Must be submitted 2 weeks prior to first day of camp

PLEASE PRINT

Last Name _____ First Name _____

Home Address _____

Home Phone _____ Date of Birth ____/____/____ Sex _____

Mother's Name _____ Father's Name _____

Daytime Phone _____ Daytime Phone _____

Cell Phone _____ Cell Phone _____

Emergency Contacts

1. Name _____ Daytime Phone _____ Cell Phone _____

2. Name _____ Daytime Phone _____ Cell Phone _____

Health Insurance Information

Carrier or Plan Name _____ Group # _____

Name of Insured _____ Relationship to Participant _____

Insurance ID # _____

Primary Care Physician _____ Phone _____

In case of emergency, I understand that every effort will be made to contact me. In the event that I can not be reached, I give permission to the camp to act on my behalf in seeking and providing medical treatment for my child during the camp season. This includes medical care, transportation or treatment by camp staff, ambulance services, physician or hospital.

Signature of Parent/Guardian _____ Date _____

PLEASE COMPLETE REVERSE SIDE

Name _____ Date _____

Health History

Confidential

Your child's safety and health are important to us. Please be honest in your responses so we can do everything within our abilities to insure your child has a safe and fun time in our summer program. If you have any questions concerning the information on this form, do not hesitate to ask us.

Has your child ever had or do they now have:

| | Now | Past | Explain |
|----------------------|-----|------|---------|
| ADD/ADHD | | | |
| Asthma | | | |
| Cancer/Leukemia | | | |
| Convulsions/Seizures | | | |
| Diabetes | | | |
| Heart Trouble | | | |
| High Blood Pressure | | | |
| Joint or Bone Injury | | | |
| Surgery | | | |
| Other | | | |

Allergies (to food, bees, insects or medication) _____

Medications

 Taken in the last month _____

 To be taken at camp _____

 Any medications taken at camp:

- Will be self administered. We can not administer medication.
- Will be kept in a secure facility by the Camp Staff.
- Must be in their original pharmacy container.
- Must be accompanied by a note from a doctor.
- Any medication that can be given at home should be.
- No refrigeration is available.

Physical/Dietary Restrictions _____

Immunization Record

(Show date of last immunization or booster)

(Attach copy on physician's letterhead)

| | Date |
|-------------------------------------|------|
| DPT (Diphtheria, Tetnus, Pertussis) | |
| Hep B (Hepatitis B) | |
| HiB (Haemophilus Influenza) | |
| MMR (Measles, Mumps, Rubella) | |
| OPV (Polio) | |
| VZV (Varicella-Chicken Pox) | |