

**TOWN OF HUNTINGTON
DEPARTMENT OF PARKS AND RECREATION**

**CAMP BRIGHT STAR
2024 Application**

Please Check One: New Camper _____ Returning Camper _____

Age as of 6/1/2024

E-MAIL REQUIRED

Photo of child must be affixed to application (**Must be a recent photo**). No application will be processed without it. Application for **returning campers** is due no later than May 3, 2024. Application for **new campers** must be returned as soon as possible but no later than May 3, 2023.

1. REGISTRATION INFORMATION: Please print all information legibly.

Camper's Name _____ Date of Birth _____ Sex: M or F

Address _____

Street Town Zip

Home # _____ Cellphone # _____ Business # _____

Camper Social Security # _____ (This information is required in order to receive program funding from New York State. The information will only be shared with New York State).

Parent or Guardian's Name _____

Parent or Guardian's Signature _____

In case of emergency, please contact:

Name _____ Emergency Phone# _____

Neighbor's Name _____ Phone # _____

DATES OF PLANNED ATTENDANCE AT CAMP _____

2. SCHOOL AND MEDICAL INFORMATION

Grade Enrolled _____ School Attending _____

Type of classroom setting _____

Disability/Classification (please check)

___Autism ___Emotionally Challenged ___Learning Disabled ___ADHD

___Physically Handicapped-Type _____

___Other-Type _____

Explain disability and level of functioning _____

Seizures-Yes ___ No ___

Allergy to insect bites-Yes___ No___ Type_____

Allergy to food-Yes___ No___ Kind_____

Allergy to drugs-Yes___ No___ Type_____

Fears (ex. Animal, Water, etc.) Kind_____

Participation in group activities-Yes___ No___

Any Areas of Difficult _____

Special Interests: _____

Swimming Ability: Afraid of water: ___Yes ___No

 Can put face in water: ___Yes ___No

 Likes the water: ___Yes ___No

 Can swim: ___Yes ___No

Comments: Any information to assist the Camp Personnel_____

3. In order to determine eligibility, a recent medical, psychological, or IEP report is required in order to participate. The report should Specifically state the developmental disability and a FSIQ of 60 or under. If the IQ is over 60, an Adaptive Behavior Scale or Vineland report must be submitted. The report will be held in the strictest of confidence. **FOR NEW CAMPERS ONLY**

4. **TRANSPORTATION:** If your child was enrolled in this program last year, Please furnish the following information: Bus Number_____ Street where child boarded bus_____

5. **DOCTOR’S CERTIFICATE:** The following information is to be furnished by your child’s physician or the school’s physician. No application will be processed without it. **Please check the following appropriate blanks:**

Any Physical Restrictions or Limitations _____yes _____no, Please Explain

Camper’s Name _____ has been examined by me and may participate in ___all___limited camp activities, Please Explain.

Doctor’s Comments: _____

Immunizations Given:

<u>Type</u>	<u>Date</u>	<u>Type</u>	<u>Date</u>
DPT Series	_____	Scoliosis	_____
DPT Boosters	_____	HIB	_____
Polio Type	_____	Live Measles	_____
Series	_____	Rubella	_____
Polio Booster	_____	Mumps	_____
Tine (TB)	_____	TBC	_____
Results	_____	MMR	_____

Varialla (Chicken Pox) _____

If child is born after January 1, 1993, must fill in dates of Hepatitis B _____

Physician’s Name (please print) _____

Physician’s Signature _____ Date _____

Address _____ Phone# _____

PERMISSION TO CARRY AND USE SUNSCREEN

For your information, Chapter 242 of the Laws of 2013 amended the New York State Public Health Law in regards to the use of sunscreen at summer camps. Written permission is now required by the parent or guardian to allow their child to carry and use sunscreen. Permission would also allow camp staff to assist with the application of sunscreen when the child is unable to do so, provided the child requests the assistance.

I do ___ do not ___ grant permission for my child to carry and use sunscreen and for staff to assist with its application should my child request it.

Parent's or Guardian's Signature _____ Date _____

PERMISSION TO CARRY AND USE INSECT REPELLENT

For your information, Chapter 163 of the Laws of 2017 amended the New York State Public Health Law regarding the use of Insect Repellent by a child attending summer camp.

Written permission is now required by the parent or guardian to allow their child to carry and use Insect Repellent.

Permission would also allow camp staff to assist with the application of Insect Repellent when the child is unable to do so, provided the child requests the assistance.

I do ___ do not ___ grant permission for my child to carry and use Insect Repellent and for the staff to assist with its application should my child request it.

Parent's or Guardian's Signature: _____ Date: _____

PARENTAL PERMISSION/PUBLICITY RELEASE

I do grant permission for my child's name _____ and/or picture to be included in publicity, press releases, newspapers, and the Town's television station for the promotion of Camp Bright Star.

Parent's or Guardian's Signature _____ Date _____

PARENTAL TRIP PERMISSION RELEASE

I hereby give permission for my son/daughter to go on all field trips taken during the summer program. There is no medical/accident insurance available. (If there are any trip restrictions such as beach, zoo, etc., please list). _____

Parent's Signature _____ Date _____

PARENTAL SWIM PERMISSION RELEASE

I do ___ do not ___ grant permission for my child, _____, to participate in swimming.

Parent's Signature _____ Date _____

REGISTRATION WAIVER

In consideration of your accepting this registration, I hereby for myself, my heirs, my child, executors & administrators, waive and release any and all rights & claims for damages or my child may have against the Parks & Recreation Department, Town of Huntington and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Signature _____ Date _____

To Be Completed by office

Payment Received _____ Check # _____ Date _____ Psychological Report ___ or IEP Report ___