

## Programs

**Come put a little play in your day and sign up for The Glens Falls Recreation Department's summer programs!!**



## Glens Falls Summer Kids Club

**Registration for this year will begin April 3, 2017. Applications will not be accepted before then.**

**Who:** Children, ages 6 – 13 whose parents or guardians are City of Glens Falls residents.

**When:** Monday through Friday, June 26 - August 18, 2017,

**Time:** 9:00am – 4:00pm

**Where:** East Field Park and Crandall Park

**Cost:** \$20 per week per camper. Fee waivers are available to income-eligible families. There will be a nominal charge for Friday field trips. Money is due on the Tuesday before each trip.

**The Department of Health requires all registrants to submit completed paperwork by Friday, June 16, 2017. Additionally, a parent or legal guardian must attend one of four scheduled informational meetings**

The informational meetings (**must attend one**) will be held at the Crandall Park field house on the following dates:

Wednesday, May 31, 5:00pm-6:00pm

Saturday, June 3, 11:00am-12:00pm

Saturday, June 10, 11:00am-12:00pm

Wednesday, June 14, 5:00pm-6:00pm

# GF Summer Kids Club 2017 Registration Form

Circle One: **CRANDALL PARK** **EAST FIELD**

Please note that the summer Kids Club Day Camp is no longer free. The fee to attend is \$20 per child per week. This summer's camp is 8 weeks so the fee is \$160 per child payable at time of registration. Fee waivers are available for families that fall within the income and family size guidelines on Page 2 of this application.

Registrations are taken on a first-come first-served basis until full.  
Completed registration forms and medical records **must be submitted** to be officially registered.

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_  
Address: \_\_\_\_\_ (Glens Falls Residents Only)  
Parent/Legal Guardian Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_

**In the event of an emergency, person(s) to be contacted to pick up child if parent cannot be reached:**

Name: \_\_\_\_\_ Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_

**Physician Preferred:** Every effort will be made to comply with your wishes, however, it may be necessary to locate alternate services if an emergency arises away from the camp site.

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance Co.: \_\_\_\_\_ ID or Contract #: \_\_\_\_\_

**Attach Record of Immunizations as required annually by the NY State Department of Health**

List any disabilities, medical conditions, allergies, behavioral problems which may affect your Child's camp experience:

\_\_\_\_\_  
\_\_\_\_\_

List any medications your child is taking on a regular basis, including dosage and time:

\_\_\_\_\_  
\_\_\_\_\_

List any medications your child will bring to site:

\_\_\_\_\_  
\_\_\_\_\_

Note: All medications must be self-administered by your child. Regulations require that all medications must be accompanied by written authorization from child's physician. This includes prescription medication (with original label) and any over the counter drugs.

Parent/Guardian permission for child's self-administration of medication: I, \_\_\_\_\_, give permission for the City of Glens Falls Recreation Department staff to facilitate self-administration of \_\_\_\_\_ (name of medication and dosage) to my child at (time[s]) \_\_\_\_\_ on \_\_\_\_\_ (days and dates) for treatment of \_\_\_\_\_ (reason[s] for medication). Possible side effects to this medication include: \_\_\_\_\_

Prescribing physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Participation in any recreational activity poses some degree of risk, and I agree to hold the City of Glens Falls, Glens Falls Recreation Department, and all staff harmless for any damage, injuries, and possible death that may occur as a result of participation. I understand that participation in this program is done so at the participants own risk.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

# GF SUMMER KIDS CLUB 2017

## Fee and Field Trip Activity Scholarship Application

Recipient name: \_\_\_\_\_ Age: \_\_\_\_\_

Recipient name: \_\_\_\_\_ Age: \_\_\_\_\_

Recipient name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: (Must be Glens Falls Resident) \_\_\_\_\_

Phone: \_\_\_\_\_

Annual Income (attach copy of a current tax return): \_\_\_\_\_

***(This information is required by law and must be submitted as proof of eligibility. This information will be kept confidential.)***

Eligibility Guidelines:	<u>Family Size</u>	<u>Household Income</u>
	2	\$ 41,500.00
	3	\$ 46,700.00
	4	\$ 51,850.00
	5	\$ 56,000.00
	6	\$ 60,150.00
	7	\$ 64,300.00
	8	\$ 68,450.00

Number of family members: \_\_\_\_\_

Check here if female head of household: \_\_\_\_\_

Ethnicity: (select only one)

Race (select one or more)

\_\_\_\_\_ Hispanic or Latino  
 \_\_\_\_\_ Not Hispanic or Latino

\_\_\_\_\_ American Indian or Native of Alaska  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ Black or African American  
 \_\_\_\_\_ Native Hawaiian or Pacific Islander  
 \_\_\_\_\_ White (Caucasian)

I certify that the above information is true and correct:

\_\_\_\_\_  
*Signature of parent or guardian required*

\_\_\_\_\_  
*Date*

**Families may pay the summer kids Club fee in two ways:**

**\*Up front with a lump sum payment prior to the beginning of the summer.**

**\*In installments with a \$40 down payment to reserve space in the camp and weekly \$20 payments starting with the third week of camp.**

**The City is also offering a multi-camper discount for families with more than one child enrolled in the program.**

**The first child is \$20 per week and any subsequent children in the same immediate family is half-price, or \$10 per week.**