

Abriendo Puertas/Opening Doors Information for Summer Camp Registration

Registration 1 – Saturday, May 14th 9am-3pm during flea market

Registration 2 – Saturday, May 28th 11am-2pm at Vets Park

Registration 3 – Applications can be picked up at Village Hall from 9am-3pm or downloaded from the website.

Camp is for village residents only:

The following is documentation that may be used to establish Village Residency:

(Must bring proof of Residence)

- ❖ Pay Stubs
- ❖ Utility Bill
- ❖ Voter Registration Notification Card
- ❖ Official driver's license, learner's permit or non-driver identification
- ❖ Documents issued by federal, state or local agencies (such as social services agency)
- ❖ Government issued identification

Fee:

\$ 50/ week per child (cash, money order, check- No credit cards)

An additional fee is charged for camp trips.

Health/Safety Guidelines:

New York State Law Section 2164 requires immunizations for admission to camp. All campers must have been examined within the past year by a licensed physician and must have immunization information at the time of enrollment. It is a requirement to enroll for Abriendo Puertas/Opening Doors summer camp.

Proof of child's age:

- ❖ Ages of summer camp 5-13 (child must have completed 1st year of Kindergarten)
- ❖ Birth Certificate
- ❖ Report card

Camp starts:

Monday, June 27th - to Friday, August 5th

Hours:

9am-3pm

Camp is closed on July 4th

Lunch:

The United Methodist Church will provide lunch daily.

In the event that your child has food allergies and needs to bring a bagged lunch with them please make sure you use ice packs. We do not have sufficient refrigeration space to store the lunch bags. Your child's name must be on the lunch bag.

**El Centro De Abriendo Puertas Para Familias, Inc.
Opening Doors for Families, Inc.
Summer Camp Registration 2016**

Camper Name: _____ **Age:** (as of June 27, 2016) _____

Birth date: _____ Gender: Male ___ Female ___ Grade: _____

School Name: _____ Child lives with: _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First: _____ Last: _____ Ms. Mrs. Mr.

Address: _____

Cell phone: _____ Home Phone: _____

Work Phone _____ E-mail Address: _____

Occupation: _____ Employer: _____

Parent/Guardian #2

First: _____ Last: _____ Ms. Mrs. Mr.

Address: _____

Cell phone: _____ Home Phone: _____

Work Phone _____ E-mail Address: _____

Occupation: _____ Employer: _____

TUITION is \$ 50/ week per child

Person responsible for payment: _____

The purpose of the information listed below is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

Terms of Agreement

I understand that I will be notified in the case of a medical emergency involving my child. All reasonable attempts to contact a parent or guardian will be made. In the event that I cannot be reached, I authorize the calling of an ambulance to transport my child for emergency medical care for treatment at one of the local hospitals to provide the necessary medical services in the event my child is injured or becomes ill. I accept responsibility for all costs involved in the transport and treatment of my child.

I understand that **Abriendo Puertas/Opening Doors** will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during **Abriendo Puertas/Opening Doors summer camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that my child's photos and quotes may be used for publicity purposes. I do not expect compensation and that all photos are the property of **Abriendo Puertas/Opening Doors Summer Camp and its affiliates**. **At parents' request a copy of the photos will be provided.**

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for field trips.

Parent's/Guardian's Initials _____

Abriendo Puertas/Opening Doors Summer Camp is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____