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*SCHOLARSHIP REFERRAL SOURCE*_____

Received_____ **Cabin**_____
Entered into system_____ **Agency**_____
Deposit _____ **Contact**_____
Paid_____ **Called**_____
PP Sent_____

Braeside Camp
Camper Registration 2018

640 East Main Street
Middletown, NY 10940
Phone: 845-343-8985 Fax: (845) 698-4003

BRAESIDE Bee's
Bee Responsible…Bee Respectful…Bee Kind

INSTRUCTIONS: Please complete the registration form ONE FOR EACH CHILD ATTENDING and mail the registration form in to secure your space at camp this summer.

Camper's Name _____Home Phone: _____

Address _____ D.O.B._____/_____/_____

City _____ State ____ Zip _____ Age as of 6/25/18 _____

Camper Gender: Boy_____ Girl _____

Custodial Parent / Guardian Name (First & Last Name)

_____

Home Phone: _____ Cell _____Work_____
Email_____

Camper is in the custody of: ___ Mother ___ Father ___ Both ___ Other_____

**If special custody arrangements exist, please provide in writing and provide documentation*

Camper Emergency Contact Information

Name: _____
Relationship to camper: _____
Home Phone: _____
Cell Phone: _____

Name: _____
Relationship to camper: _____
Home Phone: _____
Cell Phone: _____

Overnight Camp Registration Dates

Please number 1, 2, 3, 4 for choice of preferred session.

We will confirm when we receive your application as to which session you have chosen

Start Date	End Date	Cost	Attending
1. July 9th	July 20nd	$650	
2. July 23th	Aug 3th	$650	
3. Aug 6th *KINDER CAMP*	Aug 17th	$650	
4. Aug 17th	Aug 24th	$450	

***Overnight Camp self-pay reduced rate ($400) for income eligible Families check here_____**

_____

_____

_____

_____

How did you hear about Braeside Camp?

What made you choose Braeside Camp this summer for your child to attend?

Day Camp Registration Dates

Check all boxes that apply

WEEK	DAY COST	+BEFORE CARE	+ AFTER CARE	BOTH CARE
	$200	$220	$230	$250
June 25 – June 29				
July 2 – July 6				
July 9 – July 13				
July16 – July 20				
July 23 – July 27				
July 30– Aug 3				
Aug 6- Aug 10				
Aug 13- Aug 17				
Aug 20 – Aug 24				

***The $50 Non-refundable deposit must remain a deposit if you are signing up for multiple weeks.** EXAMPLE: sign up for weeks 1-3 your deposit will be used toward the last week you registered for.*

****Cost:** Weekly is $200.00 for hours between 8:45 am – 5:15 pm; includes Lunch*

***Extended Day:** Before care available from 7:30 am & includes breakfast - $20 per week.*
After care until 7pm & includes dinner - $30 per week

Please take a moment to fill out the questions below so we may help your child adjust to camp life. Thank you.

What is your child most excited about coming to camp?

What would be one specific goal that you would like your child to reach while here at Braeside?

Does your child get homesick? If so what are some suggestions you may have for our counselors in working with your child?

What specific suggestions do you have to make your child's transition to camp a positive one?

Please indicate with a check your child's current general disposition and behaviors:

___Active	_____ Curious	___ Frequently cries	_____Easily frustrated
___Irritable	_____Withdrawn	___ Seeks constant attention	_____ Easily excitable
___ Easy going	_____Fears of the night	_____ Throws tantrums when angry	_____Has difficulty w/siblings

What suggestions do you have for your child's counselor to assist them should a challenging moment arise?

What makes your child:

Happy

Sad

Have there been any changes in your household in the last 12 months that may affect your child's participation in camp this summer?

Medical Information

Physician Name_____ Telephone _____

Address: _____City _____ State _____

Medical Insurance

Name of Company _____ Policy Number _____

Policy Holder's Name _____Relationship to Camper _____

Please photo copy all insurance cards front and back and staple to this form.

Health Concerns: *Does Participant have any of the following health concerns?*

Check all that apply:

Illness	Date	Illness	Date	Illness	Date	Illness	Date	Illness	Date
Anemia		Heart Disease		Rheumatic Fever		Asthma or Allergies		Serious Injuries	
Chicken Pox's		Measles		Scarlet Fever		Ear Conditions		Tuberculin Test	
Diabetes		Mumps		Tuberculosis		Frequent Colds		Chest X-ray	
Epilepsy		Nephritis		Contact with TBC		Sore Throat			
German Measles		Pneumonia		Whooping Cough		Operations			

Any injury or illness in past 6 months		ADD or ADHD	
Seizures		On Medication	
Head Injuries		Allergic to Food	
Fainting		Allergic to Insect or Bees	
Diabetes		Emotional Disturbance	
Asthma		High Blood Pressure	
Serious Operations		Dietary Restrictions	
Bed Wetting		Other	

If any boxes were checked please explain:

_____

_____

_____

_____

IMMUNIZATION RECORD
LEGAL REQUIREMENTS
WAIVED BECAUSE OF:
A – PARENTS RELIGION
B- PHYSICANS CERTIFICATE
RECORD BASIC SERIES
AND BOOSTERS

Any serious illness other than above (please describe)

Immunization	Date of Immunization
Polio (TOPV)	
Polio (IVP after 1968	
Measles	
Mumps	
Rubella	
M/M/R	
Tetanus	
DTP	

_____

_____

Height_____ Weight_____

TB Contact_____ Skin_____ Scalp_____ Eyes_____

Ears_____ Nose_____ Throat_____ Teeth_____

Heart_____ Lungs_____ Spine_____ Glands_____
Athlete's foot_____ Constipation_____ Bed-wetter_____

General Remarks

_____
_____
_____
_____

Physician's or Nurse's signature Date

**Be sure to provide copy of camper's immunizations

Emergency Authorization in the event the Parent/Guardian cannot be reached

I hereby give permission to the medical personnel selected by Braeside Camp to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached, I hereby give permission to the physician selected by Braeside Camp to hospitalize, secure proper treatment for and to order injection and /or anesthesia and/or surgery for my child as named above. This form may be photocopied for use off of property. I also give permission for routine medical care for my child by Braeside Camp.

Release from Liability

Braeside Camp may take pictures and/or videos for use as camp promotional material for the camp and/or programs and I realize that my child's likeness and/or mine may appear in this material. I give permission for my child to participate in any activities, either on or off camp property (including bus trips) for which my child may qualify under camp standards.
I recognize that there are inherent risks in most camp activities.
In case this application should be granted and said child be admitted to Braeside Camp. I do hereby individually, and on behalf of said child, agree to save the committee conducting Braeside Camp and each and every Official connected therewith, harmless as against any and all claims which either I or the said child might have because of injuries, accidents or sickness which said child might suffer while at Braeside Camp.

Parent or Guardian Signature: _____
Date: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR TEMPORARILY SEPARATEDFROM PARENTS/GUARDIANS

I/We, the undersigned, parent(s)/guardian(s) of _____,a minor, do hereby authorize Braeside Camp as our agent to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician and surgeon on the staff of, or engaged by, Hospital selected by Braeside Camp, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his best judgment may deem advisable.

In consideration of the treatment to be rendered to the aforementioned minor, we do hereby release the Hospital and any physicians acting in connection or in conjunction therewith from any and all liability for failure of the parent to be specifically present and specifically consent to the treatment rendered to the aforementioned minor, so long as treatment is rendered in good faith and in the considered judgment of the physician and/or hospital as necessary and indicated under the circumstances.

This authorization shall remain effective until August 29, 2012 8:00 p.m. unless sooner revoked in writing delivered to said agent.

_____

Camper Name (printed)

_____ _____

Parent/Guardian (signed) Date

_____ _____

Parent/Guardian (signed) Date

Lice-Free Guarantee

Please ensure that your child comes to camp without lice. We recommend you check your child for lice prior to camp registration. Please verify that you do so with the following signature. We are trying to keep our camp free of infestation.

_____

Parent/Guardian (signed) Date

Medication List

NAME OF CHILD: _____

If your child should become ill or injured at camp, the medical director has the following:

Tylenol	**Ibuprofen**	**Benadryl**
Aspirin	**Ivy rest (for poison ivy)**	**Robitussin**
Eye drops	**Neosporin (antibiotic cream)**	**Throat spray/Cough drops**
Vaseline/Dry skin cream	**Hydrogen peroxide**	**Hydrocortisone cream**

Ear-Dry	**Bacitracin ointment**	**Bactine**
Isopropyl alcohol	**Antiseptic wipes**	**Calagel/Calamine lotion**

This form serves as your consent for the child to self-administer the above medications if needed during camp.

If you do not want your child to have one or more of the above, please draw a line through it.

If your child has been prescribed medications, please list them below.

It is the responsibility of the parent/guardian to refill prescriptions.

All prescribed medications must meet the following criteria:
· Medications must be in their original containers.
· All medications must be labeled correctly (no damaged labels):
· Complete name of patient.
· Date prescription filled.
· Expiration date.
· Directions for use/precautions (if any)/storage (if any).
· Name and address of dispensing pharmacy.
· Name of physician prescribing medication.

Prescribed medications not following the above criteria will not be accepted by the medical director. If you have over-the-counter medications that your child takes on a regular basis, please include written authorization for the child to take such medication below or on the back of this page and ensure that the medication is in its original container and is correctly labeled.

Please note that children will not be allowed to carry any medications with them or keep them in their cabins. All medications must be checked in and locked away inside the infirmary.

PRESCRIPTIONS/OTHER MEDICATIONS: _____
_____
_____

SIGNATURE OF PARENT/GUARDIAN: _____

Dear Parent,
Braeside Camp has to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a new law in New York State.

On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include §2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to the Parents or Guardians of all campers who attend camp for 7 or more nights. This law became effective on August 15, 2003. Braeside Camp is required to maintain a record of the following for each camper.

• A response to receipt of meningococcal meningitis disease and vaccine information signed by the parent or guardian; AND
• Information on the availability and cost of meningococcal meningitis vaccine (Menomune`™); AND EITHER
• A record of meningococcal meningitis immunization within the past 10 years; OR
• An acknowledgement of meningococcal meningitis disease risks and refusal of meningococcal meningitis immunization signed by the child's Parent or Guardian.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States-types A, C, Y and W--135. These types account for nearly two thirds of meningitis cases among teens and young adults.

Information about the availability and cost of the vaccine can be obtained from your health care provider and by visiting the manufacturer's website at www.meningitisvaccine.com.

Please complete the Meningococcal Vaccination Response form.

To learn more about meningitis and the vaccine, please consult your child's physician.

You can also find information about the disease at the New York State Department of Health website: WWW.HEALTH.STATE.NY.US, and the website of the Center for Disease Control and Prevention (CDC):WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO.

Sincerely,
Braeside Camp

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Check one box and sign below.

_ My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received: _____
[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

_ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____
(Parent / Guardian)

Child's Name: _____
Date of Birth: _____
Mailing Address:
_____
_____
_____