



2019 Camp Registration Form

Ages 5 - 15 years old

Licensed through the New York State
Office of Children & Family Services



Office of Children
and Family Services

Date of Birth: ___/___/___ Sex: M F Grade in Sept 2019: _____

FOR OFFICE USE ONLY	
<input type="checkbox"/> Forms Booklet	Registration Fee
<input type="checkbox"/> Blue Card	\$15 per child
<input type="checkbox"/> Medical/IMM	<input type="checkbox"/> pd <input type="checkbox"/> chd
Age at Start of Session: _____ yrs _____ mos	
Date Child Will Begin Classes ___/___/___	
Placement _____	

Child's Name: _____
Last Name First Name Middle Name

Address: _____
Number and Street

City State Zip Code Home/Primary Phone

Allergies/Dietary Restrictions or Special Needs: _____ None/Unknown

Parent/Guardian: _____
Name Mobile Phone Daytime Phone

Email: _____

Parent/Guardian: _____
Name Mobile Phone Daytime Phone

Email: _____

Two Names for Emergency Contact available during camp hours (OTHER THAN PARENTS OR GUARDIANS):

Name: _____ Day Phone: _____ Mobile Phone: _____

Name: _____ Day Phone: _____ Mobile Phone: _____

This program is 5 days only.

- Regular Day: 8:30 am - 3:30 pm
- Extended Day: 6:30 am - 5:30 pm
- Counselors In Training (CIT for children ages 13 - 15
*Must be age 13 by 09/01/18

I would like to enroll my child for the following weeks:

- | | |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Week 1: July 1 - July 5
(CLOSED THURSDAY 7/4) | <input type="checkbox"/> Week 5: July 29 - August 2 |
| <input type="checkbox"/> Week 2: July 8 - July 12 | <input type="checkbox"/> Week 6: August 5 - August 9 |
| <input type="checkbox"/> Week 3: July 15 - July 19 | <input type="checkbox"/> Week 7: August 12 - August 16 |
| <input type="checkbox"/> Week 4: July 22 - July 26 | <input type="checkbox"/> Week 8: August 19 - August 23 |
| | <input type="checkbox"/> Week 9: August 26 - August 30 |

Camp T-Shirt Size: Small (6/8) Medium (10/12) Large (14/16)

Tuition is due the Monday of each week. No refunds will be given. Any changes or cancellations must be made in writing on a schedule change form and submitted to the RECC Office at least two weeks in advance. **This registration form is a binding contract.**

I hereby consent to have my child treated by a physician or emergency medical professional for medical or surgical care should an emergency arise. Every effort will be made to have a staff person accompany a child in case transport by ambulance is necessary. I understand every effort will also be made to contact the child's parent(s)/guardian(s) before such action is taken.

Signature of Parent/Guardian Printed Name Date

PLEASE NOTE: This enrollment form must be accompanied by a deposit for your child's last week of camp tuition and a non-refundable \$15 registration fee for each child enrolled. Mail your completed form and your check (payable to RECC to: **RECC Camp Rothschild, 450 Kimber Road, Syracuse, NY 13224.**

For Office Use Only: Last Name, First Name