

Town of Eastchester  
 Summer Camp Registration Form 2017 Galaxy and Quest

(This form MUST be **completed** for each child. Please include payment with form)

CAMPER'S NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of 6/27/2017 \_\_\_\_\_

Grade in **September 2017** \_\_\_\_\_ School attending (Fall 2017) \_\_\_\_\_

<b>CAMP</b>	<b>GRADE</b>	<b>FEE</b>
<input type="checkbox"/> Camp Galaxy (4/3-4/7)	1-6	\$825
<input type="checkbox"/> Camp Galaxy (4/8-4/29)		\$925
<input type="checkbox"/> Camp Galaxy (5/1-5/15)		\$950
<input type="checkbox"/> Extended Day (3:00-5:30pm)		\$280
<input type="checkbox"/> One Day per week Extended Day		\$85
<input type="checkbox"/> Additional Child Discount		(\$50)

**CAMP QUEST** Grades 7-9  
 Registration Friday, March 31<sup>st</sup>  
 7:00pm-9:00pm Eastchester Town Hall

Session A (June 26<sup>th</sup> -July 14<sup>th</sup>\*)  
 Session B (July 17<sup>th</sup> -Aug. 4<sup>th</sup>)  
 \$900 per session

\*No Camp July 4<sup>th</sup>

Total \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Daytime/Business Phones: Mother \_\_\_\_\_ Father \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies (bee stings, foods, medications, etc) \_\_\_\_\_

Are any medications or precautions necessary for the allergy? \_\_\_\_\_

Is your child required to take medication or use an inhaler during camp hours? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please list \_\_\_\_\_

Medical Comments- limitations for camp activities (i.e. physical, visual, auditory, etc)

**MEDICAL HISTORY- IMMUNIZATION RECORD-**  
**INFORMATION MUST BE WRITTEN ON FORM- NO ATTACHMENTS**  
 (Required by New York State Law) Please list EXACT DATES (i.e. 3/20/85)

1. Diphtheria/ Pertusus/ Toxoid (DPT) 4 doses **DATES:** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_
2. Oral Polio Vaccine (OPV) 3+ **DATES:** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_
3. MMR Vaccine 2 doses **DATES:** 1) \_\_\_\_\_ 2) \_\_\_\_\_
4. HIB Vaccine 1 dose **DATES:** 1) \_\_\_\_\_
5. Chicken Pox 1 dose **DATES:** 1) \_\_\_\_\_
6. Hepatitis B 3 doses **DATES:** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

The undersigned hereby releases the Town of Eastchester, its Board, employees, and volunteers of any liability whatsoever in connection with any damages and/or injury that the above named person may sustain as a result of his/her participation in the above named program. I give permission for my child to go swimming at of site (Camp Galaxy and Camp Quest only). I understand that my child will be swim tested during the first week of camp.

Emergency Authorization:

In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure treatment. The Camp reserves the right to dismiss a camper at any time for improper behavior or if they pose a health risk to others.

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

Date \_\_\_\_\_