

Schaghticoke Youth Commission

SUMMER PROGRAM

JULY 3, 2017 THRU AUGUST 3, 2017 - 9:00 AM TO 2 PM

MON. THRU THURS.

LOCATED AT THE HOOSIC VALLEY HIGH SCHOOL

No camp on July 4, 2107

Registration: May 18th and May 25th - Schaghticoke Town Hall 6:00 - 7:30 PM

Schaghticoke Youth Commission Bus Schedule

Place	Pickup	Return
Bus 1 Corner of Master Street & Akin Road	8:15 am	2:10 pm
Bus 1 Hemstreet Park Firehouse	8:35 am	2:30 pm
Bus 2 Schaghticoke Municipal Village Building	8:35 am	2:05 pm
Bus 2 LaPosta Store	8:30 am	2:20 pm
Bus 3 Melrose Firehouse	8:35 am	2:30 pm
Bus 3 Pleasantdale Fire Hall (not the firehouse)	8:25 am	2:20 pm

★★★ Times subject to change ★★★

The Summer Program is sponsored by the Town and Village of Schaghticoke. There is a \$40 NON-REFUNDABLE FEE for children of the town or village to attend. The \$40 fee must be paid at registration - cash, or checks payable to the Schaghticoke Youth Commission. Hoosic Valley students who do not reside in the Town of Schaghticoke will be charged \$230.00 for the 5 week program. The fee will be reduced to \$150.00 for any additional child from the same household. If non-residents want their child to participate in the 2 week swim program at the Hoosick Falls pool, there will be an additional \$50.00 swim fee. These fees are non-refundable.

Again this year we are requiring a registration. Dates for registration are May 18th and May 25th, from 6:00 - 7:30 PM at the Town Hall, 290 Northline Drive, Melrose. We need proof that the camper is a full-time resident of the town. Acceptable proof will be either a Town of Schaghticoke tax bill or a Hoosic Valley report card. A medical/permission form is included in this newsletter. If you need extra forms and have access to a photocopier, they may be photocopied. If you do not have access to a copier and additional forms are needed, we will have them available on registration nights, or they may be acquired at the town hall in advance of registration times during their normal business hours, which are Monday, Tuesday, Wednesday and Friday from 9:00 AM - 4:30 PM and Thursday from 8:30 AM- 5:30 PM.

A copy of your child's immunization records will be required at registration. No child will be allowed to register without a current immunization record. * A doctor's note will be needed for inhalers and epi-pens. The meds must be in the original pharmacy box.

All campers must be 5 years of age by the first day of camp to be eligible to attend. Maximum age is 14 years old.

We look forward to a safe and enjoyable summer program! Please leave all valuable items at home.

Any questions, please call Susan Varone at 368-4458 or email at varone5@aol.com

Swimming lessons will take place at the Hoosick Falls pool during 2 weeks of the Summer Program. The tentative dates are July 10, 11,12,13, 2017 and July 17, 18,19, 20, 2017. The program is limited to the first 80 children that register. Each participant must attend all 8 swimming lessons. A \$50.00 swim fee will be collected at registration.

Schaghticoke Youth Commission Safety Rules

Dear Family,

The Schaghticoke Youth Commission has important safety rules, which **MUST** be followed for the campers and staff to have a safe and enjoyable summer. We are listing the rules and explaining the “three strikes” discipline code.

Rules:

1. Campers will respect the property of the school, bus, other campers’ belongings and camp equipment.
2. No fighting or physical violence.
3. Respect and abide by the drug free zone.
4. No alcohol or cigarettes.
5. No obscene language or disrespect toward staff and campers.

Three strikes discipline code:

1. Counselor will speak to child and give a verbal warning. Director will log the strike.
2. Counselor will ask Director for assistance. Director will give a verbal warning. Director will log the strike. Director will contact parents.
3. Director will call parents. Child will be dismissed from camp.

*******FOR SEVERE OFFENSES*******

CAMPER WILL BE IMMEDIATELY EXPELLED FROM THE SUMMER PROGRAM.

*******THE DIRECTOR WILL MAKE THE FINAL DECISION ! *******

The Schaghticoke Youth Commission appreciates your support. Please sign and return the bottom portion of this letter accepting and acknowledging the rules and consequences.

I have read and understand the rules and consequences for the Schaghticoke Youth Commission. I have reviewed the rules with my child.

Parent Signature

Child’s Name

Date

Camper’s Signature

Medical Permission Slip

*****This medical permission form must be completed and brought to registration along with a copy of your child's immunization records. NO CHILD WILL BE ALLOWED TO REGISTER WITHOUT IMMUNIZATION RECORDS.**

Name _____
Last First MI.

Birth Date (M/D/YR) _____ Sex _____ Age _____ Current Grade _____

Parent or Guardian: _____

Home Address _____
Street & Number City State Zip

Phone Numbers _____
Home Work Cell

Email Address _____

If not available in case of emergency, notify: **** 2 contacts must be listed****

(1) Name _____ (2) Name _____

Address _____ Address _____

Phone _____ Phone _____

Doctor's Name _____ Doctors's Phone _____

Please list any medical conditions/allergies that we should be made aware of _____

* Inhalers and epi-pens must be in the original pharmacy box along with the doctor's note.

Current medications _____

Important: Please notify the camp if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

Please circle which bus stop your child will be picked up at:

- Melrose Firehouse
- Pleasantdale Firehall
- LaPosta's Store
- Schaghticoke Municipal Village Building
(next to Presbyterian Church)
- Hemstreet Park Fire House
- Corner of Masters Street & Akin Rd
- No Transportation Needed

2017 NOTE:

That the Town and Village of Schaghticoke Youth Commission may only operate a Summer Day Camp by permit from the Rensselaer County Department of Health.

That the Town and Village of Schaghticoke Youth Commission Summer Day Camp is required to be inspected yearly.

That the records of inspections of children’s camps within Rensselaer County are filed in the office of the Rensselaer County Department of Health, County Office Building, Troy, New York 12180.

In case the camp must close early, the information will be sent to the media by the Hoosic Valley Central School District.

Parent or Guardian’s Signature

This health history is correct to my knowledge and the person herein described has permission to engage in all camp activities, except those noted. I allow my child to carry and use sunscreen when it is used against overexposure to the sun. I authorize camp personnel to assist with the application of sunscreen, if needed.

PARENT SIGNATURE _____ DATE _____
(Health History Only)

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize and secure proper treatment.

PARENT SIGNATURE _____ DATE _____
(Emergency Only)

This permission slip gives the Schaghticoke Youth Commission permission to take your child on field trips during the summer program, as well as your child’s permission to attend the program.

This form must be signed and brought to registration. No child is allowed in the summer program without a parent’s SIGNED permission slip.

PARENT SIGNATURE _____
(Field Trips Only)

I would like my child to participate in swimming lessons which will be offered at Hoosick Falls swimming pool. The tentative weeks are July 10, 11, 12, 13, 2017 and July 17, 18, 19, 20, 2017. I realize that this is a 2 week commitment and that my child must attend all 8 lessons. A \$50.00 non-refundable fee is due at registration.

PARENT SIGNATURE _____ DATE _____
(Swimming Lessons Only)