



City of New Rochelle
Department of Parks and Recreation
2019

PRESCHOOL CAMP APPLICATION

Name: _____ Nickname: _____

Age: ____ Date of Birth: _____ Gender: _____

Parent/Guardian: _____

Address: _____

_____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Emergency Contact Person: _____

Relationship to Camper: _____ Cell Phone: _____

Pediatrician: _____ Last Visit: _____ Phone: _____

Any special problems? _____ Specify: _____

Do you consider your child a wonderer? _____ Shy? _____ Over active? _____

Do you consider your child physically fit to participate in this program without danger to his/her health? Yes: _____ No: _____ Specify: _____

Does your child understand more than one language? ____ If yes, what language? _____

Primary language spoken at home? _____

Completely toilet trained? _____ Fears? _____

Allergies _____

Anything else you would you like us to know about your child?

School/Day Care/ Activity/ Playgroup that your child attends regularly: _____

Teacher/Day Care Provider/Relative/Activity Leader from September to June? Name: _____

Please indicate any day(s) that you plan on keeping your child out of camp due to appointments, vacation, etc. _____

Waiver Form

- ✓ I hereby give my consent for my child to participate in all special activities and regular programming planned for the Summer Preschool Camp, July 1 – August 9, 2019 from 8:30 am to 12:30 pm. While every precaution will be taken to safeguard the children at camp, it is understood that you release the Department of Parks and Recreation, City of New Rochelle and City School District of New Rochelle and its agents, sponsoring this program, from all responsibility in case of accident while your child is participating on the camp program site or activity location.
- ✓ I hereby give the City School District of New Rochelle and/or Preschool, Day Care previously attended by my child, permission to release any information concerning my child to the New Rochelle Parks and Recreation Preschool Camp administration.
- ✓ I hereby give the New Rochelle Parks and recreation permission to use any photograph/video taken pertaining to the Summer Preschool Camp program.

Name of Child: _____ Date: _____

X Signature of Parent or Guardian: _____

MEDICAL HISTORY AND EMERGENCY FORM

THIS FORM MUST BE FILLED OUT BY PARENT OR GUARDIAN. THE INFORMATION IS REQUIRED BY N.Y. STATE LAW. YOUR CHILD WILL NOT BE ADMITTED INTO CAMP WITHOUT THIS FORM COMPLETELY FILLED OUT. IMMUNIZATION RECORD ARE TO BE ATTACH

NAME: _____ DATE OF BIRTH: _____ GENDER: M/F

ADDRESS: _____ ZIP: _____ PHONE: _____

PARENT/GUARDIAN NAME: _____ WORK PHONE: _____

IF NOT AVAILABLE IN EMERGENCY, NOTIFY: _____

EMERGENCY CONTACT'S RELATIONSHIP TO CAMPER: _____ PHONE: _____

PEDIATRICIAN: _____ PHONE: _____

DATE OF LAST VISIT: _____ IS CHILD ON MEDICATION? _____ TYPE: _____

TIME GIVEN: _____

IS CHILD EPILEPTIC? _____ DATE OF LAST SEIZURE: _____ DIABETIC? _____

HEALTH HISTORY

IS YOUR CHILD'S HEALTH, IN GENERAL, GOOD? _____

ALLERGIES/SENSITIVITY

HAS CHILD HAD, OR IS CHILD SUBJECT TO:

RHEUMATIC FEVER _____

SINUS TROUBLE _____

EAR INFECTIONS _____

CONVULSIONS _____

DIABETES _____

FOODS _____

CHICKEN POX ---

OTHER _____

FAINING SPELLS _____

POISON IVY _____

INSECT STINGS _____

PENICILLIN _____

OTHER DRUGS _____

HAY FEVER _____

ASTHMA _____

OPERATIONS OR SERIOUS INJURIES: _____
DATE: _____

RESTRICTIONS PLACED ON PROGRAM ACTIVITIES: _____

MODIFICATIONS/RESTRICTIONS/SUPPORTS IN PLACE DURING THE SCHOOL YEAR: _____

IMMUNIZATION RECORD:

A COPY OF CAMPER'S IMMUNIZATION RECORD MUST BE ATTACHED TO THIS FORM.

DIPHTHERIA/TETANUS TOXOID (4 DOSES)	DATE: ___ ___ ___ ___
ORAL POLIO VACCINE (3 OR MORE DOSES)	DATE: ___ ___ ___ ___
LIVE MEASLES VACCINE (1 DOSE)	DATE: ___ ___ ___ ___
LIVE RUBELLA VACCINE (1 DOSE)	DATE: ___ ___ ___ ___
LIVE MUMPS VACCINE (1 DOSE)	DATE: ___ ___ ___ ___
VARICELLA (CHICKEN POX)	DATE: ___ ___ ___ ___
HAEMOPHILUS INFLUENZA TYPE B	DATE: ___ ___ ___ ___
HEPATITUS B	DATE: ___ ___ ___ ___

PARENT'S AUTHORIZATION

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me or by his/her doctor. If emergency care is needed by my son/daughter (print name: _____) while he/she is attending Camp, I hereby give my permission to the authorized agents of New Rochelle Parks and Recreation to obtain a doctor to medically treat my son/daughter. I authorize transportation to, and treatment at, a hospital where required. I agree to assume all responsibility for all charges so incurred. I also agree to allow New Rochelle Parks and Recreation to release information to the hospital or to the doctor as may be required.

INSURANCE TYPE/NUMBER: _____

MEDICAID NUMBER: _____

SIGNATURE OF PARENT/GUARDIAN:

X _____

DATE: _____

CAMP HEALTH OFFICE USE ONLY

NOTES:

REVIEWED BY: _____ DATE: _____