



City of New Rochelle  
Department of Parks and Recreation  
2022

**KIDDIE KAMP 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 wanderer? \_\_\_\_\_ 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 Kiddie Camp, July 5 – August 12, 2022 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: \_\_\_\_\_