



Camp Joy 2019 – Department of Parks & Recreation

Special Recreation – Respite

All lines must be filled in by parent or guardian on this registration form

Name: _____ Age: ____ Date of Birth: _____ Gender: M / F

Social Security Number (of Camper): _____ (Required by OPWDD)

Participant's Medicaid Waiver #: _____ TAB #: _____

Address: _____ Zip Code: _____

Parent/Guardian: _____

Home Phone #: _____

Cell Phone#: _____

E-mail address: _____

Emergency Contact Person: _____ Relationship to Camper: _____

Emergency Contact's (cell) Phone: _____

Pediatrician: _____ Phone #: _____ Date of last visit: _____

Special Attention Required? ____ Specify: _____

Does your child wander? ____ Speak and understand? ____ Shy? ____ More than 1 language? _____

If yes, what language: _____ Primary language spoken at home: _____

Any issues in the area of:

- Bathroom/ Completely toilet trained? _____ Must be completely toilet trained to attend camp/NO pull-ups
- Dress/undress (swim/water play)? _____
- Eating? _____
- Physical handicaps? _____
- Fears? _____
- Allergies? _____
- Heart Problems? _____
- Does child require special attention in: Eating? _____ Swimming: _____ Other: _____

Does your child take medication? ____ Type: _____

For: _____ Dosage: _____ Time(s) given: _____

(You must request and sign a Medical Release Form for medication to be administered during camp hours – including inhalers and OTC medication.)

Is child asthmatic? ____ If yes, does he/she carry an inhaler? _____ Is child epileptic? ____ Date of

last seizure: _____ Diabetic? _____

Is there any other information about your child that you would like the Camp Staff to take into consideration?

Do you feel that your child is physically/emotionally fit to participate in our program without endangering his/her health? ___ YES ___ NO

What school does your child attend regularly? _____

Is your child assigned a 1:1 aid in school? YES__ NO__ Behavior Management Issues: _____

Other accommodations/modifications?

Teacher's Name: _____

Social/Case Worker: _____

Service Plan Agency/Provider: _____

Service Coordinator: _____

Phone or email: _____

Classification, Diagnosis or Assessment Information:

Camp Waiver Form

I hereby give my consent for my child to participate in trips, swimming and regular programming planned for the Camp Joy July 1 – August 9, 2019 during camp hours. The children will either walk or be conveyed by bus under the care and supervision of Camp Staff members. 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, New York and its agents sponsoring this program from all responsibility in case of accident while your child is being transported to and from, or while participating in and/or at these activities.

I hereby give New Rochelle Parks and Recreation permission to use any photographs/videos taken pertaining to the Camp Joy.

Name of Child: _____

Signature of Parent or Guardian: _____

(REQUIRED FOR ALL APPLICANTS – APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE)

- I hereby give my permission for the City School District of New Rochelle and its personnel to release by mail, telephone, electronically or facsimile, all pertinent information, including but not limited to, Individual Education Plan, concerning my child to the New Rochelle Parks and Recreation's Camp Joy administration/staff.

➤ _____ to **NINA SHAWN GAINOR, Supervisor II**
Department of Parks and Recreation

➤ _____
Child's Date of Birth

➤ _____ / _____ / _____
Signature of Parent or Guardian Relationship Address Date