



Camp Joy 2022 – 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

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:

\_\_\_\_\_

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### Camp Waiver Form

I hereby give my consent for my child to participate in trips, swimming and regular programming planned for the Camp Joy June 27 – August 5, 2022 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**