

CAMP DON BOSCO
174 Filors Lane Stony Point, New York 10980
845-947-CAMP

REGISTRATION FORM – 2017 CAMP SEASON

*This form and Health History (ON BACK) must be completely filled out before the camper can be registered. **CAMPERS WILL NOT BE ADMITTED WITHOUT THIS INFORMATION ON FILE.***

Camper's Name _____ Gender **M** **F**

Last Name _____ First Name _____

Birth Date ____/____/____ Age as of 6/01/17 _____ Grade Completed 16/17 _____

Home Address _____ E-mail _____

City _____ State _____ Zip Code _____ Home Phone _____

Parent Cell Phone _____ (Name) Parent Cell Phone _____ (Name)

Mother's Name: Last _____ First _____ Business Phone _____

Father's Name: Last _____ First _____ Business Phone _____

Doctor's Name: _____ Doctor's Phone _____

Emergency Contact: _____ Phone _____

8 WEEKS \$ 2080 (\$ 260 per week)	6 WEEKS \$1650 (\$275 per week)	4 WEEKS \$1140 (\$ 285 per week)
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**NO DISCOUNTS FOR LESS THAN A FOUR-WEEK PROGRAM.
 NO WEEKS WILL BE PRO-RATED.**

DISCOUNT FOR 4, 6 and 8 WEEK PROGRAMS ONLY APPLIES IF FULL TUITION IS RECEIVED PRIOR TO JUNE 1, 2017. OTHERWISE ALL WEEKS WILL BE BILLED AT THE \$300 RATE.

*This deposit is **NON-REFUNDABLE**. APPLICATIONS MUST BE RECEIVED BY MAY 15, 2017 FOR DISCOUNTS TO APPLY. Balance of tuition for all programs is due **JUNE 1, 2017**. REFUNDS will be made after five (5) consecutive days of absence due to illness when verified by a physician's note. **NO REFUND** will be made for the first five (5) days of absence or for non-consecutive absences.*

****SINGLE WEEK RATES ARE STILL AVAILABLE AT \$ 300 PER WEEK.****

BASKETBALL Camp B1 (____) June 26 - 30 B2 (____) July 3-7 B3 (____) July 10-14 B4 (____) Jul 31 - Aug 4 B5 (____) Aug 7 - 11 B6 (____) Aug 14 - 18	RECREATION Camp R1 (____) June 26 - 30 R2 (____) July 3- 7 R3 (____) July 10-14 R4 (____) July 17-21 R5 (____) July 24-28 R6 (____) July 31 - Aug 4 R7 (____) Aug 7-11 R8 (____) Aug 14 - 18	BASEBALL Camp BB1 (____) July 3 - 7 BB2 (____) July 10- 14 BB3 (____) July 17 - 21 BB4 (____) July 31 - Aug 4
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****Camp Closed
 Tuesday, July 4****

**ALL APPLICATIONS MUST INCLUDE \$50 DEPOSIT
 LUNCH IS NOW INCLUDED IN CAMP TUITION. NO REDUCTION FOR TUITION IS ALLOWED
 IF LUNCH IS NOT TAKEN**

****PLEASE FILL OUT BOTH SIDES OF FORM****

Camp Don Bosco is inspected twice a year by the Rockland County Department of Health and is permitted to operate by the New York State Health Department. Reports are filed at our Camp Office and at the Rockland County Health Department 50 Sanatorium Road, Pomona, NY 10970

PARENT/GUARDIAN'S AUTHORIZATION

1. Deposit of \$50 per camper must accompany application.
2. I hereby give permission to the medical personnel selected by the camp director to provide routine health care: to administer medications, to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange any necessary health related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, order injections, anesthesia or surgery for the person named above.
3. Permission is hereby granted for photographs to be taken of my child and used for promotional materials.

PARENT/GUARDIAN SIGNATURE _____ Date _____

PLEASE INDICATE WHO HAS PERMISSION TO TRANSPORT YOUR CHILD HOME FROM CAMP. THIS CAN BE CHANGED, IN WRITING. _____

Camper's Health History

Please check where applicable.

Ear infection	()	Allergies		Diseases	
Rheumatic fever	()	hay fever	()	chicken pox	()
Convulsions	()	ivy poisoning	()	measles	()
German measles	()	Penicillin	()		
Asthma	()	Diabetes	()	insect stings	()
DRUG ALLERGIES (Specify)	_____	Mumps	()	other	()

Operations or serious injuries (type and date)

Chronic or recurring illnesses

Any activities that should be restricted

ALL MEDICATION CONCERNS MUST BE DEALT WITH THE CAMP HEALTH OFFICER.

Parent/Guardian Signature _____

Immunization History

This is a record of dates of basic immunizations and most recent booster doses.

Tetanus immunization must be up to date.

DTP Series _____	Booster _____	Tetanus booster _____
Polio OPV (Sabin) _____	Booster _____	Typhoid _____
Measles Vaccine (live) _____		Tuberculin test _____
German Measles (Rubella) _____		Varicella (Chicken Pox) _____
Mumps Vaccine (live) _____		Hepatitis B _____
Haemophilus influenza type b (hib) _____		Others _____

PHYSICIAN'S SIGNATURE _____