Day Camp In The Park

Office Use Only

Mailing Address
6 Kendall Drive
New City, NY 10956
Off-Season Telephone
845-638-2515
8 Week Summer Telephone
845-942-4781/4782

2027: Our 48th Summer!

dcitp.com
Dcitp1979@gmail.com

CAMPER INFORMATION

Name:_____Current Grade:___School: _____DOB:____/____/____ □ M □ F

Name:_____Current Grade:___School: _____DOB:____/____/____ □ M □ F

Home Address: _____ City:_____ State: _____ Zip: _____
Pickup if different: _____ City:_____ State: _____ Zip: _____

PARENT/GUARDIAN #1

Name: _____
Email: _____
Home #: _____
Work #: _____
Cell #: _____
Relationship: _____ DCITP Alumni? □Y □N

PARENT/GUARDIAN #2

Name: _____
Email: _____
Home #: _____
Work #: _____
Cell #: _____
Relationship: _____ DCITP Alumni? □Y □N

2027 EARLY BIRD TUITION

(AGES 4-14)	Regular Price in "$"
All 8 WEEKS	$6700 "$7300"
Any 7 WEEKS	$6500 "$7100"
Any 6 WEEKS	$6200 "$6800"
Any 5 WEEKS	$5600 "$6200"
Any 4 WEEKS	$4800 "$5400"
WEEKS 1-4 or 5-8	$4400 "$5000"

All Early Bird deposits are due by September 30, 2026 and balances are DUE IN FULL by April 15, 2027 or a $600 late fee per camper will automatically be applied. A $500 deposit is to be paid for each camper. Deposit is fully refundable until April 1, 2027. No refunds after April 1, 2027 for any reason. Tuition is based on full weeks only. No partial weeks or exchanged days. Makeups for sick days are not provided. Door to door air-conditioned bus transportation included. All extensions or changes made after June 1, 2027 will be charged $1,400.00 per week.

CHECK WEEKS OF ATTENDANCE (Four week minimum)

□ Week 1	6/28 - 7/2
□ Week 2	7/6 - 7/9 (no camp 7/5)
□ Week 3	7/12 - 7/16
□ Week 4	7/19 - 7/23
□ Week 5	7/26 – 7/30
□ Week 6	8/2 - 8/6
□ Week 7	8/9 - 8/13
□ Week 8	8/16-8/19 (no camp 8/20)

LEADERSHIP TRAINING (AGE: 15)

Counselor In Training	Must be entering Grade 10
$50/week discount	

SIBLING DISCOUNT - $500 Per Family

TUITION ADD ONS

□ ***Hot lunch*** ***($60/week)***

Please make checks out to Camp Edalia, Inc.
Credit Card (All credit card payments incur a 4% surcharge)

Name: _____ EXP: __ __ / __ __
Card#:_____ CVC: __ __ __ __

TUITION TOTAL: DEPOSIT:
Office use only

How did you hear about us?

EMERGENCY CONTACT INFORMATION

If we cannot reach you in the event of an emergency, please indicate two relatives or friends we may contact, and to whose sole care and custody you authorize us to release your child. Also provide your child's primary care physician and telephone number.

Contact #1: _____ Phone #: _____
Contact #2: _____ Phone #: _____
Camper(s) Physician: _____ Phone #: _____

DAY CAMP IN THE PARK HEALTH HISTORY and RELEASE FORM

Camper #1_____ (New Camper only) MMR Vax Dates1._____2._____

Camper #2_____ (New Camper only) MMR Vax Dates1._____2._____

Medical Insurance plan name _____Policy number_____

Name of insured _____Relationship to camper_____

Medical Conditions #1: _____

Medical Conditions #2: _____

Allergies #1: _____

Allergies #2: _____

Prescriptions: _____

To Day Camp In The Park:

- I hereby give my consent to allow the staff of any duly licensed hospital or physician to provide routine health care, emergency treatment, administer prescribed medication and nonprescription medication for my child so that their health and safety may be maintained. Permission is hereby granted to Day Camp In The Park to take my child on trips out of camp. This completed form may be photocopied for trips out of camp.
- I understand that the use of the camp's facilities involves terrain, activities and group arrangements and interactions that may be new to campers, and that they come with risks and uncertainties beyond what they may be used to dealing with at home or at school. I realize that no environment is risk-free, and so I have instructed my child(ren) on the importance of abiding by the camp's rules, and I represent that they are familiar with these rules and will obey them.
- Photographs or videos taken at camp may be used for advertisement purposes. Parent grants permission to use any photograph, film, or other image for promotional purposes including, but not limited to brochures, DVDs, our website page and other online postings.
- I give permission for my child to bring to camp and apply his or her own sunscreen or permission for a counselor to apply sunscreen.

Parent/Guardian's signature _____**Date** _____

Note: All camps are required to be licensed by the New York State Department of Health and Day Camp In The Park is licensed by that department. It is inspected at least twice a year by the State and a copy of each inspection report is on file at the Orange County Department of Health, 124 Main St, Goshen, NY 10924. The State Department of Health regulations require the camp to keep updated medical & vaccination records on file at camp for each camper. Your health form is not completed unless there is a record of completed vaccinations. Camp medical insurance will cover medical bills caused by accident at camp in cases which are not payable under any other insurance that you presently carry.