

# Day Camp In The Park

Office Use Only

2024: Our 45<sup>th</sup> Anniversary!

**Mailing Address**

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



daycampinthepark.com  
Dcstp1979@gmail.com

## CAMPER INFORMATION

Name: \_\_\_\_\_ Grade 09/24: \_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  M  F

Name: \_\_\_\_\_ Grade 09/24: \_\_\_\_ 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

### 2024 TUITION (AGES 4-13)

All 8 WEEKS	\$6900
Any 7 WEEKS	\$6700
Any 6 WEEKS	\$6400
Any 5 WEEKS	\$5800
Any 4 WEEKS	\$5000
<b>WEEKS 1-4 or 5-8</b>	<b>\$4600</b>

**All Early Bird deposits are due by September 30, 2023 and balances are DUE IN FULL by April 15, 2024 or regular price will apply.**

A \$500 deposit is to be paid for each camper. Deposit is fully refundable until April 1, 2024. No refunds after April 1, 2024 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, 2024 will be charged \$1,200.00 per week.

### **SIBLING DISCOUNT - \$500 Per Family**

### TUITION ADD ONS

**Hot lunch (\$60/week)**

### CHECK WEEKS OF ATTENDANCE (Four week minimum)

<input type="checkbox"/> Week 1	7/1 – 7/5 (no camp 7/4)
<input type="checkbox"/> Week 2	7/8 - 7/12
<input type="checkbox"/> Week 3	7/15 - 7/19
<input type="checkbox"/> Week 4	7/22 - 7/26
<input type="checkbox"/> Week 5	7/29 – 8/2
<input type="checkbox"/> Week 6	8/5 - 8/9
<input type="checkbox"/> Week 7	8/12 - 8/16
<input type="checkbox"/> Week 8	8/19 - 8/23

### LEADERSHIP TRAINING (AGES: 14-15)

<input type="checkbox"/> Camper Assistant Program- 1 <sup>st</sup> year	Entering Grade 9 \$50/week discount
<input type="checkbox"/> Counselor In Training- 2 <sup>nd</sup> year	Entering Grade 10

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

Name: \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_  
Card#: \_\_\_\_\_ CVC: \_\_\_\_\_

TUITION TOTAL:  
Office use only

DEPOSIT:

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 MEDICAL/HEALTH HISTORY and RELEASE FORM

Camper \_\_\_\_\_ MMR Vax Dates 1. \_\_\_\_\_ 2. \_\_\_\_\_ Polio Vax 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Camper \_\_\_\_\_ MMR Vax Dates 1. \_\_\_\_\_ 2. \_\_\_\_\_ Polio Vax 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

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 will not be completed unless there is a record of completed vaccinations. Camp medical insurance will cover medical bills caused by accident in cases which are not payable under any other insurance that you presently carry.