



# Camp Saradac Registration Info.

**Registration Dates: City Residents: March 2 — May 17**

**All Residents: March 16 — May 17**

**Mon.— Sat. 9:00am—7:00pm & Sundays 12:00pm—5:00pm**

**Camp Dates: June 29—August 14 Closed July 3**

**Camp Hours: Regular 9:00am—4:30pm Drop off: 8:45am-9:00am Pick Up: 4:30pm-4:45pm**

**Before Care 7:30am-9:00am and After Care 4:30pm-6:00pm**

**THIS PROGRAM IS FIRST COME FIRST SERVED**

## Sorry No Exceptions:

Registration forms will not be accepted without shot records

## Registration Fees

	<u>City Resident</u>	<u>Non City Resident</u>
Weekly	\$ 170	\$ 235
Full 7 Weeks	\$ 695	\$ 950
Before Care Weekly	\$ 30	\$ 40
After Care Weekly	\$ 30	\$ 40

*Before and after care reservations must be made in advance*

### **PAYMENT DUE DATES (if registered for full summer)**

**1ST PAYMENT DUE—AT REGISTRATION**

**2ND PAYMENT DUE—MAY 18**

**3RD PAYMENT DUE—June 1**

### **Limited Scholarship Available!**

To apply for a scholarship please complete and submit the scholarship application along with a registration form. Verification of family-household income is required. The following are acceptable forms for verification.

1. Federal or State Income Tax Returns
2. Proof of residency i.e. property tax bill or renter's agreement- If relevant
3. Child support papers-if relevant
4. Social Services required paper work- if relevant



## About our Day Camp

Camp Saradac, located at the Saratoga Springs Recreation Center, is a NYSDOH licensed full day summer camp for children ages 5-15. Our camp offers exciting weekly field trips, creative recreational and educational programs, arts & crafts, weekly swimming, and themed weeks. Camp activities are designed to promote fun and fitness while providing opportunities for campers to grow. The Camper's favorites: **the Saratoga County Fair, the Fun Spot, the Great Escape, Tri-City Valley Cats** and of course our weekly visits to the **Peerless Pool** will all be a part of our 2015 field trip line-up. Check our website for a complete schedule of all of our field trips and our Parent Handbook. All campers must bring a towel, swimsuit, lunch, beverage, and snacks each day, rain or shine. Campers will receive one shirt with registration.

### In order to register, parents MUST bring:

1. Child's immunization records- with out these we can not sign your child up for camp.
2. Registration and payment to the Recreation Center.
3. Proof of residency: (City of Saratoga Springs Property Tax Bill, S/B/L#, Lease Agreement, or Water bill).



Saratoga Springs Recreation Center  
 15 Vanderbilt Ave  
 Saratoga Springs, NY 12866  
 518-587-3550 ext. 2300  
[recreservations@saratoga-springs.org](mailto:recreservations@saratoga-springs.org)  
[www.SaratogaRec.com](http://www.SaratogaRec.com)





**Camp Saradac Registration - Form 3 of 3**

<b>CHILD'S NAME:</b>	<b>PARENT NAME:</b>	<b>PHONE:</b>
Street Address	City State Zip	Select Age Group: 5/6 7/8 9/10 11/12 13/15

<b>ENROLLMENT DATES</b>								
Circle <b>ALL</b> and <b>FEES</b> if choosing Full Summer								
	Camp Hrs 9:00-4:30pm		Before Care 7:30-9:00am		After Care 4:30-6:00pm		Balance Due	
	City 6CS7CC	Non City 6CS7CN	City 6CBACR	Non City 6CBACR	City 6CAACR	Non City 6CAACR		
<b>ALL 7 Wks</b>	<b>\$695</b>	<b>\$950</b>	<b>\$210</b>	<b>\$280</b>	<b>\$210</b>	<b>\$280</b>	<b>\$</b>	
<b>OR</b>								
Circle <b>DATES</b> and <b>FEES</b> if choosing specific weeks								
	Camp Hrs 9:00-4:30pm		Before Care 7:30-9:00am		After Care 4:30-6:00pm			
<b>Week Dates</b>	City 6CS1CC	Non City 6CS1CN	City 6CBACR	Non City 6CBACR	City 6CAACR	Non City 6CAACR	<b>Balance Due</b>	
Jun 29-July 2 Closed July 3	\$170	\$235	\$30	\$40	\$30	\$40	\$	
July 6-10	\$170	\$235	\$30	\$40	\$30	\$40	\$	
July 13-17	\$170	\$235	\$30	\$40	\$30	\$40	\$	
July 20-24	\$170	\$235	\$30	\$40	\$30	\$40	\$	
July 27-31	\$170	\$235	\$30	\$40	\$30	\$40	\$	
Aug 3-7	\$170	\$235	\$30	\$40	\$30	\$40	\$	
Aug 10-14	\$170	\$235	\$30	\$40	\$30	\$40	\$	
<i>Weekly registration must be paid in full at time of registration</i>								
<i>EACH CAMPER RECEIVES ONE FREE SHIRT- Only fill in quantity if you wish to pay for additional shirts</i>								
Extra T-Shirt		Quantity _____	Price: \$5 per (6CTSHR)		\$			
<b>Shirt Size</b> Youth: Sm Med Lg Adult: Sm Med Lg XL								
						<b>LATE FEE \$25</b>		\$
<b>*CANNOT COMPLETE REGISTRATION WITHOUT IMMUNIZATION RECORDS- NO EXCEPTIONS*</b>						<b>TOTAL COST</b>		\$

<b>OFFICE USE ONLY</b>				
City Proof (tax bill, s/b/l number, lease agreement, state/fed tax)			School District Proof (tax bill, s/b/l number, lease agreement, state/fed tax)	
<b>TOTAL COST</b>	\$			
Full/Initial Payment due at Registration	\$	Date:	Batch #:	Cash or Check#
Balance	\$			
2nd Payment due May 18	\$	Date:	Batch #:	Cash or Check#
Balance	\$			
Final Payment due June 1	\$	Date:	Batch #:	Cash or Check#
Balance	\$			
There will be no reminder phone calls about the clinics/programs, please keep the calendar of dates! Please make checks payable to the Commissioner of Finance.				
<b>THIS IS YOUR BILL. THIS WILL SERVE AS YOUR ONLY RECEIPT FOR TAX PURPOSES.</b> <b>FEDERAL I.D. #14-6002423 STATE I.D.#69-0211590</b>				



Camp Saradac Registration - Form 1 of 3

Print Clearly \*MUST SUBMIT IMMUNIZATION RECORDS TO REGISTER\*

CHILD'S INFORMATION form with fields for Child's Last Name, First, Middle, Male/Female, School, Birth Date, Street Address, City, State, Zip, Select Age Group, Email, and Primary Phone.

PARENT/GUARDIAN INFORMATION form with two numbered sections for Parent/Guardian Last Name, First, Middle, Work, Street Address, City, State, Zip, Cell, Email, and Home.

In addition to the guardians listed above, I give permission to the following people to pick up my camper from camp. The individual shall be required to provide identification every time.

EMERGENCY CONTACTS / AUTHORIZED FOR PICKUP form with four numbered rows for Last Name, First, Relationship to Child, Primary Phone, and Secondary Phone, followed by a permission statement for bike and walking.

MEDICAL INFORMATION (use additional pages if necessary) form with fields for Pertinent Medical Information, Allergies/Medical Diagnosis, Medication, Dosage and Frequency of Dosage, Special Needs/Disabilities, and Date/Provider of Last Tetanus Toxoid Booster.

Any minor injuries that occur at camp are routinely treated with over the counter remedies such things as you might find in your medicine cabinet at home. Enclosed is a list of items approved by our camp physician for treating injuries including scrapes, bug bites, bumps, and bruises and other minor injuries.

- List of approved items: Triple Antibiotic Ointment, First Aid Antiseptic Spray, Caladryl, Ace Wraps, Sterile Isotonic Eye Wash, Sting Relief Antiseptic and Pain Reliever Pads, Hydrocortisone Cream 1%, BZK Antiseptic Towelettes, Instant Cold Packs, Sun Screen: Sun X SPF 30+ Cold Packs.



Camp Saradac Registration - Form 2 of 3

CHILD'S NAME: PARENT NAME: PHONE:

RECREATION AGREEMENT

Each child will be requested and required to adhere to the following rules of play:

- 1. Keep hands, feet and objects to themselves.
2. Follow directions the first time they are given.
3. Use appropriate language when working with other children and camp staff.
4. Respect themselves, fellow campers, and camp staff.
5. Stay with their playgroup at all times.

There will be no refund of monies for camp suspensions due to behavior issues. Should your child break a rule contained within the Handbook, the following disciplinary procedure will be followed:

- First Offense: Verbal warning to your child with a written note home indicating the next disciplinary step will be the loss of a full day at camp.
Second Offense: Call home to Parent/Guardian with written notification at time of pickup that the child is suspended from camp the immediate following day for a total of one (1) camp day.
Third Offense: Call home to Parent/Guardian with written notification at time of pickup that the child is suspended from camp the immediate following day for a total of three (3) camp days.
Fourth Offense: Call home to Parent/Guardian with written notification at time of pickup that the child is suspended from camp the immediate following day for a total of ten (10) camp days.
Fifth Offense: Call home to Parent/Guardian with written notification at time of pickup that the child is suspended from camp the immediate following day for the entire camp season.

In that your child has expressed a desire to participate in a City sponsored Recreation Program, it is important for you and your child to understand the goals and rules established for the Program. Each child will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handbook. Field trips will be available to your child over the course of this Program. You will be required to provide additional permissions as are necessary.

My camper has my permission to participate in all recreational activities at the Saratoga Springs Summer Recreation Program. I certify that my camper is in satisfactory physical condition. I will notify the Staff of the Saratoga Springs Recreation Program twenty four hours in advance of any change in my camper's physical condition that may impact his/her ability to participate in the Summer Recreation Program activities. I understand that my camper may be photographed or videoed and his/her name may be used for publicity purposes for the Saratoga Springs Recreation Program.

In signing this agreement, you acknowledge that you fully understand there are inherent risks and dangers associated with your child's participation in Recreation sponsored activities. You also understand and acknowledge your child's participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. You understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and you hereby accept those risks.

In the event of an emergency, I hereby authorize my child to be treated by Certified Emergency Personnel. It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached.

I hereby agree to give permission for my child to participate in City sponsored Recreation Program activities and acknowledge no physical or emotional issue which would prohibit him/her from participation. I agree to indemnify and save harmless the City of Saratoga Springs from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my child's participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.

Parent / Guardian Signature: Date:

FIELD TRIP PERMISSION

I understand that my child may be attending the following off site trips. Please initial any of the trips that you DO NOT want your child to attend.

- Build a Bear Workshop \_\_\_ Tri City Valley Cats \_\_\_ Peerless Pool \_\_\_ Dance Party \_\_\_
Million Dollar Beach \_\_\_ The Great Escape \_\_\_ Fandango/Regal Cinemas \_\_\_ Circus Smurcus \_\_\_
NYS Albany Museum \_\_\_ Veterans Memorial Park \_\_\_ Sar Spr Congress Park \_\_\_ Ben & Jerry's \_\_\_
Glenville Sportplex \_\_\_ Sar Spr Public Library \_\_\_ Sar Spr Children's Museum \_\_\_ East Side Rec Field \_\_\_
Lake George Fun Sport \_\_\_ Saratoga Strike Zone \_\_\_ Saratoga Spa State Park \_\_\_ West Side Rec Field \_\_\_
Moreau Lake State Park \_\_\_ Police/Fire Dept. Tour \_\_\_ Adirondack Animal Land \_\_\_ Ice Skating Rink \_\_\_
Saratoga County Fair \_\_\_ \*Other may be designated at a later date with approval\*

I Hereby agree to give permission for my child to participate in City- Sponsored program activities including off-site activities unless I have initialed that I DO NOT want my child to attend the trip. I acknowledge no physical or emotional issue which would prohibit him/her from participation

Parent / Guardian Signature: Date: