

Rye Nature Center Summer Camp Registration Procedures and Policies Summer 2010

How to Register

We cannot accept your registration without **ALL** of the following:

- Registration Form (see reverse)
- Emergency/Medical Form
- Immunization Record
- Full payment by check payable to "Friends of Rye Nature Center"

Registrations Accepted

On a first-come, first-served basis, beginning at 8:00 AM, Saturday, February 27, 2010.

Camp Policies

Camp counselors will not apply insect repellent. Repellent must be applied prior to arriving at camp. All photos/videos taken at camp may be used at the discretion of the Friends of Rye Nature Center.

Scholarships

Full and partial scholarships are available and awarded on the basis of financial need or other family hardship. Please contact the Rye Nature Center for information and a confidential application.

Safety Standards

The Rye Nature Center Summer Camp operates in accordance with permit requirements of the Westchester County Health Department. Inspection reports and required plans are filed at 145 Huguenot Street, New Rochelle, NY, and are available for your review at the camp office.

Changes/Cancellations

Changes and additions are allowed as space permits. All requests to change or add sessions must be made in writing one week prior to the start of the session. We cannot honor change requests during Monday check-in at the start of a session.

For cancellations requested in writing by June 1st, 2010, the camp fee less \$100 will be refunded. After June 1st, no refunds are available.

About the Emergency / Medical Form

Our camp is licensed and inspected by the Westchester County Health Department. Therefore, we cannot admit a camper without a record of certain immunizations. Use the space on the Emergency / Medical Form or attach a photocopy of the record provided by your pediatrician.

A physical examination is not required to attend camp.

For more information, contact the Rye Nature Center
873 Boston Post Rd., Rye, NY 10587 Tel: 914-967-5150
Fax: 914-921-5968
E-mail: info@ryenaturecenter.org
Website: www.ryenaturecenter.org

**RYE NATURE CENTER SUMMER ECOLOGY PROGRAM
EMERGENCY AND MEDICAL FORM**

The following information is required by the New York State Health Department. Please return this form to Friends of Rye Nature Center, 873 Boston Post Rd, Rye, NY 10580 or Fax to 914-921-5968.

We **cannot accept your registration** without this form completed and signed. Thank you.

EMERGENCY INFORMATION

Name of Camper: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Emergency Contact – Name: _____ Phone: _____

Doctor's name: _____ Phone: _____

I am willing to let the above child participate in the activities of the 2010 Rye Nature Center Summer Ecology Program. In a medical emergency, I give the Center permission to take my child to a hospital for examination and treatment of injuries, x-rays and other necessary care.

Signature of parent/guardian Date: _____

Camper's date of birth: _____

Is your child subject to asthma, any allergies, diet restrictions, limits on activities, or other medical problems? (Please circle) YES NO

If YES please explain: _____

Does your child have any learning, emotional, or behavioral problems? (Please circle) YES NO
If YES, please explain and let us know the best way to handle the problem: _____

Are there any other circumstances concerning your child that we should know about? _____

Dates of immunizations (specific dates MUST be provided) or attach copy of immunization record:

DPT: _____

POLIO: _____

MMR: _____

HIB: _____

Hep B _____

Varivax (Varicella) _____

MEDICAL INFORMATION



Summer Camp 2010 Registration Form

Please use one copy of this form per child.

Download additional copies at www.ryenaturecenter.org.

We cannot accept your registration without this form and:

- Emergency/Medical Form
- Immunization Record
- Full payment by check payable to "Friends of Rye Nature Center"

Child's Name: Last _____ First _____

Date of Birth: _____ Grade Entering in Next Fall: _____

T-shirt size (*circle one*): XS S M L XL

Parent/Guardian One: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

E-mail: _____

Parent/Guardian Two: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

E-mail: _____

<u>Select Group</u>			<u>Fee (Member/Non)</u>
<input type="checkbox"/> Explorers	Entering Pre-K or K	9:30am– 12:30pm	\$260 / \$310
<input type="checkbox"/> Discoverers	Entering Grade K - 2	9:45am – 2:45pm	\$345 / \$395
<input type="checkbox"/> Naturalists	Entering Grade 3 - 5	9:45am – 2:45pm	\$345 / \$395
<input type="checkbox"/> CITs	Entering Grade 6 - 8	9:45am – 2:45pm	\$395 / \$455

<u>Select Session(s)</u>	<u>Date</u>	<u>Theme</u>	<u>Fee</u>
<input type="checkbox"/> Session 1	July 12 – 16	Traces of the Past	_____
<input type="checkbox"/> Session 2	July 19 - 23	Ready, Set, Survive	_____
<input type="checkbox"/> Session 3	July 26 - 30	Through the Woods	_____
<input type="checkbox"/> Session 4	August 2 - 6	Spies Like Us	_____
<input type="checkbox"/> Session 5	August 9 - 13	It's Sustainable	_____
	Family Membership (\$75, <i>optional</i>)		_____
	Scholarship Fund Contribution (<i>any amount, optional</i>)		_____
NEW	Discount: if registration received by March 27th, subtract 5%		- _____
	TOTAL (<i>enclose check</i>):		=====