Weekly Themes
Aloha Summer
Hurrah for the Red, White & Blue
Silly Celebrations Week
Splish! Splash! Water Adventures
Mischief, Mayhem & Make Believe
Carnival Adventure
International Olympic Week
Camp Malta Spirit Week

Full Day Summer Camp

JUNE 27 - AUGUST 19 2016

MONDAY - FRIDAY 9:00 AM - 4:00 PM

Malta Community Center

REGISTRATION ENDS JUNE 8th

ONE BAYBERRY DRIVE
MALTA, NY 12020
(518) 899-4411
commctr@malta-town.org
www.maltaparksrec.com

For children entering

KINDERGARTEN - FIFTH GRADES

Fall 2016 school year

CAMP MALTA is held at the Malta Community Center. This NYS Health Department licensed program is supervised with professional counseling staff. This program is open to children entering Kindergarten through Fifth grades in the fall of 2016.

Participants will enjoy summer days packed with fun activities such as sports, crafts, games, movies, library time, science/nature activities and special guest programs. In addition, campers will participate in a weekly nature trip and field trip per week at no additional cost!

Camp Malta Facts

Dates: Camp Malta is an 8-week program that runs June 27 - August 19

Hours: 9:00 am - 4:00 pm
AM care 8:00 am - 9:00am
PM care 4:00 pm - 5:00 pm
(AM & PM care is available at an additional fee)

Location: Malta Community Center

Participants: Children who are entering Kindergarten - 5th grades in the Fall of 2016.

Camper Explorer Day

This year, campers will enjoy an exploration trip or theme one time per week. This may include visiting places like parks or exploring our community.

Trips

Included in the camp fee is one off-site field trip per week and trips to town parks. Children will attend trips such as museums, bowling, mini golf and more!

Program calendar available in April.

Fees

Program fees:

Malta-Residents $140 per week
Non-Residents $155 per week
(Week 2: 7/5-7/8 R $112 NR $124)

Extended Care:

AM Care $20 per week
PM Care $20 per week

*You will be charged a $5 fee per child for every 5 minutes you're late for pick-up.

There is a 2 week minimum. One week registration fee is non-refundable.
<u>All fees are non-refundable after June 8.</u> All fees are due at the time of sign ups.

Registration:

- Registration begins on March 1st and ends on June 8th. One week fees are non-refundable. The remaining fees are non-refundable after June 8.
- You must register in person.
- Remember to read the Parent Handbook.
- In order to register you must provide:

Child's current immunization record

Proof of residency

Proof of legal guardianship

Completed registration form

Don't forget to sign and date the forms!

Policies & Procedures

Prior to the start of Camp, all campers and parents should obtain the Camp Malta Handbook. This book will review all necessary information, procedures and policies. All campers are expected to follow the rules of camp and show proper respect toward staff.

Camp Trip Shirts

Campers will need to wear the official Camp Malta t-shirt on trip days. One t-shirt is supplied free of charge on the first day of camp. If additional are needed, they can be purchased for $5 each. Indicate T-shirt size on registration form.

Registration forms will not be accepted without shot records • Registration ends June 8

CAMP MALTA
REGISTRATION FORM 2016

Any registration forms received that are not signed or are without proof of residency, immunization forms, registration fee(s) and appropriate signatures will be returned as incomplete. **NOTE: We cannot hold incomplete registration packets. Please do not have immunization records faxed to this office.**

CHILD'S INFORMATION	First	Last	
Sex M ___ F ___	Date of Birth	Age	Grade for 2016-2017
HOME ADDRESS	Street		Apt. #
	City	State	Zip

PARENT / GUARDIAN INFORMATION

NAME	First	Last	Date of Birth
Street	Home Phone	Work Phone	Cell Phone ( )
City	State	Zip	E-mail
NAME	First	Last	Date of Birth
Street	Home Phone	Work Phone	Cell Phone ( )
City	State	Zip	E-mail

CHILD'S MEDICAL INFORMATION

INSURANCE	Group Name	ID Number
MEDICAL INFO	Please list any Allergies, Medical Problems or other Conditions	
PHYSICIAN'S INFORMATION	Name	Address	Phone ( )

EMERGENCY CONTACT INFORMATION (MUST LIST TWO OTHER THAN YOURSELF)

NAME	First	Last	Home Phone ( )
Street	Cellular or Pager ( )	Work Phone ( )	
City State Zip	E-mail	Relationship to child	
NAME	First	Last	Home Phone ( )
Street	Cellular or Pager ( )	Work Phone ( )	
City State Zip	E-mail	Relationship to Child	

Please list the names of people authorized to pick your child up: _____

_____

Check child's T-Shirt size: _____ Youth Small (6/8) _____ Youth Medium (10/12) _____ Youth Large (14/16)

CHECK THE WEEKS FOR WHICH YOU ARE REGISTERING AND EXTENDED CARE IF APPLICABLE.

By checking the weeks below, you are committing to those weeks of the program and for the fees associated with them.

____ Week 1: June 27 - July 1	**____ AM Care**	**____ PM Care**	**Aloha Summer**
____ Week 2: July 5 - July 8	**____ AM Care**	**____ PM Care**	**Hurrah for Red, White & Blue**
____ Week 3: July 11 - July 15	**____ AM Care**	**____ PM Care**	**Silly Celebrations**
____ Week 4: July 18 - July 22	**____ AM Care**	**____ PM Care**	**Splish! Splash!**
____ Week 5: July 25 - July 29	**____ AM Care**	**____ PM Care**	**Mischief, Mayhem & Make Believe**
____ Week 6: Aug. 1 - Aug. 5	**____ AM Care**	**____ PM Care**	**Carnival Adventure**
____ Week 7: Aug. 8 - Aug.12	**____ AM Care**	**____ PM Care**	**International Olympic Week**
____ Week 8: Aug. 15- Aug.19	**____ AM Care**	**____ PM Care**	**Camp Malta Spirit Week**

PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING WAIVER

I hereby grant permission for my child to participate in the Camp Malta full-day summer camp and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines _____ **(Please initial).**

I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. Although the Town of Malta endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program or the premises in which it is held is totally free of exposure to nuts and nut-products.

I agree to indemnify and hold harmless the Town of Malta, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the Program. The scope of this agreement extends to any actions taken by the Town of Malta Parks & Recreation Department, the Town of Malta, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

Parent/Guardian Signature_____ **Date** _____

Witness Signature _____ **Date** _____

SPECIAL ACCOMMODATIONS

The Town of Malta Parks and Recreation Department supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate and someone will contact you. Use a separate sheet if necessary. _____

_____

MEDICAL INFORMATION: **Please describe any allergies, medical problems, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet if necessary.**

_____

_____

_____

_____

PERSONAL INFORMATION: **Please describe any personal situations that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary.**

_____

_____

Office use only: Proof of Residency _____ Immunization Form_____ Proof of Guardianship _____ Date Received: _____

FINANCIAL AGREEMENT

- I agree that my child will participate in the Program for a minimum two weeks.
- I understand that I must select the weeks that my child will be attending the program prior to June 8, 2016.
- I agree that one weeks fee is non-refundable and the remaining weeks fees are non-refundable after June 8, 2016.
- I agree to pay the Town of Malta all weekly fees in full at the time of registration.
- I understand that any outstanding debts shall prohibit me and my child from enrolling or participating in any other Malta program until the balance is paid in full.
- I understand and agree that I am responsible for a late fee of $5.00 per child for every 5 minutes I am late picking up my child(ren).
- I agree to pay a $20 service charge for all returned checks.

Child's Name: _____

Signature of Parent or Guardian _____ Date: _____

SUNSCREEN PERMISSION

Just a few serious sunburns can increase a child's risk of skin cancer later in life. It only takes 15 minutes of exposure of the sun's UV rays to damage the skin. Since children in Camp Malta regularly participate in outdoor and water related recreational activities, we strongly recommend adherence to the sunscreen policy.

1. All campers should wear sunscreen with a SPF of at least 15 (or greater) on all exposed skin daily.
2. Parent or legal guardian is responsible for applying the first layer of sunscreen prior to drop-off to the program each morning.
3. Parents or legal guardians will be responsible for providing their children with enough sunscreen (in a sealed container) to take with them for later day applications. One container per child with his/her name clearly indicated on the bottle. Children will not be allowed to use any other product or share. Only over-the-counter sunscreens are accepted.
4. Children will need to be instructed by parent or guardian on how and where to apply the sunscreen.
5. Camp staff will routinely remind campers to apply their sunscreen and make it available for use.
6. Day camp staff will be responsible for ensuring thorough follow-up applications after one hour in water, after two hours of activity in the sun and/or any other time as needed. This may mean that camp staff will need to assist in the application of the sunscreen in the case the camper is not able.
7. Should camp staff need to apply sunscreen it will be done in the following manner:
8. Staff will confirm that parental permission form has been signed.
9. Staff will use camper's sunscreen.
10. Staff will apply sunscreen to children's exposed areas only (except head and face).
11. Staff will do this in the presence of others and will not apply sunscreen to any area that a bathing suit covers.

I verify that I have read and understood and agree to comply with the Malta Summer Camp Sunscreen policy.

Parent's Signature _____ Date:_____

☐ Yes, camp staff may apply sunscreen to my child_____.

MEDICATION AUTHORIZATION FOR THE USE OF EPI-PENS OR INHALERS

This form is to be filled out *ONLY* if your child needs to carry an epi-pen or an inhaler and must be completed by your *child's physician.*

The Camp Malta is a day camp and Malta staff is not allowed to dispense medication. The Department of Health regulations prohibit the administration of medicine, including but not limited to benadryl, tylenol, aspirin, advil, or motrin by an unlicensed individual. The two exceptions are asthma inhalers and epi-pens which camp personnel are permitted to assist in administering. This form is for permission to carry ONLY epi-pens and/or inhalers. No other medication can be brought to camp.

*** It is important that your child is educated about the signs and treatment of anaphylaxis as this knowledge will significantly improve the safety of your child. You are required to bring your child into the Department of Parks, Recreation and Human Services office to either; demonstrate that they can self-administer the epi-pen and/or inhaler or, if they are too young, to demonstrate that they can tell people around them about their allergy and what they can do in the event of an emergency (for example, notify their counselor of an exposure, any trouble breathing, etc). This is required before June 24, 2016 or your child may not be allowed to attend camp.**

THE FOLLOWING SECTION MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN:

Physician's Information	Name	Address	Phone ( )

My child ____HAS ____ HAS NOT been trained to self-administer their Epi-pen.

I have read and agree to the medical authorization above.

_____

Parent/Guardian Signature **Date**

_____ _____

Witness **Date**

THE FOLLOWING MUST BE COMPLETED BY THE PHYSICIAN

Diagnosis for which epi-pen and / or inhaler is given: _____

Name of Medication _____

Form_____Dose_____

If epi-pen and / or inhaler is to be given "WHEN NEEDED" describe indications_____

_____

How soon can medication be repeated_____

Has child been trained to self administer_____

List significant side effects_____

Other Information _____

_____

_____

_____ _____

Date **Physician's Signature**

EXPIRATION DATE OF MEDICATION _____