



SILVER POINT BEACH CLUB DAY CAMP CAMPER APPLICATION 2012

Please print clearly in Blue/Black ink

Complete one for each camper ~ RETURN BY JUNE 1ST, 2012 Date _____

Child's Full Name: _____

Date of Birth: ____/____/____ Age as of June 27th ____ Gender: ____ M ____ F

Grade entering in September: _____ School: _____

Has child attended camp before? _____ Name of camp: _____

List child's special hobbies, interests, skills: _____

T-Shirt Size (**circle one**) *Child Size* 2-4 6-8 10-12 14-16 *Adult Size* S M L XL

Parent's Full Names: _____

Address: (Number & Street) _____

(Town, State, Zip) _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Cabana Number: _____ Locker Number: _____

GROUP ASSIGNMENTS

MIDDLE CAMP (1st, 2nd, & 3rd grade) & UPPER CAMP (4th grade & up):

Camper's will be assigned to groups based on their gender and the grade they will be entering in September of 2012.

LOWER CAMP (Campers born in 2007, 2008, 2009):

Camper's will be assigned to a co-ed nursery or Kindergarten group based on their age.

Please group my child with the following camper's _____,

(It is understood that the children are in the same grade and the request is mutual.)

To ensure enrollment, a check for the full amount of tuition (\$1250) must accompany this application no later than June 1st. There will be an additional non-refundable \$50 charge for an application received after June 1st. LATE APPLICATIONS PRESENT PROBLEMS WHEN CAMPER GROUPINGS AND STAFF PLACEMENTS ARE ALREADY DETERMINED SOON AFTER JUNE 1ST.

Management reserves the right to expel any camper that presents a problem. Refunds will be pro-rated. If a camper is removed from camp after the first week, there will be an additional \$50 service charge. There will be absolutely no other refunds.

A current medical report must be submitted prior to the child's first day of camp. **No camper will be admitted without an updated medical form (enclosed).** The medical form must include a list of allergies, updated immunizations, medications taken, etc. *(Please note that the camp staff cannot dispense medication or perform medical procedures)*

Silver Point Beach Club Day Camp is licensed by the New York State Department of Health and is inspected twice yearly. Copies of inspection reports are kept on file in the county Health Department Offices at 106 Charles Lindbergh Blvd. Uniondale, N.Y. 11553. Inquiries can be made Monday-Friday, 9-4:45 at 516 227-9717



**SILVER POINT BEACH CLUB DAY CAMP
Camper Medical Form**

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~ RETURN BY JUNE 1st, 2012

Campers Full Name: _____
Age: _____ Height: _____ Weight: _____

Immunization History:

Please record the date (month and year) of basic immunizations and most recent booster doses.

DPT _____
Hepatitis B _____
Haemophilus influenza type b _____
MMR _____
Polio _____
TB Tine or PPD _____
Varicella _____

Health History:

(Check: Give approximate dates)

_____ Measles _____
_____ Germain Measles _____
_____ Mumps _____
_____ Chicken Pox _____

List any known drug allergies: _____
Any known food allergies/dietary restrictions: _____

Additional health information/special remarks:

I have examined the above patient on ____/____/____
S/he is in good health and may participate in all camp activities without restrictions.
Physician's Signature: _____ License #: _____
Address: _____ Phone #: _____

I hereby give my permission to Silver Point Beach Club to have a doctor attend to any emergency needs that my child may require while s/he is in attendance at the Day Camp and I **cannot** be contacted.

Parent's Signature: _____ **Date:** _____



**SILVER POINT BEACH CLUB DAY CAMP
Camper Emergency/Release Form 2012**

Please Print Clearly in Blue/Black ink

Complete one for EACH camper ~ RETURN BY JUNE 1st, 2012

Camper's Full Name: _____

Accommodations: Cabana #: _____ Locker #: _____

Check if applicable: Sun & Surf _____ Atlantic Beach Resident _____

In case of emergency, the following numbers may be used (include yourself):

Name	Relationship to Child	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

If, I am not on the premises, the following people can be contacted at Silver Point in case of emergency:

Name	Cabana/Locker #	Phone Number
1. _____	_____	_____
2. _____	_____	_____

The following people are authorized to pick up my child (include yourself):

Name	Relationship to Child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

CHECK ONE

I do _____ I do not _____
Give my child permission to be dismissed by him/herself at 4:00pm
(Lower Camp campers must be picked up at dismissal)

I understand that in between 11:00am and 4:00pm only those names listed above can sign out my child after receiving authorization from the camphouse office. If there are any changes, I will contact the camp in writing or by calling (516) 239-1906.

Parent or guardian's signature _____