



# SILVER POINT BEACH CLUB DAY CAMP CAMPER REGISTRATION 2024



Please print clearly in blue/black ink

Complete one for each camper ~ **RETURN BY JUNE 1<sup>ST</sup>, 2024** Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of June 27<sup>th</sup>: \_\_\_\_ 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

Parents' Full Names: \_\_\_\_\_

Address: (Number & Street) \_\_\_\_\_

(Town, State, Zip) \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Cabana Number: \_\_\_\_\_ Locker Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

## GROUP ASSIGNMENTS

### **MIDDLE CAMP (1<sup>st</sup> through 4<sup>th</sup> grade) & UPPER CAMP (5<sup>th</sup> grade through 9<sup>th</sup> grade):**

Campers will be assigned to groups based on their gender and the grade they will be entering in September of 2024.

### **LOWER CAMP (Campers born in 2019, 2020, 2021):**

Campers will be assigned to a co-ed Nursery or Kindergarten group based on their age.

Please group my child with the following campers \_\_\_\_\_,

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

**CAMP DATES: Thursday, June 27<sup>th</sup> – Friday, August 16<sup>th</sup> NO CAMP Thursday, July 4<sup>th</sup> and Friday, July 5<sup>th</sup>**

To ensure enrollment, a check for the full amount of tuition (**\$1900**) must accompany this application no later than June 1<sup>st</sup>. There will be an additional non-refundable \$50 charge for an application received after June 1<sup>st</sup>. **LATE APPLICATIONS PRESENT PROBLEMS WHEN CAMPER GROUPINGS AND STAFF PLACEMENTS ARE ALREADY DETERMINED SOON AFTER JUNE 1<sup>ST</sup>.**

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 required to be permitted to operate by Nassau County Department of Health; Silver Point Beach Club Day Camp is required to be inspected twice yearly; and the inspection reports concerning Silver Point Beach Club Day Camp is filed at: 200 County Seat Drive, Mineola, New York 11501



# SILVER POINT BEACH CLUB DAY CAMP CAMPER MEDICAL FORM 2024



*Please print clearly in blue/black ink*

Complete one for each camper ~ **RETURN BY JUNE 1ST, 2024**

Date: \_\_\_\_\_

Camper's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Immunization History:**

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

DPT \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Haemophilus influenza type b \_\_\_\_\_

MMR \_\_\_\_\_

Polio \_\_\_\_\_

TB Tine or PPD \_\_\_\_\_

Varicella \_\_\_\_\_

**Health History:**

Please check and give approximate dates.

\_\_\_\_\_ Measles \_\_\_\_\_

\_\_\_\_\_ German 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 #: \_\_\_\_\_

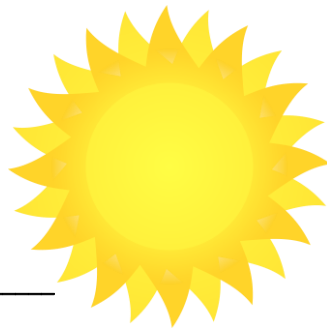
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

*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/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_



 **SILVER POINT BEACH CLUB DAY CAMP  
EMERGENCY/RELEASE/MEDIA PERMISSION**



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Complete one for each camper ~ **RETURN BY JUNE 1ST, 2024**

Date: \_\_\_\_\_

Camper's Full Name: \_\_\_\_\_

Accommodations: Cabana #: \_\_\_\_\_ Locker #: \_\_\_\_\_

Check if applicable: Sun & Surf \_\_\_\_\_ Atlantic Beach Resident \_\_\_\_\_

**EMERGENCY**

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

Print FULL Name	Relationship to Child	Phone Number/s
1. _____		
2. _____		
3. _____		
4. _____		

**RELEASE (Pickup)**

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

Print FULL 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.*

**MEDIA PERMISSION**

I give permission and consent for Silver Point Beach Club Day Camp (SPBCDC) to allow photographs/videos to be taken during camp session activities. I further give permission and consent that any such photographs/video may be published and used by SPBCDC to illustrate and promote the SPBC day camp experience.

Parent/Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_