

Town of North Greenbush 2026 Summer Program Registration Form

Camp Dates: July 6th – August 14th 9 am – 3 pm

Please print and mail this completed form with immunization form & check payments to: Town of North Greenbush Summer Camp, 2 Douglas Street, Wynantskill, NY 12198. Applications MUST be accompanied with payment & immunization forms (Fees are on the next page). Please make all personal & bank checks payable to: The Town of North Greenbush

NO REFUNDS

If you have any questions about summer camp, please call the office M-F from 8:30 am – 3:30 pm, 518-283-5313 ext. 22, or email srobert@northgreenbush.gov to speak to Sean. (Email is preferred)

Please LIKE us on FACEBOOK for updates at: TOWN OF NORTH GREENBUSH SUMMER CAMP & RECREATION
REGISTRATION MUST BE RECEIVED BY 4:00pm, JUNE 26th OR A \$25.00 LATE FEE WILL APPLY

<u>Office Use</u>	
Grade Entering	
Fee Paid	
Immunization Record Forms	
Resident/ Non-Resident	
Bus – AM	
Bus – PM	

Medical Concerns: Please be advised that all medical concerns, including allergies (food, meds, insect, etc..) and behavioral, developmental, and health problems (asthma, diabetes) must be reported even if your child is not currently taking medications. This will help us create a more enjoyable experience for your camper.

Does your child have a behavior plan: Yes: ___ No: ___ If yes, please submit a copy to the Medical Director.

IT IS VITAL that you please list medical concerns here (or attach on separate sheet):

Participant Last Name: _____ First Name: _____

Male or Female (circle one) DOB: ___/___/___ Age (at start of program): _____

School: _____ Grade Entering: _____

Home Address: _____ City/Town: _____ Zip Code: _____

Parent/Guardian First & Last Name: _____

E-Mail: _____ ***REQUIRED***

Phone Numbers During Camp Hours: (1) _____ (2) _____

Alternative Emergency Contact Information: If the Youth Department cannot reach you at the above contact numbers, whom shall we contact?

Full Name: _____ Home Phone : _____ Alt. Phone : _____

Relationship: _____

Photographs will be taken during the summer camp for the purpose of our camp newsletter and social media. If you do not want your child to be included in any photographs, please complete the following:

I do not want my child, _____ to be photographed or on any social media during this Camp Program.

Signature: _____

The Summer Camp will also be traveling for field trips as indicated on the Camp Schedule that will soon be posted on our website on the Youth page. Field trips are included in the registration fee unless otherwise noted (extended hours trips) and occur weekly.

If your child attends camp on a field trip day, he/she will attend that trip. If you do not want your child to attend a trip, we ask that you make alternative arrangements for the day.



PLEASE SEND LUNCH, WATER & SNACKS with your child each day. There will also be a concession stand for drinks, ice cream products and snacks.

There are no discounts – these fees include all six weeks no matter how many days/weeks your child(ren) attend.

Day Camp Registration Fees: (make checks payable to: The Town of North Greenbush)

Town Residents: \$1275.00 for 1st child; \$1075.00 for each additional child (equivalent to ~\$212 per week)

Non-Residents: \$1475.00 for 1st child; \$1175.00 for each additional child (equivalent to ~\$245 per week)

Please mail in the completed application(s) along with immunization forms & a check payment. Immunization forms may be emailed to: srobert@northgreenbush.gov or faxed (from dr. office or parents) to 518-286-2261. We legally cannot accept registrations without immunization records.

PLEASE pay by personal check, certified bank check or we can make arrangements for you to make an online payment by credit card or e-check. For security reasons, we NO LONGER ACCEPT CASH PAYMENTS.

Immunization Forms: As per the NYS Health Department regulations, immunization forms must be updated every year, even if there are no changes. We do not have access to the NYSIIS Database, please include a physical copy with this application. Participants whose records are not received prior to the start of camp will NOT be able to attend until records are received & processed.

THIS PART MUST BE FILLED OUT:

Also, please fill out the Camper Pick Up Sheet attached →

Please put a check mark where your child will be picked up and dropped off. If none of these spots are convenient for you, you may drop your child off at camp between 8:45 & 8:55 a.m. and pick them up between 2:45 & 2:55. Please be at the morning bus stop by 8:30 am at the latest. At the end of the day, buses leave camp by 3:00 pm. Bus stops will have staff supervision in the morning and afternoon until all campers are picked up. If you are running late in the afternoon, please call and let us know!

If you are not dropping off or picking up your child at camp, you must be at these stops promptly!

Town Hall _____

St. Jude's School Parking Lot _____

Williams Roads/Twin Town Field _____

Hope Lutheran Church on Winter St./Bloomingrove Dr. _____

Belltop School _____

Van Rensselaer Square at Gazebo by Wendys Drive Thru Entrance _____

I'm Dropping my child(ren) off & picking up at camp _____

Child's Physician: _____

Physician's Phone #: _____

Insurance Provider: _____

In the event of an emergency, your child(ren) will be transported to the nearest medical facility possible. Please read and sign below: In the event that I cannot be reached, I give permission for my child(ren) to be given medical treatment:

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Please confirm that all the information on this form is correct:

Signature: _____ Date: ___ / ___ / ___

Camper Pick-Up Sheet

The names that you list below are the ONLY people that will be allowed to pick up your child from camp for ANY reason.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

I give my permission for the following individuals to pick my child up from camp:
(Please add as many lines as needed)

1. _____
2. _____
3. _____
4. _____
5. _____