



## Welcome to the Stephentown Summer Camp!

Complete the following paperwork and your child will be all set to attend Camp!

1. Parents/Guardians complete the following forms by **June 6th**:

- ☐ Registration form
- ☐ Child Pick up Information/Waiver form
- ☐ Medical History and Immunization Form (to be completed by pediatrician)

2. All forms can be dropped off at the Stephentown Town Hall or emailed to [youth@townofstephentown.org](mailto:youth@townofstephentown.org).

3. ALL FORMS MUST BE TURNED IN **AT ONE TIME** BY **JUNE 6th**. Please do not send in forms until medical forms are completed by your doctor. We WILL NOT be able to accept **late applications** as we have to let out of town residents know if we have room for them at camp.

4. Pay any initial fees (**for non-residents only**). Checks can be made out to the **Town of Stephentown**. We will let you know by June 20th if we are able to accept any out of town applicants. Checks can be brought to summer camp on the first day.

## STEPHENTOWN SUMMER CAMP IMPORTANT INFORMATION TO KNOW

1. CAMP DROP OFF IS 9:00 AM AT THE STEPHENTOWN FIRE HALL LOCATED AT 35 GRANGE HALL ROAD.

- Children who arrive before 9:00 am must be supervised by an adult until 9:00 am. There is not an early drop off option.

2. PICKUP IS 2:00 PM.

- It is very important to be on time for pick up; You must sign your child out with one of our directors. Any change in who will pick up your child must be authorized by a parent/guardian.

3. ATTENDANCE

- Please let us know if your child will be absent, late, or picked up early to help us better plan our day. You can email [youth@townofstephentown.org](mailto:youth@townofstephentown.org) to update us.

4. PREPARING YOUR CHILD FOR CAMP

- Please apply sunscreen and insect repellent at home; counselors are not allowed to apply these products.
- Your child should dress in comfortable clothes, appropriate for the expected weather.
- We strongly recommend close toed shoes for safety. Campers will spend the majority of time outdoors in grassy areas, you should also check your child for ticks each day after camp.
- Please send your child to camp with a water bottle each day.

5. FREE LUNCH AND SNACK PROGRAM

- Rensselaer County program provides FREE lunch and snack to children under 18. Lunch is available weekdays from 11:45 am to 12:30 pm from July 7 - August 1 at the Stephentown Fire Hall. Snacks will be served at 10:00am.
- If you do not want your camper to participate in the lunch program, they may bring their own lunch that does not require refrigeration.

6. Please take a moment to review our behavior policy

# Camp Behavior Policy

To ensure that all campers and families have a safe and enjoyable time, we have outlined behaviors and expectations for all campers and staff. Please review the expectations below and ensure your camper is prepared to follow them.

## **Expectations and Behaviors to Follow:**

- Listening to and following directions from all camp staff
- Having a safe body at all times, keeping hands and feet to themselves
- Using appropriate language and gestures
- Respecting all others, materials, and the environment at camp
- Taking responsibility for your actions

## **Examples of Non-Acceptable Behaviors:**

- Physical aggression toward anyone (i.e., hitting, kicking, punching, spitting, etc.)
- Inappropriate language or gestures (i.e., swearing, bullying, name-calling, etc.)
- Running away to or hiding in undesignated areas or away from camp staff
- Being dishonest about actions (i.e., stealing or purposefully damaging equipment)
- Refusal to follow camp rules and staff directions

When a camper does not follow the behavior guidelines, we will take the following action steps as behavior problems progress:

1. Staff will redirect the camper to more appropriate behavior.
2. If inappropriate behavior continues, the camper will be reminded of behavior guidelines and camp rules. The camper will be asked to decide how to correct his/her behavior.
3. If a child's behavior still does not meet expectations and is affecting the experience of other campers, he/she will be referred to one of our camp directors. They may notify parents in person, or by telephone of the inappropriate behavior.
4. The parent/guardian may be required to pick their child up from camp.
5. If inappropriate behavior continues, as a final action step, the camper may be dismissed from camp.

We hope to have a safe, enjoyable, and enriching summer with all campers!

## Town Of Stephentown Summer Camp Registration Form

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade Entering in the Fall: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

911 Address: \_\_\_\_\_

### **Name of Parent/ Guardian #1:**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Name of Parent/ Guardian #2:**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Custody of the child belongs to:    Both Parents    Mother    Father    Other (specify)

### **Please choose camp option:**

\_\_\_\_\_ 9-2pm Mon- Fri July 7- August 1st. Free for Stephentown residents.

\_\_\_\_\_ Non-resident camp registration (\$125 per week or \$500 for four weeks.)

Checks can be made out to The Town of Stephentown. Please do not send checks until we have let you know if there is room for your child (we will let you know by **June 6th.**)

Camper shirt size: \_\_\_\_\_ (please specify if they need an adult size)

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

**Pick-up Information/Waivers**  
**To be completed by Parent/Guardian**

Child's name \_\_\_\_\_

**Pick Up Information**

Please list the names and contact information for any other adults (MUST BE 18 YRS OR OLDER) who have permission to pick up your child from summer camp.

Name	Relationship	Phone Number

**General waiver:** I, the undersigned, agree to indemnify and hold harmless the Town of Stephentown from all cost, expense and liability arising out of my child's participation in the Stephentown Summer Camp. I do hereby waive all claims for damage or loss to my child or my property which may be caused by any act or failure to act, by organizations or individuals employed by or affiliated with the Town or Camp.

Parent/Guardian Signature \_\_\_\_\_

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

**Permission:** I give permission to the Stephentown Summer Camp to use any pictures, video footage, etc that is taken at the event to use in future promotional materials.

Parent/Guardian Signature \_\_\_\_\_

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

## MEDICAL HISTORY/IMMUNIZATION FORM

Rensselaer County requires that each child who attends summer camp have a record of medical history on file. **Your child's healthcare provider MUST fill out this form and provide immunization records by June 6th to attend camp.**

Camper Name: \_\_\_\_\_

Camper Date of Birth: \_\_\_\_\_

Camper Address: \_\_\_\_\_

1. Summary results of last physical examination (description of current health status):

2. If this camper has a medical condition that requires modification of activities or exclusion from any activity, please indicate any restrictions/ modifications in the space below:

3. Please list any allergies:

4. Please list any medications child is currently taking:

Medication	Dose/Timing	Reason

5. **Please attach immunization history**

Provider Signature: \_\_\_\_\_

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



**Stephentown Summer Swim Program**  
**FREE SWIM LESSONS for**  
**Stephentown Residents, Ages 5-12**

**\*\*Space is limited. Applications will be taken on a first come basis.\*\***

The Town of Stephentown is offering FREE swim lessons to Stephentown residents at the Gladys Allen Brigham Community Center in Pittsfield, Mass. Children will receive eight, half hour lessons. Lessons will be given starting July 7th, twice a week on Mondays and Wednesdays for four weeks. Children will be grouped by swimming ability. Lessons will begin at 4:00pm. Parents are responsible for transportation and supervision during the lesson. Swimmers must commit to missing no more than two lessons.

**Who: Stephentown Residents, ages 5-12**

**Where: Gladys Allen Brigham Community Center, Pittsfield, Mass.**

**When: Mondays and Wednesdays at 4:00pm**

**7/7, 7/9, 7/14, 7/16, 7/21, 7/23, 7/28, 7/30**

All paperwork needs to be turned in by June 6th. Please drop off at the Stephentown Town Hall or email to [youth@townofstephentown.org](mailto:youth@townofstephentown.org).

# AQUATICS PROGRAM

At The Gladys Allen Brigham Community Center  
165 East St., Pittsfield, MA 01201 \* 413-442-5174, Ext 25  
damonb@brighamcenter.org



YOUTH INFORMATION FORM – Stephentown

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ORIGIN OF BIRTH: BORN IN US: \_\_\_\_\_ BORN OUTSIDE US: \_\_\_\_\_ UNKNOWN: \_\_\_\_\_

GRADE (in September 2024) \_\_\_\_\_ SCHOOL (in September 2024) \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Other information you would like us to know: (disability, allergies, concerns)

I give permission for my child to attend and/or participate in the Gladys Allen Brigham Community Center, Inc.'s aquatics programming. I understand that registration and fees are non-refundable; I understand that health and accident insurance coverage for my child is my responsibility as parent/guardian. I will not hold the Gladys Allen Brigham Community Center its representatives, instructors, lifeguards or staff liable for injury incurred by my child. I hereby give approval for her/his participation in the program. In an emergency, I hereby give permission to the physician selected by the Aquatics Director or Designee to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above. I understand that my child(ren)'s participation in aquatics activities may involve a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived by myself and my child(ren), and after carefully considering the risks involved I hereby agree to indemnify and hold harmless Brigham Community Center and its directors, officers, employees, and independent contractors and volunteers and sponsors associated with the aquatics program From and against any claims, damages or causes of action, including attorney fees, arising out of (a) injury or death of my child(ren) brought by or on behalf of my child(ren) or (b) the injury or death of others that may be caused by my child(ren). I further release the Gladys Allen Brigham Community Center from any liability hereunder and waive all claims that I may have against the Gladys Allen Brigham Community Center.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

\* PLEASE COMPLETE PAGE 2



**OPTIONAL INFORMATION (But EXTREMELY helpful for GRANT / FUNDING purposes)**

<u>Ethnicity</u>	<u>Family Income</u>	<u>Household</u>	<u>Age Group</u>
American Indian or Alaska Native _____	\$0 - \$22,200 _____	Two Parents _____	Under 2 _____
Asian _____	\$22,201-\$37,000 _____	Mother Only _____	2 – 5 _____
Black or African American _____	\$37,001-\$59,200 _____	Father Only _____	6 – 11 _____
Hispanic or Latino _____	\$59,201-\$74,000 _____	Joint Custody _____	12 – 17 _____
Multi-Racial _____	\$74,001 + _____	Neither Parent _____	
White / Caucasian _____			
Other _____			

**PAID** \_\_\_\_\_ **CK#** \_\_\_\_\_ **AMT** \_\_\_\_\_ **REG Fee** \_\_\_\_\_ **Lessons** \_\_\_\_\_