

Day Camp In The Park

Office Use Only

2022: Our 43rd Summer!

Mailing Address

6 Kendall Drive
New City, NY 10956
Off-Season Telephone
845-638-2515

8 Week Summer Telephone
845-942-4781/4782



daycampinthepark.com
Dcitp1979@gmail.com

CAMPER INFORMATION

Name: _____ Grade 09/22: ____ School: _____ DOB: ____/____/____ M F

Name: _____ Grade 09/22: ____ School: _____ DOB: ____/____/____ M F

Home Address: _____ City: _____ State: _____ Zip: _____

Pickup if different: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN #1

Name: _____

Email: _____

Home #: _____

Work #: _____

Cell #: _____

Relationship: _____ DCITP Alumni? Y N

PARENT/GUARDIAN #2

Name: _____

Email: _____

Home #: _____

Work #: _____

Cell #: _____

Relationship: _____ DCITP Alumni? Y N

2022 EARLY BIRD TUITION

(AGES 4-13) Regular Price in "\$"

All 8 WEEKS	\$5900 "\$6400"
Any 7 WEEKS	\$5700 "\$6200"
Any 6 WEEKS	\$5400 "\$5900"
Any 5 WEEKS	\$4900 "\$5400"
Any 4 WEEKS	\$4200 "\$4700"
WEEKS 1-4 or 5-8	\$3900 "\$4400"

All Early Bird deposits are due by September 30, 2021 and balances are DUE IN FULL by April 15, 2022 or regular price will apply.

A \$500 deposit is to be paid for each camper with application. Deposit is fully refundable until April 1, 2022. No refunds after April 1, 2022 for any reason.

Tuition is based on full weeks only. No partial weeks or exchanged days. Makeups for sick days are not provided. Door-to-door air-conditioned transportation included.

All extensions or changes made after June 1, 2022 will be charged \$1,100.00 per week.

SIBLING DISCOUNT - \$500 Per Family TUITION ADD ONS

Hot lunch (\$50/week)

CHECK WEEKS OF ATTENDANCE

(Four week minimum)

<input type="checkbox"/> Week 1	6/27- 7/1
<input type="checkbox"/> Week 2	7/5- 7/8 (no camp 7/4)
<input type="checkbox"/> Week 3	7/11- 7/15
<input type="checkbox"/> Week 4	7/18- 7/22
<input type="checkbox"/> Week 5	7/25- 7/29
<input type="checkbox"/> Week 6	8/1- 8/5
<input type="checkbox"/> Week 7	8/8- 8/12
<input type="checkbox"/> Week 8	8/15- 8/19

LEADERSHIP TRAINING (AGES: 14-15)

<input type="checkbox"/> Camper Assistant Program- 1 st year	Entering Grade 9
<input type="checkbox"/> Counselor In Training- 2 nd year	Entering Grade 10

Please make checks out to Camp Edalia, Inc. Credit Card (All credit card payments after initial \$500 deposit incur a 3% surcharge)

Name: _____ ex: ____/____
CC#: _____ CVC: _____

TUITION TOTAL:
Office use only

DEPOSIT:

How did you hear about us?

EMERGENCY CONTACT INFORMATION

If we cannot reach YOU in the event of an EMERGENCY, please indicate two relatives or friends we may contact, and to whose sole care and custody you authorize us to release your child to. Also, please provide your child's primary care physician and telephone number.

Contact #1: _____ Phone #: _____
Contact #2: _____ Phone #: _____
Camper(s) Physician: _____ Phone #: _____

DAY CAMP IN THE PARK MEDICAL/HEALTH HISTORY and RELEASE FORM

Name of Camper _____ Sex _____ Birth Date _____

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Medical Insurance Plan _____ Policy number _____

Name of insured _____ Relationship to camper _____

Medical Conditions: _____

Medical Conditions: _____

Allergies: _____

Allergies: _____

Prescriptions: _____

To Day Camp In The Park:

- I hereby give my consent to allow the staff of any duly licensed hospital or physician to provide routine health care, emergency treatment, administer prescribed medication and nonprescription medication for my child so that their health and safety may be maintained. Permission is hereby granted to Day Camp In The Park to take my child on trips out of camp. This completed form may be photocopied for trips out of camp.
- I understand that the use of the camp's facilities involves terrain, activities and group arrangements and interactions that may be new to campers, and that they come with risks and uncertainties beyond what they may be used to dealing with at home or at school. I realize that no environment is risk-free, and so I have instructed my child(ren) on the importance of abiding by the camp's rules, and I represent that they are familiar with these rules and will obey them.
- Photographs or videos taken at camp may be used for advertisement purposes. Parent grants permission to use any photograph, film, or other image for promotional purposes including, but not limited to brochures, DVDs, and our website page and other online postings.
- I give permission for my child to bring to camp and apply his or her own sunscreen or permission for a counselor to apply sunscreen.

Parent signature _____ Date _____

Note: All camps are required to be licensed by the New York State Department of Health and Day Camp In The Park is licensed by that department. It is inspected at least twice a year by the State and a copy of each inspection report is on file at the Orange County Department of Health 124 Main St, Goshen NY 10924. The State Department of Health regulations require the camp to keep updated medical & immunization records on file at camp for each camper. Your health form will not be completed unless there is a documented record of completed immunization. Camp medical insurance will cover medical bills caused by accident in cases which are not payable under any other insurance that you presently carry.