

Office Use Only: Paid \$ \_\_\_\_\_ (CHECK CASH CREDIT CARD)  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Town of Poestenkill and Sand Lake 2024**  
**Summer Camp Registration Form**

**Camp Dates: July 8-August 9**  
**Time: 9am-4pm**

**Please print and bring completed form with immunization forms and payment** to the Poestenkill or Sand Lake Town Hall. Applications must be accompanied with payment and immunization forms. Please make all checks payable to: *The Town of Poestenkill OR The Town of Sand Lake* based on the area in which you reside.

**Poestenkill Town Hall:** 38 Davis Drive, Poestenkill, NY 12140

**Sand Lake Town Hall:** 8428 NY-66, Averill Park, NY 12018

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	Residents (Poestenkill or Sand Lake)	Non-Residents
Camp Tuition: Before April 30	\$185 per week per child	\$200 per week per child
Camp Tuition: May 1-May 21	\$215 per week per child	\$230 per week per child
Camp Tuition: After May 22	\$255 per week per child	\$270 per week per child
Early Camp Care Drop Off	\$35 per week per child	\$40 per week per child
Post Camp Care Pick Up	\$25 per week per child	\$30 per week per child
Family Discount (more than 1 child)	%10 off total weeks (excluding before/after care)	-----

**\*Please bring cash, check or credit card payment at time of registration.**

**Summer Camp Weeks Applying for:**

- Week 1: July 8-July 12
- Week 2: July 15-July 19
- Week 3: July 22-July 26
- Week 4: July 29-August 2
- Week 5: August 5-August 9

Camp Shirt Size: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male or Female (circle one) DOB: \_\_\_\_/ \_\_\_\_/ \_\_\_\_ Age (at start of camp): \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_

- Town of Poestenkill Resident
- Town of Sand Lake Resident
- Out of District Resident: \_\_\_\_\_

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Parent/Guardian First & Last Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Best Contact During Camp Hours: \_\_\_\_\_

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

**Emergency Contact 1:**

Full Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Emergency Contact 2:**

Full Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Please check the box that applies to you.**

If offered, my child will attend before camp care (7:30AM-9AM) Yes \_\_\_\_\_ No \_\_\_\_\_

If offered, my child will attend post camp care (4PM-5PM) Yes \_\_\_\_\_ No \_\_\_\_\_

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**Immunization Forms:** As per Health Department regulations, immunization forms must be updated every year, even if there are no changes. Please attach a record to this application. Campers whose records are not received upon the start of camp, will not be able to attend until received.

Child's Physician: \_\_\_\_\_

Physician's Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

\_\_\_\_\_

Please list any health concerns: \_\_\_\_\_

\_\_\_\_\_

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**If mailing application in and paying by credit card please include the following information:**

**Credit Card Number:** \_\_\_\_\_

**Name On Card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_ **Security Code:** \_\_\_\_ \_\_\_\_ \_\_\_\_

**Zip Code:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

# 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 permission for the following individuals to pick up my child from camp:  
(Please Print)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_