

**PORT CHESTER RECREATION DEPT.
SUMMER DAY CAMP APPLICATION FORM
PLEASE PRINT**

Child's Name _____

Address _____

Home Phone _____

Father's Name _____ Mother's Name _____

Father's Work Number _____ Mother's Work Number _____

Grade in September _____

Child's Age (as of July 1st, 2011) _____ Child's D.O.B. _____

Emergency Contact Name _____

Emergency Phone Number _____

Physician Name _____ Physician Phone Number _____

Any Medical Problem/Limitation? _____

Please **circle EACH** Session/Sessions attending **1 2 3** _____

Please Make Checks Payable and Mail To:

PORT CHESTER RECREATION DEPT.

222 Grace Church Street, Port Chester, NY 10573

PLEASE SUBMIT A RECENT SMALL PHOTO OF YOUR CHILD WITH YOUR APPLICATION

NO CAMP APPLICATION WILL BE ACCEPTED WITHOUT AN IMMUNIZATION RECORD

IMMUNIZATION RECORD MUST INCLUDE HEPATITIS B (Hep B) 3 doses Haemophilus influenza type B (Hib) and Varicella (Chicken Pox)

All Applications Must Be Received by June 30, 2011

I agree that I hold the Village of Port Chester Recreation Department, the Village of Port Chester, the Port Chester-Rye Union Free School District and each of its officers, members, employees and agents blameless for injury sustained by my child, however caused, in the course of the Day Camp as described above, and I agree that neither I nor anyone on my behalf or my child's behalf shall prosecute any claim or course of action against the Village of Port Chester, the Recreation Department or any of its officers, members, employees or agents because of any such injury, however caused. I understand that the Village of Port Chester does not carry accident insurance. I hereby give permission for my child to participate in the Port Chester Recreation Department Day Camp. I have informed the Port Chester Recreation Department of any physical restrictions or limitations which my child may have. In the event of accident or illness, I give my permission for my child to receive medical treatment.

Parent's Signature _____ Date _____



**Port Chester
Recreation Department
Summer Day Camp
at
Park Avenue School**

Tuesday, July 5, 2011 through
Friday, August 12, 2011

Port Chester Recreation Dept.
222 Grace Church Street
Port Chester, NY 10573
Phone: 939-2354
Fax: 939-8870

ELIGIBILITY: Port Chester Recreation Dept. Summer Day Camp is open to any child who has completed Kindergarten and is not older than age 12. Resident fees stated below apply to children who live in Port Chester. Space is limited and applications will be taken on a first come, first served basis. A maximum of 150 campers will be allowed per session.

CAMP SESSIONS:

- Session 1 - Tues. July 5 - Fri. July 15
- Session 2 - Mon. July 18 - Fri. July 29
- Session 3 - Mon. August 1 - Fri. August 12

HOURS:

- 8:30 A.M. - 9:00 A.M. - Drop-Off
 - 9:00 A.M. - 3:30 P.M. - Activity Day
 - 3:30 P.M. - 4:00 P.M. - Pick-Up
- An additional fee will be charged for late pick-up.

LOCATION: Park Avenue School

TRANSPORTATION:

Parents must provide transportation for children to and from camp.

LUNCH: Campers bring their own lunch unless otherwise notified. Lunches are refrigerated.

COST: - Registration Prior to May 6th
Six Week Fee For Single Camper - \$600.00
2-Week Session For Single Camper- \$200.00

Family Discount:

- 2nd Child - \$180.00 (Per Session)
- 3rd Child - \$160.00 (Per Session)

Non-Residents - 2-Week Session - \$250.00
A Deposit of \$100 is required at this time with full session payment made by June 30th.

Registration Fees After May 6th

- 1st Child - (Per Session) - \$270
- 2nd Child - (Per Session) - \$250
- 3rd Child - (Per Session) - \$230
- Non-Resident (Per Session) - \$320

Future sessions cannot be guaranteed without prior registration and payment. Absolutely no registrations will be accepted on the first day of camp. Checks are to made payable to:

Port Chester Recreation Dept.

Extended Day Program

The extended day program will begin at 4:00 and end at 5:30 PM for the benefit of those parents who cannot pick up their child by 4:00 P.M. The fee is \$60 per week and must be paid by separate check at the Recreation Department Offices only.

Activities:

Camp day will include arts and crafts, swimming at Saxon Woods Pool, sports, games and entertainment.

Special Trips:

These may include such places as Playland, New Roc, and other exciting trips.

NOTE: An additional fee will be charged for some trips.

CAMP NIGHT

Monday, May 9th at 7:30 P.M.
Park Avenue School
Port Chester, NY

Parents have a chance to meet the Camp Director and discuss Camp Program.

The Recreation Department will be open for camp registration
Saturday, April 9th from 10 to 2
Saturday, June 18th from 10 to 2

CAMP STAFF

Chris Capizzuto, Camp Director

RECREATION STAFF

Heather Krakowski, Rec. Leader
Louise Prioleau, Rec. Asst.
Patricia Capizzuto, Rec. Attendant



Village of Port Chester Officials

Dennis Pilla, Mayor
Daniel Brakewood, Trustee
John Branca, Trustee
Bart Didden, Trustee
Joseph Kenner, Trustee
Luis Marino, Trustee
Saverio Terenzi, Trustee

Recreation Commission

Kim Morabito, Chr.
Michael DeCarlo
Frank Errigo
Janice Kunicki
Enda McGovern
Angelo Rubino
Lynn Shields
Sia Tofano
Linda Turturino

Park Commission

Jerry Terranova, Chr.
Marie Martin
Fabiola Montoya
Heather Paul
John Reavis
Concettina Thalheimer

"PLAY is essential for life. It is not selective it is mandatory."
Dr. O. Carl Smith