

**WESTCHESTER COUNTY**  
**2010 CHILDREN'S SUMMER ECOLOGY PROGRAM REGISTRATION FORM**  
**Or Register online: [www.westchestergov.com/parks/summercamps.htm](http://www.westchestergov.com/parks/summercamps.htm)**

*One application form per child.* Make copies of the application as needed. Indicate an alternate choice for each location in case your first choice is filled. Please fill out a separate form for each location. For assistance call 914.864.7028.

Child's Full Name: \_\_\_\_\_ Entering grade: \_\_\_\_\_ in September 2010.

**ECOLOGY PROGRAM (Grades Pre-K – 6).....\$250 per week (Marshlands Location *Only*...\$225 per week)**

**Please check the grade your child will be entering in September of 2010:**

- \_\_\_\_\_ Discoverers: grades Pre-K & K (offered ONLY at Lenoir Preserve)
- \_\_\_\_\_ Adventurers: grades 1 & 2
- \_\_\_\_\_ Trackers: grades 3 & 4
- \_\_\_\_\_ Explorers: grades 5 & 6

**Please check your location:**

- \_\_\_\_\_ Cranberry Lake Preserve (*three weeks maximum*)
- \_\_\_\_\_ Lenoir Preserve
- \_\_\_\_\_ Marshlands Conservancy (*two weeks maximum*)
- \_\_\_\_\_ Trailside Nature Museum (*two weeks maximum*)

**Please check the sessions you would like your child to attend: (refer to above maximums per location)**

- |                 |             |                 |              |                 |               |
|-----------------|-------------|-----------------|--------------|-----------------|---------------|
| _____ Session 1 | July 5 - 9  | _____ Session 3 | July 19 - 23 | _____ Session 5 | August 2 - 6  |
| _____ Session 2 | July 12- 16 | _____ Session 4 | July 26 – 30 | _____ Session 6 | August 9 - 13 |

**CONSERVATIONISTS IN TRAINING (Grades 7, 8, and 9) at Cranberry Lake and Trailside .....\$700 per session**

**Please check your location:**

- \_\_\_\_\_ Cranberry Lake Preserve
- \_\_\_\_\_ Trailside Nature Museum, Ward Pound Ridge Reservation

**Please check the session you would like your child to attend: (one session maximum)**

- |                 |           |                 |              |                 |               |
|-----------------|-----------|-----------------|--------------|-----------------|---------------|
| _____ Session A | July 5-16 | _____ Session B | July 19 – 30 | _____ Session C | August 2 - 13 |
|-----------------|-----------|-----------------|--------------|-----------------|---------------|

**TOTAL NUMBER OF SESSIONS** \_\_\_\_\_ **TOTAL AMOUNT \$** \_\_\_\_\_

If paying by check, submit one check per child payable to: *Children's Summer Ecology Program* OR Pay by credit card:

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Account # \_\_\_\_\_

Expiration date: \_\_\_\_\_ Name on card: \_\_\_\_\_ Zip code \_\_\_\_\_

Fax Completed Application with credit card information to **(914) 864-7053**

*Or*

Mail application and payment to:  
**Children's Summer Ecology Program**  
**Westchester County Parks**  
**25 Moore Avenue, Mt. Kisco, NY 10549**

**PLEASE COMPLETE BOTH SIDES OF FORM**

WESTCHESTER COUNTY

2010 SUMMER ECOLOGY CAMP MEDICAL/PHOTO RELEASE FORM

My child will be entering grade: Pre-K/K\* 1 2 3 4 5 6 7 8 9 in September 2010. \*(4 years old by 6/1/10)

Child's Name (Last, First): \_\_\_\_\_ Sex : \_\_M \_\_ F Birth date: \_\_\_\_\_

Family Members' name (s): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Work: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mother's Work: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

If parent(s) not available, please contact:

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical History:

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

REQUIRED FOR ATTENDANCE ♦ DATES OF IMMUNIZATION and MEDICAL HISTORY

DPT/DT: \_\_\_\_\_ Haemophilus Influenza type b: \_\_\_\_\_ Hepatitis \_\_\_\_\_

MMR: \_\_\_\_\_ Varicella (Chicken Pox): \_\_\_\_\_ Polio: \_\_\_\_\_

Allergies (medication, foods, etc.) \_\_\_\_\_

Please list any medical problems, including the diagnosis: \_\_\_\_\_

Is your child currently on any medication, including inhalers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of medication \_\_\_\_\_

If yes, does the medication need to be taken during camp hours? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, written permission from a parent or guardian will be necessary to accompany the medication and the medication must be self-administered.

Please describe any behavioral issues or any special needs or considerations that would be helpful for staff to know, to provide a safe and happy experience for your child. (please note this is not a special needs camp) \_\_\_\_\_

Emergency Release:

I give permission, in the event of an emergency, for first aid to be administered to my child, and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me.

Parent Signature

Date

I give my permission for my child to participate in all program activities. I understand that NO REFUNDS will be given for any reason except for illness substantiated by a doctor's note.

I give permission to allow my child's photographs to be taken during camp. I further give permission that these photographs may be published and used by Westchester County to promote camp programs.

Parent Signature

Date

PLEASE COMPLETE BOTH SIDES OF FORM