



2021 Summer Camp Registration and Health History Form

CHILD'S INFORMATION

Name (first/middle/last) _____ Nickname _____

Male Female Date of Birth _____ Age _____ Grade entering Sept 2021 _____ Preferred pronoun _____

Home Address _____ City _____ State _____ Zip _____

FAMILY INFORMATION

Parent/Guardian Name #1 _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

E-mail Address _____

Parent/Guardian Name #2 _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

E-mail Address _____

EMERGENCY INFORMATION

In case of emergency, please contact the following first: Name _____ Phone _____

Emergency Contact and Child Pickups (if mother, father, or guardian cannot be reached). People listed to pick up children must be 18 years or age or older and must have a photo ID with them when picking up children.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Is there a person is specifically NOT allowed to pick up your child? Name _____

What should we know about your camper (fears, likes, dislikes, special needs, etc)?

Are you a current member at Zena Recreation Park (circle one)? **YES** **NO** **NOT CURRENTLY, BUT INTERESTED!**

REGISTRATION & ADD-ONS (CIRCLE ALL WEEKS THAT YOU ARE REGISTERING YOUR CHILD FOR)

Session 1 – June 28 th to July 2 nd	Session 4 -- July 19 th to July 23 rd	Session 7 – Aug 9 th to Aug 13 th
Session 2 -- July 5 th to July 9 th	Session 5 – July 26 th to July 30 th	Session 8 – Aug 16 th to Aug 20 th
Session 3 -- July 12 th to July 16 th	Session 6 -- Aug 2 nd to Aug 6 th	Session 9 – Aug 23 rd to Aug 27 th

CAMP PRICING: Weekly sessions are priced at \$230/week for ZRP members and \$310/week for non-members for the first child in a family. Additional children in the same family and same session will receive a \$20/week discount on tuition. Full season campers (7, 8, or 9 total weeks this season) also receive a \$20/week discount on tuition. Tuition prices **include** any applicable sales tax. Tennis or Swim or Basketball lessons (if available) require separate a separate registration form and separate fee and will be announced to all registered for camp as these become available. Lunches are not provided by Camp Zena in the tuition fees. There will be no refunds for days canceled due to weather.

Camp Zena hours are from 9am to 5pm M-F. There is no aftercare this year and your camper(s) will need to be picked up by 5pm each day by either yourself or someone you designate over the age of 18.

Please let us know your child’s swimming ability (circle one):

Cannot swim, yet!	Starting to swim (doggy paddle, beginning to float, not comfortable putting face in water)	Some experience (confidence growing, puts face in water, can swim length of the pool)	Expert swimmer (working on major swim strokes, has passed dive board swim test)
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COVID-19 Precautions:

Please be aware that there is risk associated with activities like day camp. Because we are a completely outdoor environment, the risk is lower, but in no way can the risk this summer be eliminated entirely. To minimize risk and protect the safety of all campers and staff, Camp Zena will follow all applicable CDC and NYS Guidelines published for Day Camps this summer. We will send those in a separate link for you to review and keep. These guidelines may be updated as we go through the summer and we appreciate your help, patience, and understanding as we work together to ensure a safe and fun experience for all at summer camp.

PAYMENT INFORMATION:

We require a minimum **20% deposit** payment with your camp registration to hold your camper’s spot. The deadline for final payment is **2 weeks** prior to the week your camper’s 1st session begins.

Check to “Zena Recreation Park” MasterCard / Visa Amex / Discover Zelle*

Amount you would like to pay at time of registration (check one): 20% 50% 100%

Card # _____ Exp. Date _____ CVV _____ Zip code _____

Signature _____ * NOTE: if using Zelle for bank to bank transfer please send to “treasurer@zenarec.com”

CAMPER HEALTH HISTORY – CONFIDENTIAL (information to be kept in child’s file) Name _____

The following information must be completed by the parent/guardian. The intent of this information is to provide camp staff the background to provide appropriate care in an emergency. Provide complete information so that the camp is aware of your child’s needs.

Child's Physician _____ (Phone) _____ Date of last physical _____
 Insurance Carrier _____ Identification # _____ Group # _____
 Name of insured _____ Relationship to child _____

ALLERGIES

Describe reaction including severity and management

- Medications (e.g., penicillin) _____
- Food (nuts, eggs/dairy,?) _____
- Insect stings _____
- Environment (hayfever, pollen, etc) _____

Dietary Modifications or Restrictions _____

MEDICATIONS

Will your child be self-administering any medication while at camp? [] Yes [] No If yes:

Medication _____ Dose _____ How Often _____

Will you child be carrying any of the following? (circle if carrying) Inhaler Epi Pen Insulin

*******NOTE: If your child is self-administering medication while at camp, a copy of the doctor’s prescription or order MUST be kept at camp in your child’s file.*******

Please list all medications that you child is currently taking at home. Camp Zena staff will not administer or store medications at the camp.

Please contact the camp director or staff for questions or more information.

Medication _____ Dose _____ How Often _____
 Medication _____ Dose _____ How Often _____
 Medication _____ Dose _____ How Often _____
 Medication _____ Dose _____ How Often _____

IMMUNIZATIONS

Provide a copy of your child’s immunization record from your provider. NOTE: Please write “See Attached” if your copy of immunizations records clearly shows both the dates and ALL vaccines outlined below. A complete immunization series record is required for camp attendance. This camp’s policy is that children need to be fully vaccinated in order to attend Camp Zena.

Immunization History - Attach a copy of child’s immunization records and list the month/day/year administered below.

DPT Series	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	MMR	___/___/___	___/___/___
Tetanus/Diphtheria	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	or measles	___/___/___	___/___/___
Tetanus	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	or mumps	___/___/___	___/___/___
Polio OPV (Sabin)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	or rubella	___/___/___	___/___/___
HIB Vaccine	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	Varicella	___/___/___	___/___/___
Hepatitis B	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	TB Mantoux Test	___/___/___	___/___/___
Haemophilus Influenza B	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	TB Test Results	[] Positive	[] Negative

CIRCLE Y or N ANSWERS BELOW, IF “Y” PLEASE DESCRIBE

Does your child wear glasses, contacts or eye protection? Y N	Does your child require ear plugs when swimming? Y N
Does you child wear hearing aids? Y N	Does your child have an eating disorder? Y N

Does your child wear an orthodontic appliance Y N (if yes, describe)	Does your child have heart problems (defect/disease/murmur)? Y N
Does your child have asthma? Y N	Does your child have a skin problems (e.g. itching, rash, acne)? Y N
Does your child have diabetes? Y N	Has your child had recent mononucleosis? Y N
Does your child have a seizure disorder/? Y N	Does your child have Hepatitis? Y N (if yes, A/B/or C?)
Has your child had a concussion? Y N (if yes, when? Severity?)	Has child had a severe allergic reaction? Y N (if yes, how severe?)
Does your child have Sickle Cell disease or trait? Y N	Has your child had Tuberculosis? Y N
Does your child have a learning disorder or ADD/ADHD? Y N	Has you child had frequent ear infections? Y N
Does your child have Depression or other emotional issue(s)? Y N	Has your child ever passed out? Y N
If yes to any of the above, please use this additional space to provide description/detail of the issue as well as a plan of how the issue is to be addressed by Camp Staff. If a yes to any of the above requires a specific emergency plan, outline that plan here as well.	

Does your child have any activity restrictions? Yes No If yes, please describe _____

Has your child traveled outside of the US in the last 30 days or will be traveling outside of the US prior to the start of camp? Yes No If yes, where _____

Any additional information about the participant's behavior and physical, emotional or mental health the camp should be aware of:

PERMISSION TO PROVIDE NECESSARY FIRST AID OR EMERGENCY CARE

Yes No I hereby give permission to the camp director, or qualified camp counselor, or lifeguard to administer first aid to my child.
 Yes No In the event I cannot be reached in an emergency requiring immediate medical care, I hereby give permission to the camp director or designated camp counselors to call 911. This may result in transport by ambulance to a local hospital for the camp participant.

PERMISSION TO SUPERVISE APPLICATION OF TOPICAL ITEMS (Sunscreen, Bug Spray, Lip Balm)

Type of Topical Item _____ Prescription # _____ Start Date _____ End Date _____
Days to be Taken M T W TH F Time of Day _____ Amount (Dosage) _____

Yes No I request that the camp staff supervise my child taking the above medication or applying the topical items as indicated.

I acknowledge that the information stated on this form is accurate and factual.

Parent/Guardian Signature ONLY: _____ **Date:** _____

Health History form has been reviewed by Health Director. Signature _____ Date: _____