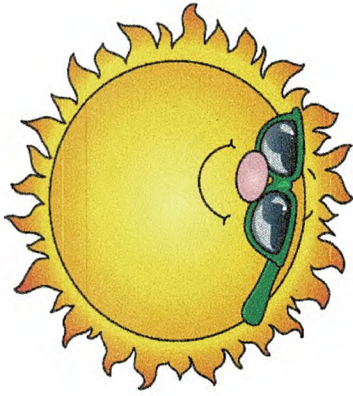


CAMP SIGN UP
June 9th 9-1 & June 23rd 9-1
Sign up Deadline—June 23rd
Closed July 23rd –27th
(Due to Fire Convention)



Town of Germantown
50 Palatine Park Road
Germantown, NY 12526
Phone: 518-537-6687 X 300
Fax: 518-537-6001
Email: gtowmny@gtel.net
Website: www.germantownny.org

CAMP PALATINE SUMMER BULLETIN



Dear Campers and Parents,

We're happy to have you all back at Camp Palatine again for the Summer of 2018. The Town of Germantown has been working hard to organize our calendar of events for the year and what a calendar it is! We have a great team committed to ensuring that our programs are OUTSTANDING, and FIRST CLASS! A summer of opportunity and adventure are awaiting us all here at Camp Palatine and we are looking forward to every minute of it. Please feel free to contact us with any questions by calling 518-537-6687 x 300 or emailing gtowmny@gtel.net

OUR HIGHLY QUALIFIED STAFF WHO TRULY CARE

Camp Palatine Staff Members are highly qualified and deeply committed. Our counselors are selected for their maturity, leadership skills and experience in working with children. Only highly qualified individuals with a personal concern for and commitment to each camper's safety and well-being are chosen. Our counselors prepare activities focused on developing the core values of CARING, HONESTY, RESPECT and RESPONSIBILITY—found in all of our programs—to develop each one of our camper's self confidence, initiative and social skills.

A DAY AT CAMP PALATINE

Deeply committed to providing an exciting array of camp activities in a fun and safe environment.

CAMP PALATINE

DATES: Monday—Friday
Open July 9th - 20th
CLOSED July 23rd -27th
Open July 30th –August 17th
TIME: 9AM—3PM
SITE: Palatine Park

PREREQUISITES:
1 year of school thru 6th grade.

NEW! THREE & FOUR YEAR OLD PROGRAM

Three year olds Tuesday-Thursday 9-12
Must be potty trained
cost per child \$ 100.00

Four year olds Tuesday-Thursday 9-3
Must be 4 by July 1st or going into GCS Pre-k program
Cost per child \$ 125.00

Please do not drop off your children before 9am Thank You!

****Camp Palatine July 9th thru August 17th****
CLOSED JULY 23rd-27th

The following fees apply to all registrations.
 Children will not be permitted to participate in programs without all program fees and paperwork. Make checks payable to: Town of Germantown, Camp Palatine.

Residents of Germantown and Clermont
 Camp Palatine—\$150.00 per child
 After two children \$75.00 per child

Non-Residents of Germantown:
 Camp Palatine—\$175.00 per child
 After two children \$100.00 per child

*****REGISTRATION CUT-OFF DATE*****

In an effort to plan a more fun filled summer for all participants of Camp Palatine for the 2018 camping season, there will be an enforced registration deadline of **Saturday June 23rd**. All program fees, registration & medical forms must be turned in by the registration deadline in order for children to participate in the 2018 season.

*****REGISTRATION CHECKLIST*****
 Registration Form & Medical Form
 Program Registration Fee

If you have any questions, please call the
 Germantown Town Hall at 518-537-6687 x 300 or
 email gtownny@gtel.net

**MUST HAVE MEDICAL FORMS AND
 REGISTRATIONS IN BY JUNE 23rd
 NO EXCEPTIONS!**



Cut here and return to : Germantown Town Hall, 50 Palatine Park Road, Germantown, NY 12526

Registration Form

Please sign up _____ for:
 Camp Palatine ____
 My Child Is going Into ____ Grade. Age ____ Date of Birth ____

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 Camp Palatine ____
 My Child Is going Into ____ Grade. Age ____ Date of Birth ____

Please sign up _____ for:
 Camp Palatine ____
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Please sign up _____ for:
 Camp Palatine ____
 My Child Is going Into ____ Grade. Age ____ Date of Birth ____

This Form Does Not Constitute Complete Camp Registration.
An up - to - date medical form MUST be on file for your child to attend Camp Palatine. This form may be picked up at Germantown Town Hall or downloaded at www.germantownny.org. We must have this form on file for your child to attend Camp Palatine.

Parent/Guardian _____
 Res. Tel. _____ Alt. Tel. _____
 Physical Address _____
 Emerg. Contact _____
 Day Tel. _____ Alt. Tel. _____
 Town Supervisor _____

*****Please note fee schedule for Camp Palatine in this brochure.*****

CAMP PALATINE

CAMPER'S PERSONAL HEALTH AND MEDICAL SUMMARY

Please print in ink

IDENTIFICATION

Name _____ Date of Birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____

Business address _____ City _____ State _____

If Person Above Is Not Available In The Event Of An Emergency, Notify:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal Health/Accident Insurance carrier _____ Policy No. _____

In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child.

Date _____ Signature of parent or guardian _____

Medical Information Past Or Present That We Should Be Concerned About : (please check)

Asthma Yes ___ No ___

Heart disease Yes ___ No ___

Leukemia Yes ___ No ___

Allergies Yes ___ No ___

High blood pressure Yes ___ No ___

Cancer Yes ___ No ___

Convulsions Yes ___ No ___

Diabetes Yes ___ No ___

Hemophilia Yes ___ No ___

Special Instructions To Us: _____

Allergies: Food Yes ___ No ___ Plants Yes ___ No ___

Medicine Yes ___ No ___ Insect Bites Yes ___ No ___

Explanations/Special Instructions To Us: _____

Any Reason To Restrict Full Activity Including Swimming, Long Hikes, Backpacking, Strenuous Physical Games? Yes ___ No ___

List Any Conditions Limiting Full Participation (Physical Or Emotional) _____

(OVER)

MEDICINES AND IMMUNIZATIONS

Are You Sending Any Medicines With Your Child To Camp Palatine? Yes____ No____

List Medicines And Send Ample Supply With Special Instructions To Us: _____

Any Reason For Medicines To Be Taken On An Off Camp Trip? Yes____ No____

Any Special Equipment Such As Orthopedic Or Handicap Devices, Glasses Or Contacts, Dentures, Epipens Etc.? Yes____ No____

Describe? _____

Please List The Dates Camper Received The Following Immunizations:

Tetanus Toxoid_____

H.I.B._____

Measles _____

Diphtheria_____

Mumps_____

Poliomyelitis_____

Rubella_____

Tetanus_____

Any Additional Instructions To Our Staff:

Parent/Guardian Signature