

Don Bosco Day Camp

Checklist/*Lista de Verificación*

☐

Applications are all completed (front & back)

Todas las solicitudes se han completado (frontal y posterior)

☐

Up-to-date Immunization Records of child

Registros de inmunización actualizados del niño

☐

\$50 Registration fee (non-refundable)

\$50 para registrarse (no reembolsable)

☐

Keep Lunch Menu

Mantener el menú del almuerzo

*Registration hours: Monday through Friday, 9:00 a.m. to 4:00 p.m. at the Don Bosco Center (office)
Horario de inscripción: de lunes a viernes, de 9:00 a.m. a 4:00 p.m. en el Centro Don Bosco (oficina)

Don Bosco Day Camp 2023: July 31—August 25

Don Bosco Day Camp—Port Chester, NY @ Don Bosco Community Center

22 Don Bosco Place, Port Chester, New York 10573

Phone: 914-939-0323 ☎

Fax: 914-939-3490

www.DonBoscoCenter.org

www.facebook.com/donbosco.portchester

Hours of Program: 8:15am – 4pm

(Ages 5-13/Grades K-8)



(Check One):

☐ New Camper

☐ Returning Camper

Days: Monday - Friday

Name of Camper (First & Last): _____

Date of birth _____ / _____ / _____ Age: _____ Sex: _____ Grade in September 2023: _____
(month) (day) (year)

Name of School: _____

Home Address: _____
(Street) (Apt. #) (City) (State) (Zip)

Mother's Name: _____

Phone Number: _____ Mother's cell: _____

Father's Name: _____

Father's cell: _____ Father's work phone: _____

Email: _____

I give my child permission to walk home after summer camp Yes _____ No _____

2023 CAMP WEEKS ATTENDING

Weekly Camp Fee: \$130.00 per child | Registration Fee: \$50.00 (non-refundable)

(1) July 31 – Aug 4 Yes _____ No _____

(3) Aug 14 – Aug 18 Yes _____ No _____

(2) Aug 7 – Aug 11 Yes _____ No _____

(4) Aug 21 – Aug 25 Yes _____ No _____

For the PARENT or LEGAL GUARDIAN:

I am the parent or legal guardian of the child named in this application. I request that my child be admitted to Don Bosco Day Camp as a camper. I understand that the Camp has rules. If my child fails to follow them, I understand that he/she may be disciplined accordingly, and even suspended or dismissed from the Camp. As parent/guardian, I understand the Camp takes NO responsibility (financial or otherwise) for camper's personal property including any and all electronic devices (lost or broken), cellular telephones, etc. I understand, too, that camper participation in Field Trips is MANDATORY. If my child chooses NOT to attend any Field Trip, I understand that he/she will remain at home, since the Camp will close during the Field Trip.

Parent/Guardian Signature

Today's Date

FOR OFFICE USE ONLY

Auditor _____ Reg. _____ Tuition _____ Cash _____ Check # _____ Amt. Rec'd. _____ Permission _____ Immunization _____

Emergency Contact/Alternative Pickup

(If you cannot be reached in the event of an emergency, please list two people other than yourself in order of priority we may contact)

1) Name: _____
Phone Number: _____
Cell Phone: _____
Relationship to Child: _____

2) Name: _____
Phone Number: _____
Cell Phone: _____
Relationship to Child: _____

(Identification will be requested)

Demographics

<u>Race (Check One)</u> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American / Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Multi-Racial	<u>Language used most at home</u> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Portuguese <input type="checkbox"/> French <input type="checkbox"/> Haitian <input type="checkbox"/> Other
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<u>VOLUNTARY FINANCIAL DISCLOSURE - CONFIDENTIAL</u> Information will be reported anonymously solely for the purpose of internal reporting

1. Total number of persons in household _____
2. If you are a **SINGLE person** (Age 18+), which of the following matches your total annual income?

_____ Less than \$15,000	_____ \$25,000 - \$30,000
_____ \$15,000 - \$20,000	_____ \$30,000 - \$35,000
_____ \$20,000 - \$25,000	_____ More than \$35,000
3. If you are a **FAMILY** (2 or more), which of the following matches your total annual income?

_____ \$25,000 or less	_____ \$40,000 - \$45,000
_____ \$25,000 - \$30,000	_____ \$45,000 - \$50,000
_____ \$30,000 - \$35,000	_____ \$50,000 - \$55,000
_____ \$35,000 - \$40,000	_____ More than \$55,000

General Release: I hereby give my permission for my child to participate in the above event hosted by the Don Bosco Community Center of Port Chester INC.(DBCC). I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child. I individually, and on behalf of my child named above, do hereby release, covenant not to sue, and save harmless: DBCC, potential affiliates, employees, agents, and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of their participation in the event. I agree to this statement of release from the date of signature to the last day of the calendar year.

Photo & Video Release: I hereby give permission for my child to be photographed and videoed at the above event by DBCC or their representative. These photographs and videos may be used reasonably by the institution in publications, including electronic publications, and/or in audio-visual presentations, promotional literature, advertising, or in other similar ways.

Medical Release: I hereby give permission that the DBCC representative obtain professional medical treatment for my child in the unlikely event of injury or illness during this event. I request that the Emergency Contact be notified in a timely manner if such a need arises. I agree to pay any expenses incurred for such treatment(s).

Media and communications: I hereby give permission, as individual, to receive physical and digital information from and only about the Don Bosco Community Center of Port Chester INC.

By signing below, I accept this statement of permission as of the date of my signature. I also understand that this declaration of release must be completed in order to participate in this event at the Don Bosco Community Centre in Port Chester.

Parent/Guardian Signature

Today's Date

Medical Information

* The Don Bosco Day Camp does not have programs that address the needs of special education

Insurance Carrier: _____

Insurance Policy # _____

Physician's Name & Hospital: _____

Medical Conditions

☐ Asthma ☐ Diabetes ☐ ADHD ☐ AUTISM ☐ Seizures ☐ Headaches ☐ Frequent

Bloody nose ☐ Other: _____

Required Medication: _____

Are you concerned about a medical condition that will impact your child's time at the club? ☐ YES ☐ NO

Does your Child self-administer medication? ☐ YES ☐ NO If so, what medication does your child take? _____

Does your child require an EPIPEN OR INHALER? ☐ YES ☐ NO _____

Does your child use insulin? ☐ YES ☐ NO

Are there any other medical concerns you would like us to know?

Allergies

☐ Please check here if your child has **NO** known allergies

Food: ☐ Peanuts ☐ Tree Nuts ☐ Dairy/Lactose ☐ Berries ☐ Soy ☐ Wheat

☐ Seafood/Shellfish ☐ Eggs ☐ Other: _____

Medicine: ☐ Penicillin ☐ Aspirin ☐ Amoxicillin ☐ Other: _____

Environmental: ☐ Bee Stings ☐ Pollen ☐ Dust ☐ Mold ☐ Grass ☐ Other: _____

Other: ☐ Latex ☐ Perfumes ☐ Lotions ☐ Other: _____

Please indicate if your child could use support in the following areas:

☐ Transitioning from one activity to another

☐ Controlling Anger

☐ Overstimulation

☐ Asking for help

☐ Following Directions

DON BOSCO DAY CAMP

Parent Permission Form

As parent/guardian, I request that my child be allowed to participate in all *Don Bosco Day Camp* activities, including special events and trips. I understand that my child will be under the supervision of authorized adults, and I grant them full authority to take whatever actions they deem necessary for the well-being of my child.

I give permission for my child to participate in all *Don Bosco Day Camp* outings. I give permission for my child to be transported in appropriate vehicles for these outings.

I fully release *Don Bosco Day Camp, Parish of St. John Bosco, Don Bosco Community Center, the Salesian Society, the Archdiocese of New York*, their representatives, employees and volunteers from any legal liability for any accident or injury to person or loss of, or damage to property, except any liability based on their failure to take reasonable precautions.

I agree to cooperate with the *Don Bosco Day Camp* staff to provide the best summer experience for my child:

*Being punctual - I agree to bring my child to camp and pick my child up from camp according to the times published in the brochure. I agree to pay any additional fee if my child arrives at camp early or stays late.

*Following the rules - I have read and instructed my child to follow Camper Guidelines. I agree to support *Don Bosco Day Camp* in enforcing the Camper Guidelines. I am aware that my child must always be with a counselor. My child must be respectful of people and property. Certain behaviors are not permitted (lighting, foul language, name calling). I accept the consequences to violating Camper Guidelines, which include possible dismissal from camp. If your child is dismissed from camp, there will be NO REFUND of that week's camp.

I give permission for *Don Bosco Day Camp* to take photos of my child, and for *Don Bosco Day Camp* to use these photos in its publicity, including publicity on the internet.

I understand that I, as parent/guardian, am always responsible for the health and safety of my child.

If I request any exceptions to the participation of my child in any camp activities or trips, I agree to inform the camp director in writing. This permission form remains in force unless I terminate it in writing and my termination is accepted by the camp director.

CAMPER'S NAME: _____

GRADE IN SEPTEMBER 2023: _____ AGE: _____ HOME PHONE # _____

PARENT/GUARDIAN SIGNATURE: _____



DON BOSCO DAY CAMP

2023 SUMMER MENU (all camp days in July & August)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

BREAKFAST

Cold Cereal $\frac{3}{4}$ c

Cold Cereal $\frac{3}{4}$ c

Cold Cereal $\frac{3}{4}$ c

Cold Cereal $\frac{3}{4}$ c

Cold Cereal $\frac{3}{4}$ c

8:30 AM (ALL)

Orange Juice (4 oz.)

Orange Juice (4 oz.)

Orange Juice (4 oz.)

Orange Juice (4 oz.)

Orange Juice (4 oz.)

(Low Fat White Milk)

Milk 8oz.

Milk 8oz.

Milk 8oz.

Milk 8oz.

Milk 8oz.

LUNCH

Chicken Tenders (2 oz.)
1 Dinner Roll

Beef Taco Meat (2 oz.)
2 Soft Tortillas

Chicken Patty
1 WW Hamburger Roll

Meatballs/Sauce (2 oz.)
Italian Roll – 1

Slice of Cheese Pizza
String Cheese - 1

11:15 & NOON

Apple Juice (4 oz.)

Apple Juice (4 oz.)

Apple Juice (4 oz.)

Apple Juice (4 oz.)

Apple Juice (4 oz.)

1 Orange OR

1 Orange OR

1 Orange OR

1 Orange OR

1 Orange OR

1 Melon Slice

1 Melon Slice

1 Melon Slice

1 Melon Slice

1 Melon Slice

(Fat Free Chocolate Milk)

Milk 8oz.

Milk 8oz.

Milk 8oz.

Milk 8oz.

Milk 8oz.

(Garden Salad available)

*Low-Fat milk also available at lunch

***Snack is included**

***If child does not like to eat from the camp menu, they should bring their own lunch to camp. Campers who bring their lunch to camp should have their name and group name on the lunch bag.

We are a nut-free camp. We do not serve any products containing nuts. Please contact the camp office regarding other food allergies.
****Menu is subject to change***