

Niagara University's Summer Camp Registration

OFFICE USE ONLY: Date Received: _____ Amount: \$ _____
Method of payment: _____ Check #: _____

Child's Name: _____ Age (1st day at camp): _____ Date of Birth: _____
Last Name First Name

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Male or Female (circle one)

Mother's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Family's Preferred Email Address: _____

Please list any other adult permitted to pick up your child. A Photo ID may be required when picking up a camper.

1. _____ Relation to Child: _____

EMERGENCY CONTACTS: In case of an emergency, the camp should ...

_____ Call MOTHER first

_____ Call FATHER first

In an EMERGENCY SITUATION, if parent cannot be reached call name(s) listed below:

1. _____ Phone: _____

• Relationship to Child: _____

2. _____ Phone: _____

• Relationship to Child: _____

Camp Extended Care Service Information

For parents who need additional child care services outside the camp's operational hours, an extended childcare service will be provided. The extended care service will be available from 7:30 – 8:44am for \$5 per day and from 3:46 - 5:30pm for \$5 per day. There is also a flat rate fee which allows you to use extended care as much as you need for \$35 per week.

If you choose this option it must be paid by 5:30pm on Monday of each week.

NOTE: Campers picked up after 5:30pm will be charged an additional \$10.

Note: Registration is on a first come-first serve basis. A **non-refundable** \$50.00 deposit for each week and each child must be submitted before registration form can be processed. **Cash, Credit Card and Checks are accepted.**

Week #	Dates of Camp & Camp fees	Total Cost of Camp	Applicable Discount	Adjusted Cost	Camp Deposit	Remaining Balance
1	7/1-7/3 = \$90 (3 days)	\$	(-\$)	\$	(-\$)	\$
2	7/8-7/12 = \$150	\$	(-\$)	\$	(-\$)	\$
3	7/15-7/19 = \$150	\$	(-\$)	\$	(-\$)	\$
4	7/22-7/26 = \$150	\$	(-\$)	\$	(-\$)	\$
5	7/29-8/2 = \$150	\$	(-\$)	\$	(-\$)	\$
6	8/5-8/9 = \$150	\$	(-\$)	\$	(-\$)	\$

DISCOUNTS: Choose one discount if applicable.

#1= **Family Discount:** \$10 off the 2nd child (& each child thereafter) for each week the subsequent children are enrolled.

#2 = **Multiple Week:** Sign up for four or more weeks & receive \$10 off each week.

Only one discount (Family Discount or Multiple Week) may be applied per camper.

NOTE: The camp deposit is NON-REFUNDABLE. There will be no pro-rating of camp weeks.

Niagara University's Summer Youth Camp Health Form

REGISTRATION CANNOT BE PROCESSED WITHOUT A COPY OF YOUR CHILD'S MOST RECENT VACCINATION RECORD FROM YOUR PHYSICIAN: (N.Y.S. HEALTH DEPT. REQUIRES THAT THIS BE UPDATED & SUBMITTED YEARLY.)

Parent or Guardian Health Insurance Company: _____

Policy Number _____ **Family Physician:** _____ **Phone:** _____

My child has had a physical examination recently and may participate in all activities.

Parent/Guardian Initials _____

HEALTH RECORDS

For your child's safety, a **completed shot record is required** by the NYS Health Department.

REGISTRATIONS WILL NOT BE PROCESSED UNLESS A COMPLETED SHOT RECORD IS SUBMITTED WITH REGISTRATION AND DEPOSIT.

Medical and personal information is requested to ensure the safety of the Summer Camp staff and your child. The required information will assist in making your child's experience at Niagara University's Summer Youth Camp a safe and enjoyable experience. Children must be able to participate in a 1:12 Counselor to Camper ratio. False or inaccurate information could result in a child's dismissal from camp. ALL information is confidential.

MEDICAL INFORMATION: Medication, Allergies, Ear Plugs, (other information)

PERSONAL INFORMATION: (any information that will help our staff understand your child better)

HEALTH HISTORY: Please list allergies, diseases, and/or medications (conditions physicians should be aware of):

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Waiver and release: I acknowledge that Niagara University has made no representations concerning the operation, supervision, staffing, equipment, or any other aspect of the youth camp. I release and forever discharge Niagara University of and from all actions, causes of action, suits, damages, judgments, expenses, claims and demands whatsoever in law or in equity, that my child or I or our successors, assigns, heirs or distributes may have against Niagara University for any claim directly or indirectly arising from or out of my child's attendance at the youth camp as described in this registration. I understand that any camper who does not abide by the rules and regulations established by the university is subject to dismissal without reimbursement or recourse. If enrollment is filled, early notification will be given and deposit will be returned. I hereby authorize employees of the youth camp to act for me according to their best judgment in any emergency if I cannot be contacted. All medical information pertaining to this registered camper is accurate and up to date.

Parent/Guardian Signature

Date

PICTURE WAIVER: Initial below if you **DO NOT** give permission for us to use the image or likeness of your child for camp advertisements/publications. No compensation will be awarded for use of any pictures: _____

Make checks payable to the "Niagara University."

Mail registration forms and payment to: Kiernan Center
Niagara University, NY 14109
Phone: (716)-286-8055

Upon receipt of this registration & camp fees, you will be notified of the status of your child's enrollment. A confirmation letter will be sent to you within two weeks of receiving registration. If we cannot accept your child, your registration & deposit fee will be returned.

REGISTRATIONS WILL NOT BE ACCEPTED UNTIL APRIL 1st