



## LEWISBORO LITTLE EXPLORERS CAMP 2024

### Registration Checklist

- Have a current account with the Parks & Recreation Department (and if registering online, know your username and password – you can call our office ahead of registration if you are unsure).
- Payment in the form of a check made out to “Town of Lewisboro,” cash, or credit card (note: there is a 3% fee on all credit card transactions whether in person or online).
- ALL forms filled out entirely (these forms are in **ADDITION** to your online registration):
  - Registration form
  - Off-site/Sunscreen permission slip
  - Behavior Agreement
- A copy of your camper’s current immunizations (we need a copy each year, so even if you gave us one last year- please receive a new copy from your child’s doctor).

#### **Options for handing in forms/immunization records (deadline is Friday, April 12, 2024):**

- Print, fill out, scan & email directly to Katie Coluccini: [kcoluccini@lewisborogov.com](mailto:kcoluccini@lewisborogov.com)
- Complete the fillable PDF, save & email directly to Katie Coluccini: [kcoluccini@lewisborogov.com](mailto:kcoluccini@lewisborogov.com)
- Drop off at the Parks & Recreation Office – 99 Elmwood Road, South Salem, NY 10590
- Mail to our office (address above)
- For immunization records: scan & email, have your doctor’s office fax it to (914)232-6165, or mail to/drop them off at our office.

If you have any questions, please reach out to Katie Coluccini at (914)232-6162 or [kcoluccini@lewisborogov.com](mailto:kcoluccini@lewisborogov.com).

**2024 LEWISBORO LITTLE EXPLORERS CAMP REGISTRATION FORM**

**BUS #** \_\_\_\_\_ (for office use only)

**REGISTERING FOR:** (choose all that apply)

- Little Explorers    After Camp    Mini Camp (Week 1)    Mini Camp (Week 2)

Camper's Name: \_\_\_\_\_ Sex: \_\_\_\_ D.O.B.: \_\_\_\_\_

Grade in Fall of 2024:  Pre-K    Kindergarten    1<sup>st</sup>   School Area:  MPES    IMES    KT    Non-Resident

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Email Address for communications: \_\_\_\_\_

**Emergency Name** (other than parent): \_\_\_\_\_ Cell: \_\_\_\_\_

If you are registering siblings in the **same** grade, would you like them to be placed together?    Yes    No

Please list **ONE** friend request for your child: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Is your child allergic to insect/bee bites/stings?    Yes    No

Food allergies: \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Is your child taking any prescribed medication?    Yes    No

Medication: \_\_\_\_\_

Will your child need to take this medication during the camp day?    Yes    No

Other allergies/special needs/information that can help to make your child's camp experience a positive one:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL RELEASE:** I give my child listed above permission to take part in all camp activities and trips unless otherwise indicated. I also understand that the Town of Lewisboro does not maintain medical insurance for program participants. Persons participating do so at their **own risk**. If I cannot be reached in the event of an injury, I give my permission for my child to be taken to a hospital for treatment to include evaluation of the injury, x-ray, and needed care.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bus Transportation** (please check one):

- |  |  |
|--|--|
| <input type="checkbox"/> I do not need bus transportation  | <input type="checkbox"/> Katonah Elementary School     |
| <input type="checkbox"/> Increase Miller Elementary School | <input type="checkbox"/> Meadow Pond Elementary School |
| <input type="checkbox"/> Lewisboro Elementary School       | <input type="checkbox"/> Vista Community House         |
| <input type="checkbox"/> John Jay High School              | <input type="checkbox"/> Oakridge Shopping Center      |

**\*Note:** A \$100 fee will be applied if registering on or after April 15, 2024.



# Town of Lewisboro

Parks & Recreation Department



**Nicole Caviola**  
Recreation Supervisor

**Katie Coluccini**  
Recreation Leader

## **LEWISBORO PARKS AND RECREATION DEPARTMENT 2024 CAMPER OFF-SITE PERMISSION SLIP AND OVER-THE-COUNTER SUNSCREEN/SANITIZER/INSECT REPELLENT**

Due to the New York State Department of Health Camp Code Regulations, we must have a permission slip for every camper that attends any of the camps offered by the Lewisboro Parks and Recreation Department. This slip grants your child permission to attend all camp trips and grants permission for your child to use and apply sunscreen and insect repellent.

My signature below gives permission for my child, \_\_\_\_\_, to participate in all camp activities and to attend all off-site trips (any trip outside of camp grounds) which includes, but are not limited to, the TOWN PARK POOL, AQUATICS AMUSEMENT PARKS, THEME PARKS, ARCADES, and MOVIE THEATERS. I understand that they will accompany the Lewisboro Parks and Recreation Department and its camp staff on all of these trips. Additionally, the undersigned grants permission for said child to carry insect repellent, hand sanitizer, and/or a sunscreen that is FDA approved for over-the-counter use and for the camp staff to assist the child, at their request, in the application of the approved sunscreen, without physical contact of the child. A record of such permission shall be maintained by the camp.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**LEWISBORO LITTLE EXPLORERS CAMP 2024**  
*Behavior Expectations*

Dear Parents/Guardians,

Please review these expectations for camper behavior at the Little Explorers Camp with your child. Once you have discussed the four promises, please have your child (if they are able) sign at the bottom of the page alongside your signature.

Thank you for your help! We look forward to a great, safe, and fun camp season with your little one.

As a little explorer, I promise to...

- **B**e responsible
- **A**ct safely
- **R**espect others
- **K**now that kindness matters

My child, \_\_\_\_\_, understands the behavior expectations of the 2024 Lewisboro Little Explorers Camp. My child realizes that if these expectations are broken, there will be a discussion and/or a consequence.

\_\_\_\_\_  
Camper Signature (if possible)

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## **LEWISBORO LITTLE EXPLORERS 2024 PARENT AGREEMENT**

- I hereby pledge to provide positive support, care, and encouragement for my child(ren) participating in the Lewisboro Day Camp programs by following this Parent Agreement.
- I will support the day camp staff working with my child to help encourage a positive and enjoyable experience for all.
- I will communicate with the day camp staff, from counselors to the director, in a respectful manner.
- I will not use derogatory language on camp grounds, around campers, or while speaking with a day camp staff member.
- I will ask my child to treat other campers, day camp staff, and patrons/staff of field trips we take with respect regardless of race, gender, identity, or ability.
- I will go to the camp director directly with any issues that may arise with my camper. If I am not able to resolve the issue with the camp director, I will call the Recreation Office.
- I will work as a team with the day camp staff to address any issues that arise during the camp day. I will speak with my child at home about any incidents in which they may have been involved and reinforce the expectations of camp.

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Parent/Guardian Signature

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Date



**LEWISBORO LITTLE EXPLORERS CAMP 2024**  
*Media Permission Form*

Camper's Name: \_\_\_\_\_

We love to capture our campers having a blast at summer camp! We have two social media pages that are used to share news, reminders, and information about our programs. We may also use these photos for marketing purposes such as brochures, our website, etc. Please let us know below if we may include photos of your child on our various social media platforms.

Instagram: @lewisboroparks

Facebook: Lewisboro Parks and Recreation Department

Website: [www.lewisbororecreation.com](http://www.lewisbororecreation.com)

Please choose one:

- Yes, I give permission for my child's photo to be shared
- I **ONLY** give permission for my child's photo to be shared in weekly camp newsletters (emailed out to parents of the camp each Friday from the camp director)
- No, I do not want my child's photo shared in any medium

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_