



# CHILD BACKGROUND FORM

# 2019

This page to be filled out by parent/guardian

29 Recreation Center Road, Hopewell Junction, NY 12533 845-227-5783 845- 227-9685(fax)  
email: [recassistant@townofbeekmanny.us](mailto:recassistant@townofbeekmanny.us)

*Truthful information on this form will help us to serve your child better!*

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Nickname if any \_\_\_\_\_

Grade in Fall \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Please list the members of your child's household and their relationship to them:

Member	Relationship	Member	Relationship

Has your child been to day camp before? \_\_\_\_\_ Where \_\_\_\_\_

What concerns, if any, do you have about sending your child to camp? \_\_\_\_\_

Describe any habits, characteristics or phobias we should be aware of to help us better care for your child:

Explain any fears you or your child has about water: \_\_\_\_\_

Explain any significant losses or changes in the household or in in your child's circle of friends, classmates and extended family has recently experienced \_\_\_\_\_

What are some strategies we could use to make your child more comfortable at camp? \_\_\_\_\_

Please explain any special needs your child may have so we can be prepared to make their stay as comfortable as possible:

(Please attach additional pages, if necessary)

Does your child receive any special services during the school year? \_\_\_\_ yes \_\_\_\_ no If yes, please explain:

(Please attach additional pages, if necessary)

Please share with us what strategies, likes/dislikes that may help our staff best serve/staff your child:

(Please attach additional pages, if necessary)

As per amendments made in 2016 to the NYS DOH Children's Camp Code camps have been advised to "identify camper disability information (developmental and/or physical disabilities) during the camp's enrollment process..." In addition, camps are advised to determine if such children have an "individual treatment, care, or behavioral plan that address a camper's unique physical, medical, behavioral, and/or social needs." Such a plan is not necessary, but if one exists the details should be shared with the camp.

With regards to this new code amendments we ask:

Does this child have a severe chronic disability attributable to (*quoted from the Code*) "mental retardation, cerebral palsy, epilepsy, autism or neurological impairment" as determined by a qualified practitioner with a relevant Master's Degree or

Doctorate in Psychology? \_\_\_\_ Yes \_\_\_\_ No

If yes, does the child have an individual treatment, care, or behavioral plan? \_\_\_\_ Yes \_\_\_\_ No

If yes, would you like to share it with us to help us better be able to serve your child? \_\_\_\_ Yes \_\_\_\_ No

**Town of Beekman Recreation & Parks**

29 Recreation Center Road  
Hopewell Junction, NY 12533  
845-227-5783 845-227-9685F

[recassistant@townofbeekmanny.us](mailto:recassistant@townofbeekmanny.us) [www.beekmanrec.com](http://www.beekmanrec.com)



**Beekman Recreation Program Form  
Program Behavior Guidelines**

**Forms are due PRIOR TO REGISTERING FOR CAMP or AFTER SCHOOL Rec Program**

The mission of the Town of Beekman Recreation & Parks Department is to provide recreational opportunities which will encourage a healthy and active lifestyle. We strive to promote lifelong leisure skills and to enhance the quality of life and sense of community for all residents of the Town of Beekman.

**Expectations of Parents**

- Child’s health and emergency information will be kept up to date; the Rec Office will be informed of any changes
- Children with a fever or contagious illness must be kept home
- For programs requiring a “sign-out” a parent, or designated adult as indicated on registration materials, will come with photo ID and sign child out
- Parents will ensure child is signed out on time or pay the late sign out fees
- Parents will support Beekman Rec expectations of children and the discipline policy
- Parents will be available, or have an emergency contact that is available, to pick up their child immediately in the event of an injury, a health, or a discipline issue

**Expectations of Children**

We expect the children in our programs to be a positive part of our caring community: staff model, and children are guided, to be kind, considerate, caring and helpful

- Children will be honest
- Children are responsible for their own belongings
- Children are responsible for controlling their own behavior keeping their hands and bodies to themselves
- Children will be toilet trained unless in “Care giver and Me” programs
- Children are respectful to staff and listen to staff with a caring heart
- Children are respectful to each other conducting themselves in a courteous manner; there will be no bullying
- Children will treat belongings, equipment and the park with care
- Children will discard their own garbage
- Children will not bring valuables or electronic equipment to the program
- Indoors, there will be no running, cart wheels, or throwing balls; but we will have time for that outside!
- Children will stay with the group

If the above rules are not followed we will adhere to the discipline policy below

**Discipline Policy**

The staff will create a warm and caring atmosphere with established rules to ensure the emotional and physical safety of all. There will be consistent consequences to children who have difficulty following the rules that include, verbal warning, time out, exclusion from activity, parental consultation, early pick-up by parent, suspension and/or removal from the program without refund.

1<sup>st</sup> Offense - the child will be spoken to by staff and will discuss logical consequences for next offense.

2<sup>nd</sup> Offense - the child will be subject to consequences discussed at first offense

3<sup>rd</sup> Offense – Child will be removed from short term program, parent called in for a consultation if a long term program  
If after the consultation there is a 4<sup>th</sup> Offense the parent will be called for immediate pick-up.

The Recreation Director reserves the right to ban any child from attending Rec programs based on repeated offenses at Rec programs.

**In registering my child for a Beekman Recreation programs, I am agreeing to explain the expectations to my child and to support the Expectations and the Discipline Policy.**

\_\_\_\_\_  
Child’s Name Printed

\_\_\_\_\_  
Child’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

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



# CHILD HEALTH HISTORY FORM

# 2019

This page to be filled out by parent/guardian

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 email: [recassistant@townofbeekmanny.us](mailto:recassistant@townofbeekmanny.us)

Child Last Name \_\_\_\_\_ Child First Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last physical examination: \_\_\_\_\_

Family medical/hospital insurance carrier \_\_\_\_\_ Policy/Group No \_\_\_\_\_

Parent/Guardian #1 First & Last Name \_\_\_\_\_ Parent/Guardian #2 First & Last Name \_\_\_\_\_

Parent/Guardian #1 Phone numbers: home, cell, work \_\_\_\_\_ Parent/Guardian #2 Phone numbers: home, cell, work \_\_\_\_\_

Parent/Guardian #1 Business Name and Address \_\_\_\_\_ Parent/Guardian #2 Business Name and Address \_\_\_\_\_

**Other than the parents/guardians listed above, list 2 Adults (or more on back) who will be available during program to pick up child within 15 minutes.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**If an emergency arises and neither parent nor alternative persons can be reached at once, I authorize Beekman Recreation to take all measures that they consider necessary for the protection of the health and safety of my child, including hospitalization.**

**Health History** (check, giving approximate dates where indicated):

<b>Conditions:</b>	<b>Allergies:</b>	<b>Diseases:</b>	<b>Dates</b>
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Asthma	<input type="checkbox"/> Mononucleosis:	_____
<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chicken Pox:	_____
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Measles:	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Insect Sting	<input type="checkbox"/> German Measles:	_____
<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Mumps:	_____

Other diseases or details of above: \_\_\_\_\_

List food allergies: \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

For females: Has this child menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_ If so, is her menstrual history normal? \_\_\_\_\_

Prescription drugs taken on regular basis: \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_

Suggestions or health related information or restrictions for Rec personnel: \_\_\_\_\_

Physician Name	Dentist Name	Orthodontist Name
Physician Phone	Dentist Phone	Orthodontist Phone

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed Camp and After School Rec activities through June of 2020 except as noted. I understand and agree to abide with the restrictions placed on camp activities. **Emergency Authorization:** I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests and treatment for me or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injections or anesthesia and/or surgery for me or my child as named above. This form may be for use out of camp trips.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# IMMUNIZATION RECORD FORM

# 2019

**This page to be signed by Physician  
along with attaching Physician's Immunization Record**

29 Recreation Center Road Hopewell Junction, NY 12533 845- 227-9685(fax)  
email: [recassistant@townofbeekmanny.us](mailto:recassistant@townofbeekmanny.us)

Child Last Name	Child First Name	DOB
Child Street Address	Town	State Zip

Dear Physician:

Please attach an Immunization Record for the child named above and sign below.

I certify that the attached list of immunizations submitted reflect the required/recommended immunizations for the following diseases:

- Diphtheria
- Haemphilus influenza B
- Hepatitis B
- Measles
- Mumps
- Pertussis
- Poliomyelitis
- Rubella
- Tetanus
- Varicella – chicken pox

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MANDATORY PHYSICIAN'S ORDERS FORM

## 2019

**This page to be completed and signed by Physician**

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**Individualized Orders for:**

Child's Last Name	Child's First Name	DOB
Child's Street Address	Town	State      Zip

**Standard Over the Counter/PRN Medications** (The following medications are available and will be administered at the discretion of the Health Director or designee, if approval is indicated by the camper's Healthcare Provider.)

Drug Name	Route	Dosage and	Indications	Physician's Order	Comments
Antibiotic Ointment	Topical	Per label Instructions	Superficial Cuts/abrasions	Yes    No	
Hydrocortisone Cream	Topical	Per label Instructions	Allergic Reactions, (contact dermatitis, insect bites)	Yes    No	
Calamine Lotion (or Generic)	Topical	Per label Instructions	Allergic reactions (hives, insect bite)	Yes    No	
Saline Solution/ Eye Wash		Per label Instructions	Dust/Sand In Eyes	Yes    No	
Sting Stop	Topical	Per label Instructions	Insect bite	Yes    No	
Alcohol Wipes	Topical	Per label Instructions	Superficial Cuts/ Abrasions	Yes    No	

**Prescription Medications** This includes Epi-Pen's, Ritalin, etc. **Camper MUST BE able to SELF-ADMINISTER.** Please complete with the patient's current regimen for both scheduled and PRN medications.):

Drug Name	Route	Dosage and Schedule	Indications	Camper Health Care Provider Order	Comments

**This form must be completed and signed by the child's physician.**

This form must be filled out and signed for all children. Children taking any prescription medications while at Beekman Recreation programs **must be able to self-administer the medication** under the supervision of the Health Director/Designee Rec Staff. Health Directors are only permitted to dispense medications that are listed on this form by the child's doctor.

Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ License#: \_\_\_\_\_

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



\_\_\_\_\_  
User last name printed

\_\_\_\_\_  
User first name printed

# Camp Corcl Rules Form

*Rules amended 6/15/2017 and are subject to revision*

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CORCLs are little round boats with paddles. Should we be fortunate enough to have a volunteer EMT on site, we will be able to offer use of the CORCLs to the campers. However, only Campers with this form in the file will be permitted to use a CORCL.

1. A **CORCL RULES form must** be signed for each user.
2. Beekman Recreation is not responsible for the loss of any personal items.
3. CORCLs are designed for users to be under 200 lbs
4. Anyone using CORCL and paddle must be swim tested with a pfd on prior to first use.
5. Young children may be pulled in a CORCL by an adult or camp counselor when there is an area so designated that there are no swimmers in that area
6. There is to be no swimming in boating area.
7. Users must wear coast guard approved floatation device provided by the Beekman Rec (given out by Gate or Camp Staff) appropriate for their weight and girth; weights will be determined on a Rec provided scale and recorded.
  - a. Under 50 pounds
  - b. 50-90 pounds
  - c. 90-200pounds
8. Boats must be operated within the view of a Beekman Rec Lifeguard in the area designated for boating.
9. Users must stay seated within the boat.
10. No foul play in CORCLs.
11. No diving, jumping, falling, or fishing in the water.
12. No Bumping into other CORCLs.
13. Paddles must only be used to propel boat.
14. Any misuse of the boats by any operator(s) will cause suspension and Revocation of privileges. Also operator(s) assumes full responsibility for the boat issued to them, and will pay for any damages caused by themselves or their guests.
15. Lifejackets must be returned to gate to be hung up to dry.
16. All damages and injuries must be reported immediately.
17. In the event of thunder and lightning, guests must leave the water and seek shelter immediately; there will be no refunds.
18. CORCLs are to be used by the public only during the designated times which will develop as the summer progresses and will be posted at the Gazebo each day.
19. CORCLs will only be rented to guests with wrist bands.
20. CORCL rental fee is \$3 for 30 minutes and \$5 for an hour (except for campers during camp).

**Please sign your name below agreeing to the rules and regulations above:**

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
User Age

\_\_\_\_\_  
User Weight

<b>This box to be completed by Staff</b>	
_____ PFD Size	_____ User PFD Swim Test Result

**If user is a minor:**

\_\_\_\_\_  
Parent last name printed

\_\_\_\_\_  
Parent first name printed

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Forms are due PRIOR TO REGISTERING FOR CAMP

2019

## PEE WEE CAMP QUESTIONNAIRE

*Truthful information on this form will help us to serve your child better!*

Use the back for any information that does not fit on the front

Session:  Mini A  1  2  3  Mini B

Your child is about to embark on an exciting journey at Beekman Recreation Camp! Arts and crafts, nature and science, drama, games, stories, songs, and interactive activities are planned to engage your child in “camp” life following this year’s theme. The staff for Pee Wee is very excited to welcome your child and make their camp experience a lasting and enjoyable memory.

1. Does the staff have permission to help apply the sun block that you send to camp (sun block cannot be shared and must be provided by the parent/guardian)?

yes      no

2. Does your child need assistance using the bathroom? (washing hands, pulling up pants)      yes      no

a. Does the staff have permission to help your child in the bathroom?      yes      no

3. Can your child touch snakes/frogs and other park animals under counselor supervision?      yes      no

4. In the event of a birthday or camp event, can your child have snacks?      yes      no

Child’s Name Printed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_