



Tell us about your child

2025

We use this information so your child can have an amazing experience

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 recent significant losses or changes in the household or in in your child's circle of friends, classmates and extended family _____

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)

Signature of parent or guardian: _____ Date: _____

Beekman Recreation and Parks Disclaimer for:

Release:

Registrant's First Name

Registrant's Last Name

I understand there are risks of physical injury in participating in sports and recreational activities or programs. I give permission for the person I am registering (myself or my child/ward) to participate in programs sponsored by the Town of Beekman Department of Recreation & Parks. I release the Town of Beekman, its officers and its Directors from any liability from any injury or loss suffered during this program. I further state that said person is in good health and medical condition unless otherwise indicated. I agree that any letters, projects, photos and videos made during the program are the property of the Town of Beekman and as such can be used for display purposes and promotional materials.

I hereby consent to emergency medical procedures deemed advisable for me if I am unable to communicate, or for my child in the event I cannot be reached and my child has sustained an injury. The Town of Beekman Department of Recreation & Parks does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. I have considered participant's own health, experience, and tolerance for risk before participating registering for this program.

I further agree to the Program Registration Policies, and if I am registering a child, I agree to the "Program Registration Policies" and the "Behavior Guidelines and Discipline Policy" as defined below:

Program Registration Policies

Annual Proof of Residency:

To be eligible for Town of Beekman resident discounts for programs, proof of residency must be provided in the form of:

1. A tax or utility bill, AND
2. Proof of identity in the form of a Government Issued Photo ID

First Come First Served Policy:

Registration for all programs is open first to residents and employees of the Town of Beekman. After the published dates, non-residents will be allowed to register for a higher rate unless specified otherwise.

Enrollment:

For most programs to be conducted, a minimum enrollment must be reached. Please do not wait to register. Nothing cancels programs more than waiting until the last minute. Registration is done on a first come, first served basis, with residents and employees given first opportunity.

Refunds:

- All cancellation/refund requests must be in writing
- A prorated refund minus a \$15 Cancellation fee will be applied if a replacement can be found
- A Doctor's note is required prior to the end of the program for requests related to illness or accident
- A full refund will be given for any program cancelled by the Recreation Department due to lack of enrollment.
- No refunds are made due to acts of God/weather if the Town has already incurred expenses
- No refunds are made due to dismissal from a program due to behavioral issues

Weather Related Cancellations:

All program and event cancellations are kept current on the Recreation Department website. Many of our programs follow the Arlington Central School District calendar. This includes weather related delays and cancellations.

Behavior Guidelines and Discipline Policy

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 Form, will come with photo ID and sign child out
- 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.

1st Offense - the child will be warned verbally by a staff member.

2nd Offense - the child will be warned along with a 5-10 minute time out from the activity.

3rd Offense - a parent will be called for immediate pick-up from a short term program and for a consultation in a long term program. If after the consultation there is a 4th 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 myself or my child I agree with all of the above.

Signature

Relationship to Registrant (Self or Parent/Guardian if Registrant is a minor)

Printed First Name of Parent/ Guardian if applicable

Printed Last Name of Parent/Guardian

Date



Child Health History Form
Must be accompanied by a current
Physical with immunization records
(Physical must be within 1 calendar year)

Child Last Name Child First Name Date of last physical examination

Family medical/hospital insurance carrier Policy/Group No

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

Table with 4 columns: Conditions, Allergies, Diseases, Dates. Rows include Frequent ear infections, Heart defect/disease, Convulsions, Diabetes, Bleeding/Clotting Disorder, Asthma, Hay Fever, Poison Ivy, Insect Sting, Penicillin, Mononucleosis, Chicken Pox, Measles, German Measles, Mumps, COVID-19.

Other diseases or details of above:

List food allergies:

Operations or serious injuries (dates):

For females: Has she 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:

Table with 3 columns: Physician Name, Dentist Name, Orthodontist Name and 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 2024 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 Rec staff 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



Pick Up/Emergency Adult Form

2025

You can list all your children on one page and make copies for each child's record

Beekman Recreation and Parks will only sign out children to adults authorized by the parent.

- Please list the parent/guardians and all adults (must be 18 or over) who are authorized to drop off, or pick up your child.
- The adults **MUST** bring photo ID when picking up a child.
- There should be a minimum of 2 adults that are within 15 minutes of the Rec in the event of an emergency, illness or behavior problem

Camper #1 Last Name	Camper #1 First Name	Middle Initial	Date of Birth
Camper #2 Last Name	Camper #2 First Name	Middle Initial	Date of Birth
Camper #3 Last Name	Camper #3 First Name	Middle Initial	Date of Birth
Camper #4 Last Name	Camper #4 First Name	Middle Initial	Date of Birth

Family Street Address _____ Town _____ State _____ Zip _____

Parent/Guardian #1 Last Name _____ Parent/Guardian #1 First Name _____ Parent/Guardian #1 date of birth _____ Parent/Guardian #1email address _____

Parent/Guardian #1 Home Phone _____ Cell Phone _____ Cell phone carrier _____ Work Phone _____

Parent/Guardian #2 Last Name _____ Parent/Guardian #2 First Name _____ Parent/Guardian #2 date of birth _____ Parent/Guardian #2email address _____

Parent/Guardian #2 Home Phone _____ Cell Phone _____ Cell phone carrier _____ Work Phone _____

Other than the parents/guardians listed above, this is a list of other adults who are authorized to sign in, sign out, or pick up in case of an emergency. Those with a * are available during program to pick up child within 15 minutes.

Emergency Adult #1 Last Name _____ Emergency Adult #1 First Name _____ Relationship to child _____

Emergency Adult #1 Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Adult #2 Last Name _____ Emergency Adult #2 First Name _____ Relationship to child _____

Emergency Adult #2 Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Adult #3 Last Name _____ Emergency Adult #3 First Name _____ Relationship to child _____

Emergency Adult #3 Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Adult #4 Last Name _____ Emergency Adult #4 First Name _____ Relationship to child _____

Emergency Adult #4 Home Phone _____ Work Phone _____ Cell Phone _____

Signature of parent or guardian: _____ Date: _____