



**2010 Coddington Summer Day Camp  
Camper Registration and Medical Information**

920 Coddington Road, Ithaca, NY 14850

*This section must be completed by all campers, including CIT's, Junior Counselor and Advanced Counselors.*

Child's full name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Gender – M F

Home Phone \_\_\_\_\_ Fall 2010 grade \_\_\_\_\_ Name of School \_\_\_\_\_

**Parent or guardian information: (List in order you prefer to be called, in case we need to contact you.)**

**Parent to contact first:** Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Other phone # \_\_\_\_\_ Place of work \_\_\_\_\_

Home address & phone (if different from child) \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Is this a good way to contact you? Yes \_\_\_ No \_\_\_

**Parent to contact second:** Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Other phone # \_\_\_\_\_ Place of work \_\_\_\_\_

Home address & phone (if different from child) \_\_\_\_\_ Phone \_\_\_\_\_

**Other person** (if any) to contact in an emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Health & Medical Info:** Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health restrictions or special notes \_\_\_\_\_ (use back, if needed)

Allergies \_\_\_\_\_

Current medications \_\_\_\_\_

Does child need any medication at camp? Yes \_\_\_ No \_\_\_ If yes, we will send you an information & authorization form. We cannot administer medications but we can supervise the child self-administering. Medications must be kept in the office.

**Immunization Records:** Enter dates of immunizations in chart. *The Health Department now requires these dates to be updated each year before a child may attend camp.* Please complete the chart, or attach or fax us their current record. (Fax # is 277-8873).

If you gave us your records last year and there have been no changes you may write "On file" in the area below.

Dpt	1st:	2nd:	3rd:	4th	other	
Oral polio	1st:	2nd:	3rd:	4th		
Hib	1st:	2nd:	3rd:		MMR	1st: 2nd:
Hepatitis b	1st:	2nd:	3rd:		Varicella	

**I give permission for my child to participate in the C.R.C.C. camp program, including off-site swim and field trips. In the event of an emergency, I give permission for my child to be transported by ambulance and treated at a local medical facility.**

Yes \_\_\_ No \_\_\_ **Do we have your permission to use photos (no names are used) of your child in our brochure or in our webpage?**

\_\_\_\_\_  
**Signature of a custodial parent or guardian      Date      Other parent or guardian signature (optional)      Date**

\*\*\*\* Be sure to reserve your spot on page 2 of this form \*\*\*\*

**Registration:** To apply for space in the camp please complete both pages of this form and return them to the Coddington Road Community Center with the required registration fee and deposit. If space is available we will send you confirmation and a final bill. If any of the time you have requested is not available we will contact you and credit or return your payment. There is a \$12.00 registration fee per family to enroll in any of the programs. There is also a non-refundable deposit of \$25.00 per week for each week or partial week you reserve in the full day or CIT program. **The deposit will be applied to your total bill but is not refundable should you choose to drop weeks you**

have reserved. Final payment is due in advance of service. In order to receive a refund on any schedule changes, two weeks notice is required, beyond the \$25.00 deposit described above.

**Scholarships** - New York State helps income-eligible working parents pay for child care. Call the Day Care Unit at the Department of Social Services for your county for more information. Coddington has a limited amount of funds for partial scholarships. If your family gross income is under \$45,000 per year you may apply for a scholarship by enclosing a request and a copy of page one of your current Federal Tax form.

**Reservation Form Elementary (children entering K-5<sup>th</sup>): or Middle-school (children entering 6<sup>th</sup> – 8<sup>th</sup>):**

Full Days: Circle all the days you want to reserve. Camp will be closed on Monday, July 5th. There is no daily rate for the Recreation program so just check off the weeks you want to reserve. Return this form with your \$12.00 registration fee and deposit. **Deposit:** To reserve space in the full day program you must deposit \$25.00 towards your fee for each week or partial week you reserve for each child. This deposit will be applied towards your total bill but is not refundable if you choose to drop weeks you have reserved. Confirmation of your space and an invoice for the balance due will be sent to you.

**Schedule Changes: In order to receive a refund on any schedule changes, two weeks notice is required, beyond the \$25.00 deposit described above.**

Weeks ▶	June 28 - July 2	July 6 - 9	July 12-16	July 19-23	July 26-30	August 2-6	August 9-13	August 16-20	August 23-27	Aug. 30- Sept 3
Full Day to 4:30 pm ▶	MTWT-	TWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF
Full Day to 5:30 pm ▶	MTWT-	TWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF
Recreation Program ▶ 9:00 a.m. to Noon										

\*The weeks of August 23- September 3 are reserved for campers enrolled at least two other weeks of camp.

**RATES:**

Recreation Program (9 a.m. – 12 p.m.):	\$42.00 per week
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Age Group	To 4:30 p.m.	To 5:30 p.m.
Elementary:	\$137.00 week \$33.00 day	\$152.00 week \$36.00 day
Middle-School:	\$117.00 week \$28.00 day	\$132.00 week \$31.00 day

**Payment: Full Day Camp Deposit:** \$25. x \_\_\_\_ (# of weeks or partial weeks reserved) = \_\_\_\_\_

Total enclosed \_\_\_\_\_ \$12.00 Registration fee plus deposit. (Only one \$12.00 Registration fee per family is required.)

**Reservation Form: Counselor-in-Training Program**

The CIT program requires a four week commitment of two 2-week sessions that run from 8:45 a.m. to 12:30 p.m. each day. The CIT may arrive anytime after 7:30 a.m. but must arrive by 8:45 a.m. CIT's staying past 12:30 must sign up for extended days. CIT's may also enroll in the middle-school program (above) if more time at camp is desired during the weeks they are not a CIT. The fee for the 4-week program is \$222.00. Extended days are \$11.00 per day.

Circle the 2 sessions you would like to attend the program.

CIT Sessions				
Circle 2 sessions only ▶	July 6 – 16	July 19 – July 30	August 2 – 13	August 16 – 27

CIT Extended day. 12:30 to 5:30 p.m. Circle days requested ►	July: 6 7 8 9 10 13 14 15 16	July: 19 20 21 22 23 26 27 28 29 30	August: 2 3 4 5 6 9 10 11 12 13	August: 16 17 18 19 20 23 24 25 26 27
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Applicants for the CIT program: Please read the description of the program found in the brochure, and sign the following statement. **I have read the description of the program in the brochure and I would like to apply for a Counselor-in-Training position.**

Signature of CIT Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Payment: CIT Deposit:** \$25.00 x \_\_\_\_ (# of weeks reserved) = \_\_\_\_\_

Total enclosed \_\_\_\_\_ \$12.00 Registration fee plus deposit. (Only one \$12.00 Registration fee per family is required.)

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**Advanced CIT or Junior Counselor applications are on separate forms available by calling 277-1434 or at our website [www.coddingtonroad.org](http://www.coddingtonroad.org)**