

City & Town of Canandaigua : Parks & Recreation Dept

2020 Summer Day Camp

(Open to all Canandaigua City, Town & School District Children in Grades 1-8)

The City recognizes the need for social and physical interaction during this strange time of crisis and we are willing to offer Day Camp with Covid-19 conditional guidelines.

~ 5 weeks - **New Start Date** - camp begins July 6th.

~ New locations to choose from, designated for camp ONLY.

~ Groups of 10 or less paired with 1 counselor for the week to limit exposure.

~ **NO** trips to Kershaw or off-site locations.

~ **Register early! Restricted availability!**

*Children will not have to wear masks, staff will wear masks for safety of your children. New provisions will be constantly monitored. If for some reason camp must be cancelled, a full refund will be provided.



COST

\$90/week

*Family Rate-\$220/week

*(3+ kids)

Questions: Heather Pogue, Recreation Supervisor

hpogue@canandaiguanyork.gov

or 585-396-5080

DATES

Week 1: July 6 – July 10

Week 2: July 13 – July 17

Week 3: July 20 – July 24

Week 4: July 27 – July 31

Week 5: Aug 3 – Aug 7

Locations

Onanda Park

Baker Park

Jefferson Park (replacing Sonnenberg)

Outhouse Park (replacing Elm School)



TIMES

Monday-Friday

9:30am-3:30pm

Registration & Payment:

Registration and medical forms are on the following pages. Must include first week's payment, medical form, & updated immunizations with your registration information.

Checks payable to 'City of Canandaigua'

Online registration and credit card payment available at:

Canandaigua.recdesk.com/Community/Home or at CanandaiguaNewYork.gov

ALL CAMP REGISTRATION & PAYMENTS MUST BE MADE ONLINE OR BY MAIL/IN PERSON TO CITY HALL (2 NORTH MAIN STREET). NO PAYMENTS WILL BE ACCEPTED AT CAMP LOCATIONS!

2020 Summer Day Camp Registration Form

Day camp location (circle one): Baker Park (Buffalo St) Jefferson Park (Jefferson St)		
Outhouse Park (Outhouse Rd) Onanda Park (West Lake Rd)		
Circle all weeks attending: 1 (7/6-7/10) 2 (7/13-7/17) 3 (7/20-7/24) 4 (7/27-7/31) 5 (8/3-8/7)		
Child's Name:	Birthdate:	
Address:		
Grade entering 2020-2021 school year (circle one): 1 2 3 4 5 6 7 8		
Shirt Size (circle one): YS YM YL AS AM AL	Circle One: Male Female N/A	
Guardian's Name:	Phone #:	
Email Address:		
Alt Emergency Contact:	Phone #:	
<i>The following individuals are authorized to pick up my child from the above day camp program:</i>		
<i>Name</i>	<i>Relationship to child</i>	<i>Phone #</i>
_____ My child has permission to walk home from day camp without adult supervision. (N/A for Kiddie Kamp)		
<p>PARENTS ARE RESPONSIBLE FOR NOTIFYING THE CITY OF ALL PRE-EXISTING MEDICAL CONDITIONS, INCLUDING ALLERGIES, AND PROVIDING ADEQUATE QUANTITIES OF NECESSARY MEDICATION AND ALLERGY SERUMS IN PHARMACY CONTAINERS WITH APPLICABLE DOCTOR'S INSTRUCTIONS.</p> <p>IF YOUR CHILD HAS ANY PRE-EXISTING MEDICAL CONDITIONS, ALLERGIES TO MEDICATIONS, FOOD, INSECTS, ETC. OR IF MEDICATIONS ARE CURRENTLY BEING TAKEN OR NEED TO BE ADMINISTERED DURING DAY CAMP HOURS, PLEASE LIST THEM: _____</p> <p>_____</p>		
Any special, social, or educational needs?: _____		
<i>Please be advised that the city/town does not provide one-on-one assistance to children that have been diagnosed with special, social, or educational needs. Feel free to ask for more details!</i>		
My child (circle one) DOES / DOES NOT require staff assistance with applying sunscreen. If yes, my child has permission to have physical help from staff to apply and re-apply sunscreen.		
** UPDATED IMMUNIZATION RECORD MUST BE ON FILE AT CAMP **		
YOUR CHILD IS NOT FULLY REGISTERED UNTIL RECORDS ARE RECEIVED		
<i>Please Return Registration, Medical Form & Payment to City Hall at 2 North Main Street, Canandaigua, NY 14424</i> <i>Attn to Heather Pogue, Recreation Supervisor ~ Phone: 585-396-5080 Fax: 585-396-5016</i>		

2020 Summer Day Camp

CONSENT & MEDICAL INFORMATION FORM

**** Please send a separate form for each child attending camp! ****

Family Physician:

Phone #:

Dentist/Orthodontist:

Phone #:

Insurance Carrier:

Policy/Group#:

Parent/Guardian Consent:

I, _____ (print guardian's name), give full permission for my son/daughter, _____ (print child's name), to participate in the City & Town of Canandaigua Parks & Recreation Department's Day Camp Program at the above named site. I also authorize the use of my son/daughter's likeness in photographic, electronic or other recording media for publication. I hereby agree to hold the City and Town of Canandaigua and all of its employees, harmless for any personal injuries that might occur during participation, also including the entirety of the facility and adjoining grounds where the day camp programs are held.

Affirmation:

To the best of my knowledge, the above-named person is in good health and in physical condition to be able to participate in the activities for summer day camp.

Emergency Release:

In the event of the Canandaigua Day Camp personnel's inability to promptly locate a person herein designated to be notified in case of an emergency, camp staff, hospital authorities, physicians and other emergency care authorities, without limitation, may take such emergency measures as they deem appropriate and shall notify the parent(s) or legal guardian(s) as soon as possible.

**** UPDATED IMMUNIZATION RECORD MUST BE ON FILE AT CAMP ****
YOUR CHILD IS NOT FULLY REGISTERED UNTIL RECORDS ARE RECEIVED

Signature of Guardian

Date