



# Village of Wappingers Falls

INCORPORATED 1871

2582 SOUTH AVENUE, DUTCHESS COUNTY, WAPPINGERS FALLS, N.Y. 12590-2701

OFFICE OF

TELEPHONE: (845) 297-8773  
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Dear Village Residents,

The Village of Wappinger Falls Recreation Department will be offering a 7 week summer camp program at Vet's Memorial Park, 39 No. Mesier Ave., Wappingers Falls. The camp will include arts and crafts, games, weekly bowling, special programs, and water activities. Camp will be for children ages 5-11. Registration forms will be available at the Village Hall. The following is needed to register.

- A Copy of the Child's most recent immunization report. ("The child health report" or "Camp Health Report" issued by some medical groups is NOT sufficient. It must be an immunization report showing all immunizations and the dates administered.)
- A report card or school document listing the school name and your child's name from the current school year.
- Two (2) items showing proof of residency (DL, utility bill, tax bill or mail from a government agency).
- A Copy of child's Birth Certificate

If your child attended the Village Summer Camp in 2023 a report card and updated immunization are all that's needed.

**Any questions please email**  
**[summercamp@wappingersfallsny.gov](mailto:summercamp@wappingersfallsny.gov)**

## **Summer Camp**

The Village of Wappingers Falls Summer Camp will be operating under a Summer Day Camp permit issued by the New York State Department of Health. The Dutchess County Health Department will be inspecting the camp. Inspection reports will be filed with the County Health Department at 85 Civic Center Plaza Suite 105, Poughkeepsie, NY 12601

**There will be a registration date of May 18, 2024 at Mesier from 09:00am-1:00pm. Please bring all your child's medical records, and this packet completely filled out as well as a check or cash.**

**Location:** Veteran's Memorial Park, North Mesier Ave., Wappingers Falls, NY

**Camp Dates:** July 1, 2024 – August 16, 2024 **CLOSED on JULY 4<sup>th</sup> and July 5<sup>th</sup>**

**Operating Hours:** Monday through Friday from 9:00 AM to 3:00 PM

**Extended Hours:** Monday through Friday 8:00 AM – 4:00 PM

**Inclement Weather:** Vet's Park offers limited space to shelter campers in hazardous weather conditions of torrential rain, hail, thunder and lightning. The camp will close operation in these extreme conditions. This includes heat advisories. Parents will be notified on the remind app.

**We will have occasional use of an indoor space to use in rainy weather but it is not a guarantee.**

**Activity Fee:** The fee to register is **\$60.00 per family** and is nonrefundable. This will be used for activities throughout the summer and to secure your child's spot.

**2023 Summer Camp Rates    Cash or Check Only**

**Full Summer Rates 07/01/24-8/16/24 Closed July 4<sup>th</sup> & July 5<sup>th</sup>**

Village Residents Regular Hours 9-3	Village Residents Extended Hours 8-4	Village Residents 2 <sup>nd</sup> child Regular Hours 9-3	Village Residents 2 <sup>nd</sup> child Extended Hours 8-4
\$575	\$675	\$525	\$625

Non Village Residents Regular Hours 9-3	Non Village Residents Extended Hours 8-4	Non Village Residents 2 <sup>nd</sup> child Regular Hours 9-3	Non Village Residents 2 <sup>nd</sup> child Extended Hours 8-4
\$625	\$725	\$575	\$675

**Weekly Rates:**

**\$100 Week Village Residents (Must Pick Weeks and pay in advance)**

**\$155 Week Extended Hours 8-4**

**\$120 Week Non Residents (Must Pick Weeks and pay in advance)**

**\$165 Week Non Residents Extended Hours**

**July 1-3**

**\$60 for residents \$ 90 extended hours**

**\$75 for nonresidents \$ 100 extended hours**

**If your child qualifies for free and reduced lunch please let us at registration.**

**If you are experiencing a financial hardship please email and let us know, as this year we will be offering a Mayor Huber Scholarship.**

**Field Trips:** Additional fees will be charged for the trips. Trips will be announced.

Some fun things already planned are: DC Sports, Spins Bowling, Bee Bee The Clown, water slides, We also will have trips to local businesses such as Quincy's Candy Shop, Village Creamery, Norma's Café, and more.

## **Policies and Procedures**

**Arrival/Departure:** All children **must be signed in and out each day** by a parent or authorized adult designated on your child's information sheet. No child will be released to someone not designated. Any release changes must be in writing or by verbal permission from a parent or guardian to Director or Assistant Director.

**Camp Concession Stand:** A concession stand will be available daily to purchase pre-packaged snacks and drinks. Prices will range from \$.50-\$2.00

**Cell Phone/Electronic Devices:** Campers may not have a **CELL PHONE** at Camp. Electronic devices are prohibited. We will not be responsible for items missing.

**Emergency Procedures:** Emergency phone numbers and procedures are posted inside the camp building. In the event that an injury or serious illness occurs to a child while at the camp, staff will administer immediate first aid. If further medical treatment is required, you will be contacted and if necessary, your child will be transported to a medical facility by staff or ambulance.

**Emergency Evacuation:** In the event that the camp must be evacuated, staff will follow a pre-determined evacuation plan. If we can not return to the Park, arrangements will be made to provide temporary shelter at a designated location until parents can be contacted to pick up their children.

**Personal Belongings:** We would like to remind each camper to bring the following

- **Wear shoes or sneakers (no flip flops or sandals) and a hat**
- **Bring snacks and lunch in an insulated lunch bag**
- **A Refillable water bottle**
- **Sunscreen and Insect Repellent (Put it on BEFORE you come)**
- **Bathing Suit and towel for water play**

Please label all of these items with your child's full name and put all items in a backpack to bring to camp.

**Illnesses:** If your child is ill, keep them home. If they show signs of being ill at camp, we will send them home. Children must be fever free for 24 hours before returning to camp. Children must be diarrhea and or Vomit free 24 hours before camp. If you child has a rash or pick eye a doctor's note will be needed for return.

COVID 19 rules and regulations are constantly changing, the Village Camp will follow all BOH guidelines.

If your child has been to the Hospital or Emergency room for any reason they will need a clearance from their primary doctor to be allowed back at camp.

COVID 19 rules and regulations are constantly changing, the Village Camp will follow all BOH guidelines.

**\*\*While unlikely based on current covid trends, it is possible that children will be required to wear masks while at camp or during transportation for field trips. It is possible that even if these measures are not in place at the start of camp, they may be instated at any time based on BOH guidance. By registering your child for camp, you are confirming that you understand your child will have to comply with whatever PPE/Social Distancing/Safety requirements are in place at any given time or they will not be able to attend camp. There will be no refunds during the camp session due to disagreement with camp policy concerning Covid safety protocols and any refunds prior to the start of camp will be subject to our refund policy. There will also be no refunds if your child is expelled from camp (see disciplinary policy below) for failure to comply with safety policies.**

**Medications:** Camp staff **cannot** administer medication to any camper. Please administer medication at home before camp whenever possible. If a camper can self-administer their medication **without** assistance, medication will be stored onsite. An individual plan will be developed for children in this situation with information from the child's physician, parents and approval by our health care consultant. Camp staff will be made aware of the plan and any necessary actions that need to be taken in case of an emergency.

# **Camp Discipline Policy**

## **Purpose:**

The purpose of the camp is to provide a fun, enriching program in a safe environment for all campers and staff. To accomplish this, fair and reasonable rules have been established and will be enforced. All campers must understand that they are responsible for their own behavior.

## **Unacceptable Behaviors:**

1. Repeatedly refusing to follow the instructions of camp staff.
2. Verbally abusing a staff member or another camper.
3. Striking, biting, kicking or physically abusing a staff member or fellow camper.
4. Intentionally damaging or taking of private property.
5. Repeatedly instigating physical or mental aggression.
6. Any behavior that puts the camper and others in a hazardous situation.
7. Leaving the group without permission.
8. Any form of inappropriate or unreasonable behavior that the Camp Director finds violates reasonable standards of camp behavior.

## **Consequences of Unacceptable Behavior:**

**All incidents are reviewed individually. When disciplinary action is warranted, generally, the following steps will be implemented:**

1. Verbal warning to the camper (including an explanation).
2. Verbal conversation with parent(s) by phone or appointment.
3. Meeting required with camper and parent(s) to discuss the situation prior to continued attendance.
4. Dismissal from camp without refund.

Children need to be able to use the restroom independently.

Children need to be able to follow directions and listen in a group setting. There is zero tolerance for insubordination.

This is to confirm that both the parent/guardian and camper have read the Camp's Discipline Policy and understand the policies and procedures set forth by the administration of the camp. By signing below, you agree to adhere to the appropriate standards of behavior that provide a safe and enriched environment for campers and staff. Furthermore you accept the actions that will take place in response to a camper not abiding by these policies and procedures.

Waiver: I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the Village of Wappingers Falls, its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by the Village of Wappingers Falls Recreation Department. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child's photo, video, artwork, etc. by the the department for flyers, presentations, etc.

**Acknowledged and Accepted By:**

**Camper** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Gurardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Campers Name \_\_\_\_\_

**Individuals authorized to pick up this child:**

**Name:**

**Phone:**


I authorize only the above list of people to pick up my child from camp.  
Must have picture ID for pickup

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

Date \_\_\_\_\_

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**Village of Wappingers Falls Recreation Department**  
2562 South Ave. Wappingers Falls, NY 12590  
(845)297-8773

**CAMP MEDICAL FORM**  
**Confidential - PLEASE PRINT**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Weeks Attending: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_ 6th \_\_\_\_\_ 7th \_\_\_\_\_

Home Address:

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address:

\_\_\_\_\_

## Confidential Health History

Your child's safety and health are important to us. Please be honest in your responses so we can do everything within our abilities to insure your child has a safe and fun time in our summer program. If you have any questions concerning the information on this form, do not hesitate to ask us.

**Physical Restrictions:**

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**Dietary Restrictions:**

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**Allergies:( to food, bees, insects or medications):**

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**Medications:**

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**Medications needed at Camp:**

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**Any medications taken at camp:**

- Any medication that can be given at home should be.
- Will be self administered. We can not administer medication.
- Will be kept in a secure facility by the Camp Staff.
- Must be in their original labeled pharmacy container.
- Must be accompanied by a note from a doctor giving instructions for taking medications.

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

Has your child ever had or do they now have:

	Now	Past	Explain
ADD/ADHD			
Asthma			
Bleeding/Clotting Disorder			
Convulsions/Seizures			
Diabetes			
Heart Defect/Disease			
Psychological Conditions			
Surgery			
Other			

Individual treatment, care or behavioral plans address a camper's unique physical, medical, behavioral, and/or social needs. Camps are required to obtain these plans for campers with disabilities when such plans exist and to implement adequate procedures to protect the camper's health and safety based on the plans. Camp operators should consult with the camper's parents, guardian and/or clinical team to determine what portions of the plan are relevant to the camp setting. Campers with developmental disabilities are not required to have a treatment, care or behavioral plan to attend a children's camp. Information regarding a camper's disability should be obtained as soon as possible. The State Camp Safety Advisory Council recommends identifying camper disability information during the camp's enrollment process or during other initial contact with parents by including questions as to any special needs of the camper. It is not advisable to wait for a health form to be submitted. Follow up with parents or guardians should occur as soon as possible to obtain details about a camper's needs and disabilities.

I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Recreation Department does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# **Village of Wappingers Falls Summer Camp**

## **CHAIN OF COMMAND**

**Camp Director**

**Assistant Camp Director**

**Health Advocate**

**Counselors**