

Summer Tot Time 2024



Summer Tot Time is a program for children aged 18–36 months to enjoy summer mornings with friends. Indoor activities will include circle time, music, art projects, storytime and snack. Free play and sports will be outdoors.

Bring bathing suits for sprinklers. **Summer Tot Time** hours are 9:00 to 11:45AM.

Pricing for all option is per week				
9:00AM–11:45PM:	5-day	4-day	3-day	2-day
Members:	\$325.00	320.00	\$275.00	\$250.00
Non-Members	\$365.00	\$340.00	\$315.00	\$290.00

Campers must be registered for a minimum of two weeks and can attend camp 2 – 5 days per week

Please indicate weeks by checking the appropriate boxes, select days by circling.

<input type="checkbox"/> Week 1 (Jun 10–14) <small>Mon Tue Wed Thu Fri</small>	<input type="checkbox"/> Week 2 (Jun 17–21) <small>Mon Tue Wed Thu Fri</small>	<input type="checkbox"/> Week 3 (Jun 24–28) <small>Mon Tue Wed Thu Fri</small>	<input type="checkbox"/> Week 4 (July 1–3) <small>Mon Wed Thu Fri</small>	<input type="checkbox"/> Week 5 (July 8–12) <small>Mon Tue Wed Thu Fri</small>
<input type="checkbox"/> Week 5 (July 15–19) <small>Mon Tue Wed Thu Fri</small>	<input type="checkbox"/> Week 7 (July 22–26) <small>Mon Tue Wed Thu Fri</small>	<input type="checkbox"/> Week 8 (July 29–Aug 2) <small>Mon Tue Wed Thu Fri</small>	<input type="checkbox"/> Week 9 (Aug 5–9) <small>Mon Tue Wed Thu Fri</small>	<input type="checkbox"/> Week 10 (Aug 12–16) <small>Mon Tue Wed Thu Fri</small>

Child's Name (First/Last) _____ Male Female _____

Member Non-Member Credit Card # _____ Exp _____ CVV _____

Date of Birth _____ E-Mail Address _____

Address _____ Home Phone _____ Cell _____

City/State/Zip _____ children to be grouped with _____

Mothers Name (First/Last) _____ Mother's Work/Cell Phone _____

Fathers Name (First/Last) _____ Father's Work/Cell Phone _____

Please indicate attendance by checking the appropriate boxes

Processing Fee: \$50
Bloomz App Fee: \$25

- **Credit Card Number must be on file for non-members** Total _____
- **There are no refunds for days not attended and no make-up days** Charge Credit Card _____

Card Number _____ Exp. Date _____

Charge Membership _____
Member Number _____ CVV _____

Parent or Guardian consent:

I hereby give consent for my child to participate in the camp program at Saw Mill Club. I certify that I know of no physical problems or conditions which would impair my child from participating in the program. If necessary, I authorize the persons in charge to secure first aid and/or the services of any legally qualified physician or hospital, and agree to assume all financial obligations connected therewith.

Signed _____ Date _____



IMPORTANT INFORMATION

There will be no guaranteed make up days and NO refunds for any reason after May 15, 2024.

REGISTRATION

Begins on January 1st, 2024. Full payment is due at time of registration. Payment plans available (surcharge applies). See below for Registration Packet

SIBLING DISCOUNT

If you register more than one child, a 5% discount will be applied for each additional child.

SCHEDULE CHANGES

Camper schedules and packets will be mailed the first week of June.

CAMP REFUND POLICY

The camp fees, less the \$50 non-refundable processing fee, will be refunded only if your child is withdrawn before May 15, 2024. There will be no refunds or make-ups for camp absences unless the session is canceled by Saw Mill Club.





PICK-UP SIGNATURE FORM

Child's Name _____

Child's Group _____

For the safety of your child, please print the names of the individuals who have your permission to pick up your child, including yourself. Please let anyone who may be picking up your child know that they **may be required to show photo ID at the time of pick up. Each child MUST be signed out every day.**

Name:

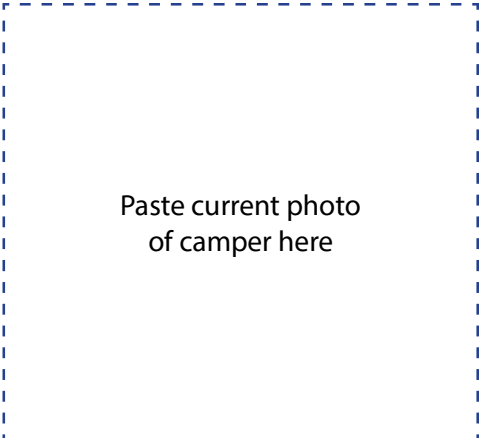
1. _____

2. _____

3. _____

4. _____

If your child should go home with someone other than those persons listed above, including a fellow camper, a note must be given to the counselor at drop off or an e-mail must be sent to the Camp Director ahead of time. **Photo ID will be required**



MEDICAL HISTORY FORM

Participants Name _____ Male Female Date of Birth _____

Complete Address _____

Home Phone _____

Mother _____ Cell Phone _____

Father _____ Cell Phone _____

Doctor's Name _____ Phone _____

In case of emergency, we require two names and phone numbers other than parents:

Name _____ Phone _____

Name _____ Phone _____

Medication in camp office: Yes No Medication: _____

Child's specific health problems, insect sensitivities, physical limitation, allergies, etc...

MEDICAL HISTORY – IMMUNIZATION RECORD (Required by NYS Law)

We are required by New York State Sanitary Code subpart 7.2 to maintain a current, confidential file on each child. Please provide the information by attaching a copy of immunizations to this form.

I understand that my signature below as a parent or legal guardian indicates that all of the above information is accurate, that my child is in satisfactory health with no specific health problems other than those noted above, that I agree to comply with all program policies, and that I give my permission for my child to participate in all program activities. By signing below, I also give permission, in case of injury, for the Camp Director to call an ambulance to take my child to a hospital for treatment, which may include evaluation of injuries, x-rays, and needed care.

I have read and understand the Parent Information above.

Parent/Legal Guardian _____ Date _____

Please return to the Children's Department



CONDITIONS OF ENROLLMENT

1. The camper and his/her parents agree to abide by the rules and regulations set by the Directors of Camp Saw Mill. Rules and regulations are put in place for the health, safety and welfare of the Camp and the children in attendance.
2. No reduction, credits or allowance is made for late arrival or early withdrawal of a camper after May 15, 2024.
3. In the event the camp season or day is shortened due to flood, hurricane, tornado or other natural disaster, war, terrorism, order of civil authority or any other reason beyond the camp's control, camp shall not be liable for any consequential damages, and the refund of tuition, if any, shall be in the complete discretion of the camp.
4. The Directors reserve the right to refuse an application or dismiss a camper whose behavior or influence is considered unsatisfactory or unfavorable to the best interest of the camp or other campers. In that event, no refunds will be given.
5. When it is considered necessary for a camper's health, the Directors reserve the right to have a camper hospitalized or to use outside medical professionals. Parents remain responsible for the cost of any outside care.
6. I realize that no environment is risk-free, and so I have discussed with my child the importance of following the camp rules. I give my permission for my child to participate in all activities, including swimming, and for camp personnel to assist my child when dressing (if necessary) and to apply sunscreen when deemed necessary by the Camp Director or Counselors.
7. The camp is not responsible for camper's lost or damaged personal belongings while at camp.

Parent Signature