

Camp Malta

Full Day Summer Camp

2024 Registration Packet



We're
On
the
Go!



Weekly Themes 2024

Celebrate America Week
Blast Off to Summer Fun
Wet, Wild and Wonderful Week
Holiday Extravaganza
Mischievous, Mayhem and Make-Believe
Go for the Gold! Summer Olympics
Silly Celebrations Week
Campers Spirit Week



1 Bayberry Drive Malta, NY 12020
www.MaltaParksRec.com
Phone: 518-899-4411

Creating Community through People, Parks & Programs



Camp Malta is a Saratoga County Department of Health licensed program.

Campers will enjoy fun-filled activities such as sports, crafts, games, movies, library time, science/nature activities & special programs each week.

Monday - Friday 9:00 am - 4:00 pm

8 weeks available: July 1- August 23

Extended care available 8:00 - 9:00 am and 4:00 - 5:00 pm

Location: The Malta Community Center

For children entering grades K-6 in the fall of 2024

Field Trips

- Each week campers will take one trip to either the Malta Community or Shenantaha Creek Park
- Field trips scheduled Ellms Farm, bowling, miniature golf, Moreau State Park Program K-2, Saratoga County Fair 3-6, and more TBA

Fees

- Residents: \$ 160 per child per week
- Non-Residents: \$ 175 per child per week
- Extended Care:
 - 8:00 - 9:00 am \$25 per week per child
 - 4:00 - 5:00 pm \$25 per week per child
- Minimum three weeks registration required
- \$10 service charge for refunds until May 16
- Fees non-refundable after May 16
- Payment plan available:
 - 50% of payment due at registration (Required minimum payment is 3 weeks)
 - Remaining 50% due by May 16, 2024.
- A \$5 fee per child incurred for each five minutes after pick up time

Camp Malta Shirts

- One t-shirt is supplied on the first day of camp
- Additional shirts can be purchased for \$6 each

Registration

- Wednesday, February 7 Early registration for campers enrolling for 6-8 weeks.
- Wednesday, February 14 Registration for campers enrolled 3 weeks or more.
- Required documents at time of registration:
 1. Registration packet
 2. Child's immunization record
 3. Proof of residency for Malta residents. Tax bill, utility bill, lease agreement or driver's license
 4. Custody agreement (if applicable)
 5. Payment

Registration with all the completed above documents is required in person at the Malta Community Center.

Policies and Procedures

- Prior to the start of Camp, all campers and parents must obtain the Camp Malta Handbook. This book will review all necessary information, procedures and policies.
- All campers are expected to follow the rules of camp and show proper respect toward staff.

Camp Malta Registration Form 2024

Step 1: Check the weeks you are registering for:

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Week 1: July 1– July 5 (no camp July 4) | <input type="checkbox"/> AM care | <input type="checkbox"/> PM care |
| <input type="checkbox"/> Week 2: July 8 - July 12 | <input type="checkbox"/> AM care | <input type="checkbox"/> PM care |
| <input type="checkbox"/> Week 3: July 15 - July 19 | <input type="checkbox"/> AM care | <input type="checkbox"/> PM care |
| <input type="checkbox"/> Week 4: July 22- July 26 | <input type="checkbox"/> AM care | <input type="checkbox"/> PM care |
| <input type="checkbox"/> Week 5: July 29 - August 2 | <input type="checkbox"/> AM care | <input type="checkbox"/> PM care |
| <input type="checkbox"/> Week 6: August 5 - August 9 | <input type="checkbox"/> AM care | <input type="checkbox"/> PM care |
| <input type="checkbox"/> Week 7: August 12- August 16 | <input type="checkbox"/> AM care | <input type="checkbox"/> PM care |
| <input type="checkbox"/> Week 8: August 19 - August 23 | <input type="checkbox"/> AM care | <input type="checkbox"/> PM care |

Step 2: Malta Residents must provide a copy of one proof of residency :

- Non-Resident Tax Bill Utility Bill Lease Agreement Driver's License

Step 3: Provide copy of child's current immunization.

Step 4: Complete camper information:

Child's Name _____
Sex M F Date of Birth _____ Grade for 2024-2025 _____
Address: _____

Parent/Guardian Contact

Name _____	Date of Birth _____
Address (if different from child) _____	
Work Phone _____	Cell Phone _____
Email _____	

Name _____	Date of Birth _____
Address (if different from child) _____	
Work Phone _____	Cell Phone _____
Email _____	

Authorized Pick up and Emergency Contact

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

Child's Medical Information

Insurance Group Name _____	Insurance ID number _____
List allergies and/or medical conditions _____	
Physician Name _____	Phone _____

T-shirt Size

- | | |
|---|--|
| <input type="checkbox"/> Youth X-Small (2/4) | <input type="checkbox"/> Youth Large (14/16) |
| <input type="checkbox"/> Youth Small (6/8) | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth Medium (10/12) | <input type="checkbox"/> Adult Medium |

Do you have a custodial agreement?

- Yes (A copy of your custody agreement must be supplied)
- No

Step 5: Complete waiver and provide any information that your child's counselors need to know:

Waiver:

I hereby grant permission for my child to participate in the Camp Malta summer camp and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines.

I assume, for and on behalf of my child, all risks and hazards incidental to such participation in camp programming. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. Although the Town of Malta endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program or the premises in which it is held is totally free of exposure to nuts and nut products.

I agree to indemnify and hold harmless the Town of Malta, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the program. The scope of this agreement extends to any actions taken by the Town of Malta Parks & Recreation Department, the Town of Malta, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached. The Town of Malta photographs and videotapes program participants. By registering for a program or involvement with an activity/event, the participants consents to use by the Town of her/his likeness in Town promotions and other uses.

I verify that I have read and understood and agree to the waiver:

Parent/Guardian Signature _____ Date _____

Special Accommodations: The Town of Malta Parks and Recreation Department supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate and someone will contact you. Use a separate sheet if necessary.

Medical Information: Describe any allergies, medical conditions, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet if necessary.

Personal Information: Describe any personal situations that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary.

Step 6: Complete financial and permission agreements:

Financial Agreement

- I agree that my child will participate in the program for a minimum of three weeks
- I understand that 50% of payment due at registration (Required minimum payment is 3 weeks) and the remaining 50% due by May 16, 2024.
- I agree that fees are non-refundable after May 16, 2024.
- I understand that there is a \$10 service charge for refunds via check per child
- I understand that any outstanding debts shall prohibit me and my child from enrolling or participating in any other Malta program until the balance is paid in full
- I understand and agree that I am responsible for the late fee of \$5.00 per child for every five minutes late picking up my child(ren)
- I agree to pay a \$20 service charge for all returned checks

Parent/Guardian Signature _____ Date: _____

Sunscreen Permission

- Parent or legal guardian is responsible for applying the first layer of sunscreen prior to drop-off
- Parents or legal guardians are responsible for providing children with sunscreen for later day applications.
- Camp staff is responsible for ensuring thorough follow-up applications after one hour in water, after two hours of activity in the sun and/or any other time as needed. This may mean that camp staff will need to assist in the application of the sunscreen in the case the camper is not able.
- Should camp staff need to apply sunscreen, it will be done in the following manner:
 - ◊ Staff will confirm that parental permission form has been signed.
 - ◊ Staff will use camper’s sunscreen and apply sunscreen to children’s exposed areas only except head and face.
 - ◊ Staff will do this in the presence of others and will not apply sunscreen to any area that a bathing suit covers.

I agree to comply with the Malta Summer Camp Sunscreen policy.

Parent/Guardian Signature _____ Date: _____

Yes, camp staff may apply sunscreen to my child

Tick and Insect Repellent Permission

- Parent or legal guardian are responsible for applying the first layer of insect repellent prior to drop-off
- Parents or legal guardian are responsible for providing insect repellent for later day applications.
- Camp staff will routinely remind campers to apply their insect repellent
- Should camp staff need to apply insect repellent, staff will confirm that parental permission form has been signed and use camper’s own repellent

I agree to comply with the Malta Summer Camp tick and insect repellent policy.

Parent/Guardian Signature _____ Date: _____

Yes, camp staff may apply tick and insect repellent to my child

Step 7: EpiPen or Inhaler use form. Your child’s physician must complete the bottom portion of this form.

Medication Authorization for the use of EpiPen or Inhalers

The Department of Health regulations prohibit the administration of medicine by camp staff, including but not limited to Benadryl, Tylenol, aspirin, Advil, or Motrin by an unlicensed individual. The two exceptions are asthma inhalers and EpiPens which camp personnel are permitted to assist in administering. This form is for permission to carry only EpiPens and/or inhalers. No other medication can be brought to camp.

You are required to bring your child into the Department of Parks, Recreation and Human Services office located in the Malta Community Center to either; demonstrate that they can self-administer the EpiPen and/or inhaler or, if they are too young, to demonstrate that they can tell people around them about their allergy and what they can do in the event of an emergency (for example, notify their counselor of an exposure, any trouble breathing, etc). This is required before Thursday, June 27, 2024 or your child will not be allowed to attend camp.

My child has has not been trained to self-administer their EpiPen.

Physician’s Information Name _____

Address _____

Phone Number _____

Expiration date of Medication _____

I have read and agree to the medical authorization above.

Parent/Guardian Signature _____ Date _____

The following to be completed by the physician

Diagnosis for which EpiPen and/or inhaler is given: _____
Name of Medication _____
Form _____ Dose _____
If EpiPen and/or inhaler is to be given “WHEN NEEDED” describe indications _____ _____
How soon can medication be repeated? _____
Has child been trained to self administer? _____
List significant side effects _____
Other Information _____ _____
Physician Signature _____ Date: _____

Step 8: Complete Payment Method:

	Resident	Non-Resident		
<input type="checkbox"/> Week 1: July 1-July 5	\$128	\$140	<input type="checkbox"/> AM care \$25	<input type="checkbox"/> PM care \$25
<input type="checkbox"/> Week 2: July 8- July 12	\$160	\$175	<input type="checkbox"/> AM care \$25	<input type="checkbox"/> PM care \$25
<input type="checkbox"/> Week 3: July 15-July 19	\$160	\$175	<input type="checkbox"/> AM care \$25	<input type="checkbox"/> PM care \$25
<input type="checkbox"/> Week 4: July 22- July 26	\$160	\$175	<input type="checkbox"/> AM care \$25	<input type="checkbox"/> PM care \$25
<input type="checkbox"/> Week 5: July 29 - August 2	\$160	\$175	<input type="checkbox"/> AM care \$25	<input type="checkbox"/> PM care \$25
<input type="checkbox"/> Week 6: August 5- August 9	\$160	\$175	<input type="checkbox"/> AM care \$25	<input type="checkbox"/> PM care \$25
<input type="checkbox"/> Week 7: August 12 - August 16	\$160	\$175	<input type="checkbox"/> AM care \$25	<input type="checkbox"/> PM care \$25
<input type="checkbox"/> Week 8: August 19 - August 23	\$160	\$175	<input type="checkbox"/> AM care \$25	<input type="checkbox"/> PM care \$25

I would like to pay for all of the registration fees at this time
Total amount \$ _____

I would like to pay for 50% of the total amount due (minimum of three weeks).
Remaining due by May 16, 2024. \$ _____

Check # _____ *Checks made payable to 'Town of Malta'*

Visa Mastercard Discover *We do not keep credit card information on file*

Cardholder Name: _____

Authorized Signature: _____

Credit Card Number: _____ - _____ - _____ - _____

Exp. Date: _____ CVC Code: _____ (Card Verification code)

Step 9: Register in person with all required documents at the Malta Community Center.

Malta Parks, Recreation and Human Services
One Bayberry Drive
Malta, NY 12020

Office Hours: Monday-Friday 8:30am-8:00pm
Saturday 9:00-am- 12:00pm

Phone number: 518-899-4411

Fax number: 518-899-4448