

Dear Parents and Families,

Welcome to Little Stars Camp! We are looking forward to the opportunity to get to know you and your children, and are so excited to begin a fun summer together!

The camp program will incorporate a variety of activities and experiences designed to support your children's individual interests, creativity and imagination. In a safe, calm and nurturing environment your child will explore concepts in art, music, creative movement, swimming, tennis and dramatic play.

Special weekly events at the camp will include "Wacky Wednesday" theme days and an enrichment specialist.

Christina E. Pappas, our Art specialist, is a graduate of Iona College with a degree in Business Administration. Christina obtained her Masters in Elementary Education from Mercy College and has her teaching certification in Elementary Education. She is currently working towards obtaining her teaching certification in Visual Arts. In 2001, Christina began working for PS 306 in the Bronx as an art teacher for Kindergarten thru fifth grade. During her career, Christina has applied for and received twenty grants awarded from private and corporate sponsors for the art program at PS 306. Christina also works as a teacher at the Fred Dolan Art Academy sponsored by the Children's Aid Society since 2006

Each child should come to camp, daily, prepared with the following items:

- Bathing suit
- Swim cap
- Towel
- A change of clothes/underwear in a labeled zip lock bag
- Water shoes or sturdy sandals for the pool area
- Sunblock
- Bag lunch

(Please clearly label all items with your child's first and last name.)

Due to food allergies please do not include peanut products in your child's lunch. Although we are not a peanut free environment, we are hoping to minimize risk within our classroom space.

Please feel free to email any questions or concerns to Cheryl Cotters at cherylcotters@yahoo.com. Once again, welcome to Little Stars! We are looking forward to an unforgettable summer!

Warm Regards,

Little Stars Day Camp
Camper History

Child's Full Name _____ Birthdate _____ Sex _____

Nickname _____ Telephone Number _____

Home Address _____

Father's Name _____ Mother's Name _____

Health

Does your child have any allergies? Please specify type, severity, treatment.

Does your child have any ongoing health situations? (anemia, eczema, etc.)

Does your child take any medications regularly? Are there any side effects?

Has your child ever had surgery, including minor surgery at the doctor's office (i.e. tubes placed in ears)?

Describe any other health factors that you feel it would be helpful for us to know about. Please include any hearing or vision problems.

Home and Family

Does your child have any brothers or sisters? Please list names and ages.

What are your child's special interests?

Has your child ever attended another camp or play group? Please describe the experience.

Personal Care

Can your child dress without being assisted by an adult?

Is your child potty trained?

Does your child need adult assistance when using the potty?

Does your child have daytime accidents?

Does your child nap? _____ How long? _____

Briefly describe you child's reaction to your absences. Separation anxiety?

How do you anticipate your child will react to staying at camp without you?

What does your child love to do?

What does your child not enjoy doing?

What would you most like your child to get out of their camp experience?

Please use the space below to provide any additional information that you feel is important for us to know about your child.

Please attach a copy of your child's most up to date physical and vaccination records, as well as, a recent photograph.

Thank you!!

Emergency Information

Name _____

_Date of Birth _____

Home Address _____

Mom's Name _____

Mom's Home # _____

Mom's Cell # _____

Mom's Email _____

Dad's Name _____

Dad's Home # _____

Dad's Cell # _____

Dad's Email _____

Emergency Contacts

Name _____

Home # _____

Cell # _____

Name _____

Home # _____

Cell # _____

Doctor _____

Doctor's # _____

Allergies _____

Medications prescribed _____

Emergency Pick-Up

Name _____

Phone _____

Name _____

Phone _____

Parent Signature _____

Little Stars Day Camp
Child Pick-Up Form

My child _____ may be picked up from camp by:

Parents _____ Phone# _____

Babysitter _____ Phone# _____

Grandparents _____ Phone# _____

Other _____ Phone# _____

_____ Phone# _____

_____ Phone# _____

_____ Phone# _____

Please include anyone that you might call if there is an emergency pick up needed, such as another parent, friend, relative or neighbor.

We will not allow your child to leave with any person not on this list unless you have provided a separate signed note or a phone call.

Parent Signature _____

Field Trip Permission

I give my child _____ permission to participate in field trips to the Neuberger Museum located on the SUNY Purchase College Campus, as well as, walks around the SUNY Purchase College grounds. I understand that there are no field trips scheduled to take place that will require transportation.

Parent Signature _____ Date _____

Photo/Film Permission

I give my child _____ permission to be photographed by authorized camp personnel for the purposes of documenting camp activities with counselors, parents and children for camp use only.

Parent Signature _____ Date _____



**LITTLE STARS CAMP
DROP OFF AND PICK UP PROCEDURES**

Morning Drop Off:

On the first day of a session, parents should accompany their children to their designated room on the 2nd floor to check in with a counselor. For the rest of the session, a counselor is behind the Physical Education Building to greet the campers from 8:30 to 9:00 am. The parents who wish to come in with their children must park in the back lots near the lower tennis courts.

Please Note: NO vehicles are allowed into the upper lot adjacent to the entrance of the gym.