Mosholu Day Camp - Summer 2020
June 29 - August 20 (No Camp July 3)

SPECIAL!
5-7 year old campers who have not previously enrolled in Mosholu Day Camp can try camp for 1 week (7/20- 7/24) for just $450.

MEMBERSHIP
Become a member of MMCC for $160 and receive all of the benefits of membership (including Early Registration, Discounts on School Holiday Camp Program, Saturday Academy classes, and more). If camp is paid in full by May 1, MMCC will refund you $100. Camp families who are members will also receive a 2nd camp shirt.

DISCOUNTS
• Save $200 on a Full Season if you register before January 31, 2020
• Save $100 on a Full Season if you register between 2/14 & 5/1
• Sibling discount- $50
• $500 deposit is required – Must be paid in full before June 14

REFUNDS

REQUIRED
A valid medical form signed by doctor and dated after 8/20/19 required in order to attend.

REGISTRATION FEES

NORWOOD | Cheyenne/Wichita/Apache
Age 5 years before July 1, 2020 & entering grades K-2
• Full Session - June 29 to August 20: $2,500
• 4-Week Session: $1,600
• 2-Week Session: $850 / Add on a week for $550

YOUNG BLAZERS | Mohawk/Mohegan
Entering grades 3 & 4
• Full Session - June 29 to August 20: $2,900
• 4 Week Session: $1,700
• 2-Week Session: $925 / Add on a week for $600

BLAZERS | Iroquois/ Cherokee
Entering grades 5 & 6
• Full Session - June 29 to August 20: $3000
• 4 Week Session: $1,800
• 2-Week Session: $985 / Add on a week for $650

SUNSHINE
Grades K-10
Sunshine/Norwood: $2,800
Sunshine/Young Blazers: $3,300 / 4-Weeks: $2,150
Sunshine/Blazers: $3,450 / 4-Weeks: $2,300
Sunshine/Teen: $3,900
4 Week Session: $2,450
2-Week Session: $1,025 / Add on a week for $600

TEEN ADVENTURE | Oneida/Huron/Seneca/Navajo
Age 11 years & entering grade 7, 8, 9 & 10 - 15.5 yrs old
Full Session - June 29 to August 20: $3,150
4 Week Session: $2,000
2-Week Session: $1,050 / Add on a week for $700
Terms of Enrollment

1. How to Register – Just fill in the registration form and mail or bring it to MMCC, 3450 Dekalb Ave., Bronx, NY 10467. A $500 deposit per camper is required. Registration may also occur online at www.mosholudaycamp.com.

2. Campers enrolling in Camp Sunshine must call the office at (718) 882-4000 and arrange an interview.

3. Camp fees are not refundable except as follows: A $350 refund on the $500 deposit available for registrations until 3/31, $250 refund on the $500 deposit for 4/1 - 5/31. No refunds at all after May 31 (deposit or full payment).

4. There is a $50 discount for each additional sibling in a family attending the camp.

5. Change of Sessions – While we will attempt to make changes in sessions, there is a $50 fee for this service after May 1 in addition to the balance or difference in the new season price. We will attempt to honor your request based upon availability. A move from a full session to half session or half session to 2 week session may only be honored based on availability and will include a service charge of $50.

6. Registration – A camp registration is a reservation for the agreed period. There is no pro-rating or refunds for missed days for any reason. This includes days missed as a result of a missing medical form or delayed payment. Keep in mind the refund policy in item 3 stands for summer school as well. There is no change in pricing or pro-rate for week 1 or week 8, as they are 4 day weeks.

7. The Agency reserves the right to remove a child from camp. In this case a pro-rated refund will be made with a deduction for administrative expenses. In case a child is suspended from a particular activity, or trip, there will be no refund. Suspensions are made in the case of extreme behavioral issues and imposed on the next day of camp regardless of childcare issues.

8. Emergency Procedures – Attempts will be made to call the parent first, then, we will call authorities.

9. Transportation is included in the fee. There are centralized pick-up points. We do not have door-to-door pick-up service. In the event of a delay in pick up, a late fee will be assessed. Campers 12yrs & older will be dropped off at their assigned stop with out sign out unless otherwise requested by parent. Only 18 and older to sign out a camper. Older campers can not sign out their younger siblings. Sunshine/Teens must be signed out by a parent.

10. Those campers who use the center for evening drop off must be picked up before 6pm. After this time, a late fee will be assessed.

11. Personal Property – The Center is not responsible for damage or loss of property. There is no need for cell phones, video games or any other devices at camp.

12. A limited number of financial assistance awards are available on the basis of financial needs. Assistance applications can be made by calling (718) 882-4000 ext 207. All information will be kept confidential. They are only considered when a child is registered in camp. Full scholarships will not be awarded. The deadline for these applications is April 1. Assistance Awards are for full session only and can not be combined with any other offer or discount.

13. The use of drugs or alcohol is forbidden. There are also no pets, personal equipment or weapons allowed in camp. Violation of this policy will result in the removal of the camper involved.

14. Groups are formed on the basis of age and natural friendships. We reserve the right to change the camper’s group should we feel it is appropriate.

15. All activities, trips and events are subject to change or cancellation.

16. Campers with an IEP or special needs must make the camp aware on the registration form. Failure to disclose this information may result in a change in or removal from camp program based upon the needs of the camper.

17. The camp bus is used to transport many children. It has a specific time that it is due at the stop. The bus cannot be made to wait for late families as this impacts the entire camp.

18. Medical Form – A medical form must be completed, signed and dated by a doctor and submitted to the camp office before June 21. Department of Health regulations stipulate that no child can attend camp without a completed medical form, including proof of MMR. Late enrollments must still have medical forms in the office at least 3 days before camp begins, as it takes time to process. The form must be dated within one year of August 20. There can be no exceptions. Failure to hand in the medical form on time will result in delayed start dates without reimbursement.

19. It is the responsibility of the parent to make sure that the camp office is in possession of the medical form. We advise keeping a copy for your records in case it is misplaced.

There is no camp on July 3!

All discounts and financial assistance awards including Early Bird specials are offered for full season enrollment only. Any change in sessions may result in a loss of the award or the forfeit of a discount.
Mosholu Camps Registration
Complete in full and submit to: MMCC, along with a $500 deposit

Camper’s Name: ___________________________ Birthdate: ___________________________
Gender: □ Male □ Female School: ___________________________ Grade in School (as of Sept 2020): __________

Registering for: (please check unit)

NORWOOD
□ Cheyenne (5 yrs by 7/1)
□ Wichita (1st grade)
□ Apache (2nd grade)

YOUNG BLAZER
□ Mohawk (3rd grade)
□ Mohegan (4th grade)

BLAZERS
□ Iroquois (5th grade)
□ Cherokee (6th grade)

TEEN ADVENTURE
□ Oneida (7th grade)
□ Huron (8th grade)
□ Seneca (9th grade)
□ Navajo (10th grade)

Special Needs: Closer Camper-to-Counselor Ratios
□ Sunshine Norwood
□ Sunshine Young Blazer
□ Sunshine Blazer
□ Sunshine Teen

□ Full Session 6/29 - 8/20 □ 4 Weeks beginning _______________________________________
Check any 2 weeks for a 2-week session or check 1 week to add onto another session:
□ 6/29 □ 7/6 □ 7/13 □ 7/20 □ 7/27 □ 8/3 □ 8/10 □ 8/17

Transportation: Please choose from a list of stops:
AM Bus Stop: ___________________________ PM Bus Stop: ___________________________

Parent (lives with camper) Information (please print)

Parent 1: ___________________________
Address: ___________________________
Phone: ___________________________
Email: ___________________________

Parent 2: ___________________________
Address: ___________________________
Phone: ___________________________
Email: ___________________________

Is English spoken at home? □ Yes □ No
Did child attend in 2019? □ Yes □ No
2019 Unit: ___________________________
Sibling(s) in camp: ___________________________
Referral by: ___________________________
Group with: ___________________________
Other Comments: ___________________________

Emergency Contact Information
(must be different from parent)

Name: ___________________________
Relationship: ___________________________
Phone: Home: ___________________________
Business: ___________________________
Cell: ___________________________

In completing this registration, I accept all terms of enrollment and give permission for my child to participate in all activities including trips away from the campsite. I understand that the camper cannot attend camp without an updated & signed medical form and that MMCC assumes no responsibility for personal property. I agree that photos taken by the camp may be used for publicity purposes. I give the camp the authority to obtain necessary emergency medical treatment for my child. I agree to make payment in full before the start of the season and understand the refund policy as stated in the terms of enrollment and I agree to allow the use of my contact information, so I can receive communication, emergency or otherwise, in any manner, including but not limited to, automated emails, voice mails, written statements, text messages, autodialed calls, and pre-recorded messages.

For Office Use Only:
□ 1199 □ SEB □ EB
Date received: ___________________________
Initials of processor: ___________________________
<table>
<thead>
<tr>
<th>Mosholu Day Camp - 2020 Tentative Bus Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>All times subject to change</td>
</tr>
</tbody>
</table>

**MMCC - 3450 Dekalb Ave.**

- **Norwood** 001
- **Young Blazers** 002
- **Blazers** 003
- **Sunshine** 004
- **Teen Adventure** 005

**Pelham Bay, Co-Op City & City Island**

- **Pelham Bay Station** 101
- **Corner Einstein & Erdman** 102
- **4180 Hutch River Pkwy E** 103
- **Aldrich & Asch** 104
- **Baychester & Darrow** 105
- **NW CRNR Carver & Casals** 106
- **Bellamy & Benchley** 107
- **100 Co-op City Blvd** 108
- **150 Dreiser Loop** 141
- **PS 175 Winter St City Island** 142

**Broadway & Riverdale**

- **259th & Broadway** 111
- **246th & Henry Hudson Pkwy** 701
- **232nd & Henry Hudson Pkwy** 702
- **236th & Riverdale** 703
- **231st & Broadway** 704
- **Stevenson & Sedgwick** 705
- **Sedgwick Ave Saxon Cross** 706

**Soundview, Parkchester & Tremont**

- **East Tremont & Unionport** 603
- **S.Blvd & E.Tremont** 401
- **Story Ave & Whiteplains** 601
- **Metropolitan Oval** 602

**Grand Concourse**

- **158th & Grand Concourse** 171
- **Fordham & Grand Concourse** 172
- **173rd & Grand Concourse** 301
- **Tremont & Grand Concourse** 302
- **183rd & Grand Concourse** 303

**Norwood, Kingsbridge & Sedgwick**

- **195th & Sedgwick** 501
- **Ft. Independence & Sedgwick** 502
- **Bedford Pk. Blvd & Briggs** 503
- **205th & Webster** 504
- **Gunhill & Webster** 505

**Woodlawn, Wakefield, Edenwald & Eastchester**

- **Allerton & Holland** 161
- **Allerton & Laconia** 403
- **Gunhill & Bronwood** 162
- **Boston & 229th/Grace Ave** 203
- **Boston Post Rd & Dyer** 204
- **Bronxdale & White Plains** 604
- **222nd & White Plains Rd** 404
- **233rd & Carpenter** 405
- **241st & Murdock** 406
- **233rd & Amundson Ave** 205
- **Eastchester & Waring** 201
- **Eastchester & Allerton** 202
- **Eastchester & Boston Road** 606
- **233rd & Laconia** 207
- **Rhineland & Bronxdale** 402
- **Nereid/238th & Whiteplains** 206
- **Cruger & Astor** 605
- **240th & Van Cortlandt Park East** 122

**Westchester**

- **New Rochelle** 220
- **Mamaroneck** 221
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- **Rye** 230
- **Ossining** 231
- **Croton** 232
- **Braircliff** 233
- **Pleasantville** 234
- **Thornwood** 235
- **Chappaqua** 236
- **Montrose** 237
- **Yorktown** 238
- **Peekskill** 239
- **Cortlandt Manor** 240

**Yonkers & Mt. Vernon**

- **Oak Street & West Lincoln Ave** 802
- **West Lincoln & Gramatan** 801
- **Gramatan Ave & Devonia Ave** 803
- **McLean & S.Broadway** 112
- **Central Ave & McLean Ave** 113
- **Central Ave & Sadore Lane** 114
- **Central Ave & Crisfield Ave** 115
- **Central Ave & Inverness Rd** 116

**Morningside Heights/Upper West Side**

- **95th & Broadway** 151
- **101st & Broadway** 152
- **106th & Broadway** 153
- **111th & Broadway** 154
- **116th & Broadway** 155
- **120th & Broadway** 156
- **125th & Broadway** 157

**Rockland**

- **Nyah** 220
- **New City** 221
- **Stony Point** 222
- **Clarkstown** 223
- **Suffern** 224
- **Garnerville** 225
- **Spring Valley** 226
- **Ramapo** 227
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- **Haverstraw** 192

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- **Thornwood** 235
- **Chappaqua** 236
- **Montrose** 237
- **Yorktown** 238
- **Peeksill** 239
- **Cortlandt Manor** 240
### Mosholu Day Camps: Camper Health Form

**Please Print Clearly**

#### TO BE COMPLETED BY PARENT OR GUARDIAN

<table>
<thead>
<tr>
<th>Child's Last Name</th>
<th>First Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Camp Unit</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Apt #</th>
<th>City/Borough</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent's Last Name</th>
<th>First Name</th>
<th>Cell Phone</th>
<th>E-mail</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Other Parent's Last Name</th>
<th>First Name</th>
<th>Cell Phone</th>
<th>E-mail</th>
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<table>
<thead>
<tr>
<th>Emergency Contact Name (other than parent)</th>
<th>Cell Phone</th>
<th>Home Phone</th>
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</table>

#### TO BE COMPLETED BY HEALTH CARE PROVIDER

**If “yes” to any item, please explain (attach addendum, if needed)**

<table>
<thead>
<tr>
<th>Birth history (age 0-6 yrs)</th>
<th>Does the child/adolescent have a past or present medical history of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Uncomplicated</td>
<td>□ Asthma (attach form)</td>
</tr>
<tr>
<td>□ Complicated</td>
<td>□ Attention deficit hyperactivity disorder (attach form)</td>
</tr>
<tr>
<td>□ Premature: _______ weeks gestation</td>
<td>□ congenital or acquired heart disorder (attach form)</td>
</tr>
<tr>
<td>□ Allergies</td>
<td>□ Developmental/learning problem (attach form)</td>
</tr>
<tr>
<td>□ Drugs (Rx)</td>
<td>□ Diabetes (attach form)</td>
</tr>
<tr>
<td>□ Foods (Rx)</td>
<td>□ Oral steroid</td>
</tr>
<tr>
<td>□ Other (Rx)</td>
<td>□ Orthopedic injury/disability</td>
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<tr>
<td></td>
<td>□ Seizure disorder</td>
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<td></td>
<td>□ Speech, hearing, or visual impairment</td>
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<td></td>
<td>□ Tuberculosis (attach form)</td>
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<td></td>
<td>□ Other (specify)</td>
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<tr>
<td></td>
<td>□ Medications (attach form if additional medication needed)</td>
</tr>
<tr>
<td></td>
<td>□ None</td>
</tr>
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<td></td>
<td>□ Yes (specify below)</td>
</tr>
</tbody>
</table>

**Physiological Examination**

<table>
<thead>
<tr>
<th>Height (age 0-6 yrs) cm</th>
<th>Weight (age 0-6 yrs) kg</th>
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<tbody>
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**BMI (kg/m²)**

<table>
<thead>
<tr>
<th>BMI</th>
<th>%ile</th>
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**Head Circumference (age 0-2 yrs) cm | %ile**

<table>
<thead>
<tr>
<th>Head Circumference</th>
<th>%ile</th>
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**Blood Pressure (age 0-2 yrs) mm Hg | %ile**

<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>%ile</th>
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<tr>
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**Physical Examination**

<table>
<thead>
<tr>
<th>General Appearance</th>
<th>Date Done</th>
<th>Results</th>
</tr>
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<tbody>
<tr>
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**Screening Tests**

<table>
<thead>
<tr>
<th>Screening Tests</th>
<th>Date Done</th>
<th>Results</th>
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**Assessment**

<table>
<thead>
<tr>
<th>Well Child</th>
<th>Date</th>
<th>Diagnoses/Problems (Rx)</th>
<th>ICD-9 Code</th>
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**Immunizations**

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Date</th>
<th>Remarks</th>
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**Recommendations**

<table>
<thead>
<tr>
<th>Full physical activity</th>
<th>Full diet</th>
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<tr>
<th>Restrictions</th>
<th>Follow-up Needed</th>
<th>Appt. Date</th>
<th>Referral(s)</th>
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<tr>
<th>Other</th>
<th>Health Care Provider Signature</th>
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<tbody>
<tr>
<td></td>
<td>Date _ _ _ _ _ _ _ _ _ _ _ _</td>
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<thead>
<tr>
<th>Health Care Provider Name and Degree</th>
<th>License No. and State</th>
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<table>
<thead>
<tr>
<th>Facility Name</th>
<th>National Provider Identifier (NPID)</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Telephone</th>
<th>Fax</th>
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<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Date Reviewed</th>
<th>Remarks</th>
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**Reporting**

<table>
<thead>
<tr>
<th>DOMINICAN ONLY</th>
<th>PROVIDER ID</th>
<th>TYPE OF EXAM</th>
<th>Date Reviewed</th>
<th>Remarks</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>NAE Current</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>NAE Prior Year(s)</td>
<td></td>
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<table>
<thead>
<tr>
<th>Comments</th>
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**Review:**

<table>
<thead>
<tr>
<th>Reviewer</th>
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SUPPLEMENTARY HEALTH INFORMATION
and CONSENT REQUEST

Camper’s Name: ____________________________ Date of Birth: ____________________________

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE

New York State Public Health Law requires that a parent or guardian of campers who attend a children’s camp to complete and return the following form to the camp.

Check one box and sign below.

☐ My child has had meningococcal meningitis immunization within the past 10 years.
   Date received: ____________________________

[Note: If your child received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine’s protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.]

SUN SCREEN & FIRST AID TOPICAL OINTMENT CONSENT

☐ I consent to have my child use the sunscreen s/he has brought or the camp has supplied, which is approved by the FDA for over the counter use to avoid overexposure to the sun. My child may be assisted by camp counselor staff if s/he requests.

☐ I consent to have the camp staff use topical ointment for wounds, bug bites, etc. in the treatment of basic first aid.

ALLERGIES/ MEDICATIONS

Please list any allergies and/or medications (prescription or non prescription) your child is currently taking:

________________________________________________________________________

________________________________________________________________________

☐ Tetanus Shot    Month/Year of last Tetanus Shot: ____________________________

I accept all terms of enrollment and give permission for my child to participate in all activities including trips away from the campsite. I understand that the camper cannot attend camp without an updated & signed medical form and that MMCC assumes no responsibility for personal property. I agree that photos taken by the camp may be used for publicity purposes. I give the camp the authority to obtain necessary emergency medical treatment for my child. I agree to make payment in full before the start of the season and I understand the refund policy as stated in the terms of enrollment and I agree to allow the use of my contact information, so I can receive communication, emergency or otherwise, in any manner, including but not limited to, automated emails, voice mails, written statements, text messages, autodialed calls and pre-recorded messages.

Parent Signature      Date