

# 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

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.

## 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**



Building  
communities  
one life  
at a time

Mosholu Montefiore Community Center/Mosholu Day Camp  
3450 Dekalb Avenue, Bronx, NY 10467  
718-882-4000 | mosholudaycamp.com

# 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](http://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.*



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3450 Dekalb Avenue, Bronx, NY 10467  
718-882-4000 | [mosholudaycamp.com](http://mosholudaycamp.com)

# Mosholu Camps Registration

Complete in full and submit to: MMCC, along with a \$500 deposit

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First

Gender:  Male  Female School: \_\_\_\_\_ Grade in School (as of Sept 2020): \_\_\_\_\_

## Registering for: (please check unit)

### NORWOOD

- Cheyenne (5 yrs by 7/1)
- Wichita (1<sup>st</sup> grade)
- Apache (2<sup>nd</sup> grade)

### YOUNG BLAZER

- Mohawk (3<sup>rd</sup> grade)
- Mohegan (4<sup>th</sup> grade)

### BLAZERS

- Iroquois (5<sup>th</sup> grade)
- Cherokee (6<sup>th</sup> grade)

### TEEN ADVENTURE

- Oneida (7<sup>th</sup> grade)
- Huron (8<sup>th</sup> grade)
- Seneca (9<sup>th</sup> grade)
- Navajo (10<sup>th</sup> 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: \_\_\_\_\_  
Home Business Cell

Email: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Business Cell

Email: \_\_\_\_\_

*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 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.*

Is English spoken at home?  Yes  No

Did child attend in 2019?  Yes  No

2019 Unit: \_\_\_\_\_

Sibling(s) in camp: \_\_\_\_\_

Referred by: \_\_\_\_\_

Group with: \_\_\_\_\_

Other Comments: \_\_\_\_\_

### Emergency Contact Information

(must be different from parent)

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

Relationship: \_\_\_\_\_

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

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

### For Office Use Only:

1199  SEB  EB

Date received: \_\_\_\_\_

Initials of processor: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_



# Mosholu Day Camp - 2020 Tentative Bus Schedule

All times subject to change

**☐ MMCC - 3450 Dekalb Ave.**  
Approx. times 8-8:15am/5:20-6pm

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

**☐ Pelham Bay, Co-Op City & City Island**  
Approx. times 7-7:15am/5:45-6pm

- 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**  
Approx. times 7:30-7:50am/5:30-6pm

- 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**  
Approx. times 7-7:15am/5:45-6pm

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

**☐ Grand Concourse**  
Approx. times 7:15-7:30am/5:45-6pm

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

**☐ Norwood, Kingsbridge & Sedgwick**  
Approx. times 7:30-7:50am/5:30-6pm

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

**☐ Woodlawn, Wakefield, Edenwald & Eastchester**  
Approx. times 7:15-7:30am/5:30-6pm

- Allerton & Holland 161
- Allerton & Laconia 403
- Gunhill & Bronxwood 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
- Crugar & Astor 605
- 240th & Van Cortlandt Park East 122

**☐ Yonkers & Mt. Vernon**  
Approx. times 7:45-8:10am/5:15-5:45pm

- 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**  
Approx. times 7:15am/5:45-6pm

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

**☐ Rockland**  
Approx. times 8:30-8:50am/4:45-5:15pm

- Nyack 220
- New City 221
- Stony Point 222
- Clarkstown 223
- Suffern 224
- Garnerville 225
- Spring Valley 226
- Ramapo 227
- Orangetown 228
- Pomona 229
- Sloatsburg 191
- Haverstraw 192

**☐ Westchester**  
Approx. times 8:20-8:40am/5:15-5:30pm

- New Rochelle 220
- Mamaronek 221
- Portchester 222
- White Plains 223
- Tarrytown 224
- Greenburgh 225
- Ardsley 226
- Dobbs Ferry 227
- Irvington 228
- Scarsdale 229
- Rye 230
- Ossining 231
- Croton 232
- Braircliff 233
- Pleasantville 234
- Thornwood 235
- Chappaqua 236
- Montrose 237
- Yorktown 238
- Peekskill 239
- Cortlandt Manor 240



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**TO BE COMPLETED BY PARENT OR GUARDIAN**

Child's Last Name	First Name	Sex	Date of Birth	Camp Unit
Home Address	Apt #	City/Borough	Home Phone	
Parent's Last Name	First Name	Cell Phone	E-mail	
Other Parent's Last Name	First Name	Cell Phone	E-mail	
Emergency Contact Name (other than parent)		Cell Phone	Home Phone	

**TO BE COMPLETED BY HEALTH CARE PROVIDER** *If "yes" to any item, please explain (attach addendum, if needed)*

<p><b>Birth history</b> (age 0-6 yrs)</p> <p><input type="checkbox"/> Uncomplicated    <input type="checkbox"/> Premature: _____ weeks gestation</p> <p><input type="checkbox"/> Complicated by _____</p> <p><b>Allergies</b>    <input type="checkbox"/> None    <input type="checkbox"/> Epi pen prescribed</p> <p><input type="checkbox"/> Drugs (list) _____</p> <p><input type="checkbox"/> Foods (list) _____</p> <p><input type="checkbox"/> Other (list) _____</p>	<p><b>Does the child/adolescent have a past or present medical history of the following?</b></p> <p><input type="checkbox"/> Asthma (check severity and attach MAF/Asthma Action Plan):    <input type="checkbox"/> Intermittent    <input type="checkbox"/> Mild Persistent    <input type="checkbox"/> Moderate Persistent    <input type="checkbox"/> Severe Persistent</p> <p><i>If persistent, check all current medication(s):</i>    <input type="checkbox"/> Inhaled corticosteroid    <input type="checkbox"/> Other controller    <input type="checkbox"/> Quick relief med    <input type="checkbox"/> Oral steroid    <input type="checkbox"/> None</p> <p><input type="checkbox"/> Attention Deficit Hyperactivity Disorder    <input type="checkbox"/> Orthopedic injury/disability</p> <p><input type="checkbox"/> Chronic or recurrent otitis media    <input type="checkbox"/> Seizure disorder</p> <p><input type="checkbox"/> Congenital or acquired heart disorder    <input type="checkbox"/> Speech, hearing, or visual impairment</p> <p><input type="checkbox"/> Developmental/learning problem    <input type="checkbox"/> Tuberculosis (latent infection or disease)</p> <p><input type="checkbox"/> Diabetes (attach MAF)    <input type="checkbox"/> Other (specify) _____</p>	<p><b>Medications</b> (attach MAF if in-school medication needed)</p> <p><input type="checkbox"/> None    <input type="checkbox"/> Yes (list below)</p> <p>_____</p> <p>_____</p> <p><b>Dietary Restrictions</b></p> <p><input type="checkbox"/> None    <input type="checkbox"/> Yes (list below)</p> <p>_____</p> <p>_____</p>
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*Explain all checked items above or on addendum*

<p><b>PHYSICAL EXAMINATION</b></p> <p>Height _____ cm (_____%ile)</p> <p>Weight _____ kg (_____%ile)</p> <p>BMI _____ kg/m<sup>2</sup> (_____%ile)</p> <p>Head Circumference (age ≤2 yrs) _____ cm (_____%ile)</p> <p>Blood Pressure (age ≥3 yrs) _____ / _____</p>	<p><b>General Appearance:</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%;"><i>Ni Abnl</i></td> <td style="width:12.5%;"><input type="checkbox"/> HEENT</td> <td style="width:12.5%;"><i>Ni Abnl</i></td> <td style="width:12.5%;"><input type="checkbox"/> Lymph nodes</td> <td style="width:12.5%;"><i>Ni Abnl</i></td> <td style="width:12.5%;"><input type="checkbox"/> Abdomen</td> <td style="width:12.5%;"><i>Ni Abnl</i></td> <td style="width:12.5%;"><input type="checkbox"/> Skin</td> <td style="width:12.5%;"><i>Ni Abnl</i></td> <td style="width:12.5%;"><input type="checkbox"/> Psychosocial Development</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Dental</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Genitourinary</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Language</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Cardiovascular</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Extremities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Back/spine</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Behavioral</td> </tr> </table> <p><b>Describe abnormalities:</b></p> <p>_____</p> <p>_____</p>	<i>Ni Abnl</i>	<input type="checkbox"/> HEENT	<i>Ni Abnl</i>	<input type="checkbox"/> Lymph nodes	<i>Ni Abnl</i>	<input type="checkbox"/> Abdomen	<i>Ni Abnl</i>	<input type="checkbox"/> Skin	<i>Ni Abnl</i>	<input type="checkbox"/> Psychosocial Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/> Lungs	<input type="checkbox"/>	<input type="checkbox"/> Genitourinary	<input type="checkbox"/>	<input type="checkbox"/> Neurological	<input type="checkbox"/>	<input type="checkbox"/> Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/> Extremities	<input type="checkbox"/>	<input type="checkbox"/> Back/spine	<input type="checkbox"/>	<input type="checkbox"/> Behavioral
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<p><b>DEVELOPMENTAL</b> (age 0-6 yrs)    <input type="checkbox"/> Within normal limits</p> <p>If delay suspected, specify below</p> <p><input type="checkbox"/> Cognitive (e.g., play skills) _____</p> <p><input type="checkbox"/> Communication/Language _____</p> <p><input type="checkbox"/> Social/Emotional _____</p> <p><input type="checkbox"/> Adaptive/Self-Help _____</p> <p><input type="checkbox"/> Motor _____</p>	<p><b>SCREENING TESTS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">Date Done</th> <th style="width:60%;">Results</th> </tr> <tr> <td><b>Blood Lead Level (BLL)</b> <i>(required at age 1 yr and 2 yrs and for those at risk)</i></td> <td>_____/_____/_____    _____ µg/dL</td> </tr> <tr> <td><b>Lead Risk Assessment</b> <i>(annually, age 6 mo-6 yrs)</i></td> <td>_____/_____/_____    <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk</td> </tr> <tr> <td><b>Hearing</b></td> <td>_____/_____/_____    <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Head Start Only</b></td> </tr> <tr> <td><b>Hemoglobin or Hematocrit</b> (age 9-12 mo)</td> <td>_____/_____/_____    _____ g/dL _____ %</td> </tr> </table>	Date Done	Results	<b>Blood Lead Level (BLL)</b> <i>(required at age 1 yr and 2 yrs and for those at risk)</i>	_____/_____/_____    _____ µg/dL	<b>Lead Risk Assessment</b> <i>(annually, age 6 mo-6 yrs)</i>	_____/_____/_____ <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk	<b>Hearing</b>	_____/_____/_____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>Head Start Only</b>		<b>Hemoglobin or Hematocrit</b> (age 9-12 mo)	_____/_____/_____    _____ g/dL _____ %	<p><b>Tuberculosis</b>    <i>Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school</i></p> <p>PPD/Mantoux placed    ____/____/____    Induration _____ mm</p> <p>PPD/Mantoux read    ____/____/____    <input type="checkbox"/> Neg    <input type="checkbox"/> Pos</p> <p>Interferon Test    ____/____/____    <input type="checkbox"/> Neg    <input type="checkbox"/> Pos</p> <p>Chest x-ray <i>(if PPD or Interferon positive)</i>    ____/____/____    <input type="checkbox"/> Ni    <input type="checkbox"/> Not <input type="checkbox"/> Abnl    Indicated</p> <p><b>Vision</b> <i>(required for new school entrants and children age 4-7 yrs)</i></p> <p>____/____/____    Acuity Right ____/____ Left ____/____ <input type="checkbox"/> with glasses    Strabismus <input type="checkbox"/> No    <input type="checkbox"/> Yes</p>
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<b>Head Start Only</b>														
<b>Hemoglobin or Hematocrit</b> (age 9-12 mo)	_____/_____/_____    _____ g/dL _____ %													

<p><b>IMMUNIZATIONS - DATES</b>    CIR Number of Child _____</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Hep B</td> <td style="width:20%;">____/____/____</td> <td style="width:20%;">____/____/____</td> <td style="width:20%;">____/____/____</td> <td style="width:20%;">____/____/____</td> </tr> <tr> <td>Rotavirus</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> </tr> <tr> <td>DTP/DTaP/DT</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> </tr> <tr> <td>Hib</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> </tr> <tr> <td>PCV</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> </tr> <tr> <td>Polio</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> </tr> </table>	Hep B	____/____/____	____/____/____	____/____/____	____/____/____	Rotavirus	____/____/____	____/____/____	____/____/____	____/____/____	DTP/DTaP/DT	____/____/____	____/____/____	____/____/____	____/____/____	Hib	____/____/____	____/____/____	____/____/____	____/____/____	PCV	____/____/____	____/____/____	____/____/____	____/____/____	Polio	____/____/____	____/____/____	____/____/____	____/____/____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Influenza</td> <td style="width:50%;">____/____/____</td> </tr> <tr> <td>MMR</td> <td>____/____/____</td> </tr> <tr> <td>Varicella</td> <td>____/____/____</td> </tr> <tr> <td>Td</td> <td>____/____/____</td> </tr> <tr> <td>Tdap</td> <td>____/____/____</td> </tr> <tr> <td>Meningococcal</td> <td>____/____/____</td> </tr> <tr> <td>HPV</td> <td>____/____/____</td> </tr> <tr> <td colspan="2">Other, Specify: _____</td> </tr> </table>	Influenza	____/____/____	MMR	____/____/____	Varicella	____/____/____	Td	____/____/____	Tdap	____/____/____	Meningococcal	____/____/____	HPV	____/____/____	Other, Specify: _____	
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DTP/DTaP/DT	____/____/____	____/____/____	____/____/____	____/____/____																																											
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<p><b>RECOMMENDATIONS</b>    <input type="checkbox"/> Full physical activity    <input type="checkbox"/> Full diet</p> <p><input type="checkbox"/> Restrictions (specify) _____</p> <p><b>Follow-up Needed</b>    <input type="checkbox"/> No    <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____</p> <p><b>Referral(s):</b>    <input type="checkbox"/> None    <input type="checkbox"/> Early Intervention    <input type="checkbox"/> Special Education    <input type="checkbox"/> Dental    <input type="checkbox"/> Vision</p> <p><input type="checkbox"/> Other _____</p>	<p><b>ASSESSMENT</b>    <input type="checkbox"/> Well Child (V20.2)    <input type="checkbox"/> Diagnoses/Problems (list)    <b>ICD-9 Code</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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Health Care Provider Signature	Date ____/____/____	<b>DOHMH PROVIDER ONLY</b> I.D. _____
Health Care Provider Name and Degree (print)	Provider License No. and State	<b>TYPE OF EXAM:</b> <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)
Facility Name	National Provider Identifier (NPI)	<i>Comments</i>
Address	City    State    Zip	Date Reviewed: ____/____/____    I.D. NUMBER _____
Telephone (____) _____	Fax (____) _____	<b>REVIEWER:</b> _____

# 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