



# GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, *Ph. D.*, Headmaster

Spring 2018

Dear Camp Parent:

We have received your Summer Camp 2018 registration form and deposit and would like to officially welcome your child to camp!

We are required by the Board of Health to have both a current health form and an Aquatic Consent Form on file for each child in camp. Please have them completed and return them to us **no later than the first week of camp.**

Also enclosed is a supply list for each of our programs – Nursery, Junior Program (3/4), Junior Program (5/6) and Specialty.

Once again, welcome to Summer Camp 2018!

If there are any additional questions, please feel free to call.

Sincerely,

Chantal St. Gerard  
Co-Director  
Garden Summer Program

Stella Stenos  
Co-Director  
Garden Summer Program



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## Summer Camp Supply List

### **Nursery Program**

- Complete change of clothing
- Family picture
- Two bathing suits
- A beach towel
- Water shoes
- A sheet or cover for nap time
- Waterproof bag
- Diapers and wipes
- Hat and sunscreen (if necessary)

### **Junior Program (3/4 & 5/6)**

- Reusable cup with your child's name on it for water (For 3 & 4 year olds only)
- Complete change of clothing
- Family picture
- Two bathing suits to be taken home each night
- A hooded towel to be taken home each night
- Water shoes
- A crib sheet for nap time (For 3 & 4 year olds only)
- Waterproof bag
- Hat and spray on sunscreen

### **Specialty Program**

- Two bathing suits
- A beach towel
- Shoes to walk to and from the pool
- Hat and sunscreen (if necessary)

### **NOTES**

- First day of camp is June 25, 2018
- Bus notification – you will be contacted the weekend before camp begins with the approximate time of pick up. Thank you for your patience as the first few days of transportation are not always smooth as we learn the most efficient routes. Pick-up times will become consistent.
- Camp **will not** be in session on Wednesday, July 4<sup>th</sup>, 2018 in observance of Independence Day.



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## Allergy Alert Form Summer Camp 2018

This form is to be used for all allergies, including food allergies.

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Allergic to: \_\_\_\_\_

How long before symptoms appear? \_\_\_\_\_

### What symptoms does the child experience?

Mouth: \_\_\_\_\_

Throat: \_\_\_\_\_

Skin: \_\_\_\_\_

GI Tract: \_\_\_\_\_

Lungs: \_\_\_\_\_

Heart: \_\_\_\_\_

### Emergency action to be taken:

If ingestion and/or contact is suspected: \_\_\_\_\_

If epipen is prescribed:

- Administer epipen and call 911.
- Tell the dispatcher, “\_\_\_\_\_ allergy anaphylaxis. Epipen given at \_\_\_\_\_ (time).”
- Remain on the phone until dismissed by dispatcher.

If other medication is prescribed, please specify type, treatment and dosage:

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Stamp here with name and license number



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## Garden Camp Medical Consent

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Pediatrician Name \_\_\_\_\_

Pediatrician Phone \_\_\_\_\_ Pediatrician Fax \_\_\_\_\_

Parent/Guardian will be notified as quickly as possible in case of an emergency. Please sign below to grant Garden School and its agents permission to dispense over-the-counter medications as needed and to make decisions (including calling an ambulance) to secure medical treatment in an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Aquatic Consent Form

I do hereby give consent for my child, \_\_\_\_\_, age, \_\_\_\_\_, to participate in the Aquatics Program at the Garden Summer Camp for Summer 2018 under the supervision of the Aquatics Director.

Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Daytime Telephone: \_\_\_\_\_



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## Photo Release Form

Dear Garden Summer Camp Family,

From time to time, Garden Summer Camp participates in activities or events where students are photographed. Those images are the property of Garden Summer Camp and occasionally some of those images are reproduced (without a child's full name) for marketing or promotional purposes.

There is no need to do anything if you agree to allow us to use these images.

If you do **NOT** wish to have your child's picture used, please complete and return this form.

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## Photo Release Respose Form

Parent / Guardian Name: \_\_\_\_\_

Child (rens) Name: \_\_\_\_\_

Grade (s): \_\_\_\_\_

Please check appropriate box to indicate your preference:

I do not wish my child's pictures to be used for any purpose.

I wish to be asked whenever my child's photo is being considered for use.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_