



Camp Special Place

2017

Crafts

Field Trips

Games

Swimming

Special Events

Playground Time

Projects



For children ages 5-12 with special needs

Monday-Friday, July 10-August 18

9:00am-3:00pm

Kenmore Community Center (in Mang Park)

135 Wilber Avenue, Kenmore, NY 14217

\$75 per week for Town of Tonawanda & Village of Kenmore residents, \$110 per week for non-residents

Applications accepted April 3-June 2 online at www.ttypr.com and in-person/by mail to the Youth, Parks & Recreation office (299 Decatur Road, Buffalo, NY 14223, open M-F 8am-4pm).

Space is limited! If registering online, payment is due in full at time of registration. If registering in person at YPR office, payment plan may be set up (minimum one week's fees per child due at registration, with 50% of balance due by May 5 and remaining balance due no later than June 9).

For more information please visit www.ttypr.com or contact Nicole Fields at 831-1001 or nfields@tonawanda.ny.us.

Camp Special Place FAQs

Is there a multi-child discount? We do not offer a sibling discount for summer camp.

I only need my child to come to camp a few days a week. Can I only pay for those days? We do not offer a part-time or per-day option. You may choose to send your child only on certain days, but you must pay for the full week of camp.

How do I register? You will either need to come to the Youth, Parks & Recreation office (299 Decatur Road, M-F 8am-4pm) with a completed application for each child, or register online at www.ttypr.com. If you do not have an account with us, you will need to stop by one of our facilities and show proof of residency so we can set one up for you - you will not be able to register online until you do this. If signing up online, you must pay in full. If we do not receive your completed application, medical information and immunization records, and full payment by June 2 your child will be removed from the program. Even if you attended Camp Special Place last summer or attended the KYC during the school year, you must complete the entire registration process for summer 2017.

When is the money due? Any outstanding balance from previous participation in a YPR program must be paid in full before registering for camp. You must pay for at least one week of camp per child at time of registration (ie. if you are registering 3 resident children, you must make a down payment of at least \$375). Your remaining balance is due no later than June 9. Failure to pay remaining balance by June 2 will result in children's removal from the camp roster for any weeks that are not paid for in full. Re-enrollment will be subject to space availability and full payment prior to enrollment. Sorry, we are unable to make any exceptions.

We changed our plans. Can we get a refund? If you are registered for a week of camp that you need to cancel, you must let us know at least ten full business days in advance. For example: If your child is registered for the week of July 24, you must notify us by 8:00am on Monday, July 10 in order to receive a refund. If you do not give us two weeks' notice we will not be able to offer a refund, as we have to schedule our staff and activities and pay for field trips in advance based on enrollment. All cancellations must be made through the Youth, Parks & Recreation office (831-1001).

Is there an additional cost for field trips or swimming? No! All of our activities are included in the weekly camp fee.

What time can I drop my child off? Camp begins at 9:00am each day. You must sign your child in each morning.

What time should I pick up my child from camp? Camp ends at 3:00pm every day. You must sign your child out at pick-up.

Where will my child be throughout the day? Our camp utilizes the Kenmore Community Center, Mang Park (including the playgrounds, tennis courts, and fields on the opposite side of Wilber Avenue), and the pools each day. If you drop your child off after 9:15am, you may need to escort them to meet their group in a different location in the park. If you pick your child up before 2:45pm, you may need to meet them at a different location in the park after signing them out. We go on field trips every week, generally on Wednesdays.

Do you provide lunch? We do not provide any meals to campers. We are a site for the Niagara County Free Summer Lunch program, which runs for the duration of camp. You can choose to send your child with a lunch each day or opt to have them receive a free lunch (a calendar will be available in late June indicating what lunch will be each day).

When and where will my child be swimming? Campers under the age of 8 will be swimming at the Mang Wading Pool and campers over the age of 8 will be swimming at the Kenmore Big Pool. Campers usually head to the pool between 1:00 and 2:00pm (depending on when the pools open) and swim for 1-1.5 hours. Counselors swim with their campers, and American Red Cross certified lifeguards supervise on deck. Any child wishing to swim in the deep end of the Kenmore Big Pool will be swim tested by a lifeguard on their first day. You may send your child with a Coast Guard-approved flotation device to use in the pool.

What is the staff to child ratio? Our groups have 6 campers to 1 counselor. There is a maximum of 36 campers.

What certifications/trainings do your staff receive? Most of our staff are college students, many of them studying Education or Recreation. Some of our staff are teachers and teacher aids. All counselors hold current CPR and First Aid certifications. We also have a nurse on staff. Our camp is licensed through the New York State Department of Health.

Can my child be put in the same group as his/her friend or sibling? We are not able to accommodate requests for camper groups or counselors.

What does my child need to bring with them each day? Backpack, lunch, water bottle, sunscreen, hat, closed-toe shoes, swimsuit, towel, Coast Guard approved flotation device if needed, plastic bag for wet items, poncho or rain jacket on wet days, sweatshirt or light jacket on cool days, old shoes on muddy days—Please label ALL items. Electronics, toys, any valuables should stay at home.

Please note: The KYC Summer Camp, Kenmore Senior Nutrition, and Kenmore Juvenile Aid Bureau are also based at the Kenmore Community Center. There are times that the building may be busy because of these programs and there are times the programs may interact with one another.



TOWN OF TONAWANDA YOUTH, PARKS & RECREATION CAMP SPECIAL PLACE 2017 REGISTRATION PACKET

THESE FORMS MUST BE COMPLETED IN FULL AND SUBMITTED AT TIME OF REGISTRATION. REGISTRATION WILL NOT BE PROCESSED & CHILDREN WILL NOT BE ALLOWED TO PARTICIPATE IF THE PROPER PAPERWORK IS NOT ON FILE. APPLICATIONS ACCEPTED APRIL 3-JUNE 2. SPACE IS LIMITED.

CAMPER INFORMATION		
FIRST NAME	LAST NAME	NICKNAME
DATE OF BIRTH	AGE (AS OF 1st DAY OF CAMP)	INCOMING GRADE (FALL 2017)
SCHOOL	GENDER MALE FEMALE	PREVIOUS CAMPER HERE? YES NO
HOUSEHOLD INFORMATION		
ADDRESS		ZIP CODE
KENMORE/TONAWANDA RESIDENT? YES NO	PRIMARY PHONE NUMBER	PRIMARY EMAIL ADDRESS
WHO DOES THE CHILD LIVE WITH? BOTH PARENTS MOTHER FATHER GRANDPARENT GUARDIAN SIBLING		
PARENT/EMERGENCY CONTACT INFORMATION <i>We require a minimum of 3 phone numbers on file</i>		
MOTHER'S NAME	ADDRESS	
HOME PHONE	CELL PHONE	WORK PHONE
FATHER'S NAME	ADDRESS	
HOME PHONE	CELL PHONE	WORK PHONE
ANY PARENTAL CUSTODY ARRANGEMENTS WE SHOULD BE AWARE OF?		
EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE
EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE
EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE
INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD FROM CAMP (IF NOT LISTED ABOVE):		
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

ADDITIONAL INFORMATION

DOES YOUR CHILD REQUIRE STAFF SUPERVISION AT MORE THAN A 6:1 RATIO TO SAFELY PARTICIPATE IN OUR PROGRAM?
YES NO IF YES, PLEASE EXPLAIN _____

DOES YOUR CHILD RECEIVE SPECIAL SERVICES (IEP, 504, SPEECH, OT, PT) IN ANY OTHER SETTINGS (SCHOOL, HOME, OTHER) CURRENTLY OR IN THE PAST?
YES NO IF YES, PLEASE EXPLAIN _____

WE HAVE A DAILY SCHEDULE WITH A VARIETY OF SMALL AND LARGE GROUP ACTIVITIES. WILL YOUR CHILD BE ABLE TO TRANSITION SUCCESSFULLY AND PARTICIPATE IN GROUP PLAY?
YES NO IF NO, PLEASE EXPLAIN _____

HAS YOUR CHILD PARTICIPATED IN A PROGRAM LIKE THIS BEFORE?
YES NO IF YES, PLEASE EXPLAIN REASON FOR LEAVING _____

HOW DID YOU HEAR ABOUT OUR PROGRAM?
FAMILY MEMBER/FRIEND TTYPR WEBSITE SOCIAL MEDIA FLYER FROM SCHOOL
TTYPR BROCHURE LIVE NEARBY NEWSPAPER ALREADY ATTEND KYC
OTHER (PLEASE SPECIFY) _____

WHAT DAYS OF THE WEEK DO YOU ANTICIPATE YOUR CHILD ATTENDING CAMP?
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

ASSESS YOUR CHILD'S SWIMMING ABILITIES:
NON-SWIMMER (unable to swim/no swim instruction) BEGINNER SWIMMER (some limited swim instruction)
INTERMEDIATE SWIMMER (average swim ability) ADVANCED SWIMMER (skilled swimmer)

PERMISSION TO WALK
If this section is completed, camp staff will allow a child to arrive and sign him/herself into camp and also be dismissed from the camp program to walk home. The child is the parent's responsibility outside of the designated camp times.

START DATE	END DATE	DAYS TO BE WALKING M T W TH F
EXPECTED ARRIVAL AT CAMP	TIME CHILD SHOULD BE RELEASED	
PARENT/GUARDIAN SIGNATURE		DATE

CAMPER BEHAVIOR AGREEMENT

- I will listen to the staff and follow their directions.
- I will respect Camp Special Place equipment and other people's belongings and not use them without permission.
- I will not hit, fight with, or touch others in an inappropriate or unwanted manner.
- I will not leave the camp area without asking for permission from a staff member.
- I will help clean up when I am finished with an activity/meal time.
- I will not run inside, climb trees, or throw things.
- I will use appropriate language (which does NOT include swear words or negative remarks, ie. "shut up," "stupid," etc.)
- I will leave my electronics, valuables, personal items, and toys at home or in my bag.
- I will always strive to be caring, honest, respectful, responsible, and have a positive attitude.

CAMPER NAME CAMPER SIGNATURE DATE

PARENT AGREEMENT—PLEASE INITIAL NEXT TO EACH STATEMENT

	I, the undersigned, certify that my child _____, has my permission to take part in the program conducted by the Town of Tonawanda Youth, Parks & Recreation department. I allow my child to participate in all walking and bussed field trips. In consideration of the acceptance and enrollment of my child in the program, I do hereby expressly waive any claim for injuries sustained by said child participating in the program.
	My child has permission to participate in swimming activities.
	I understand this is a well child program. I will not send my child to the program if he/she is ill. I understand my child must be picked up within 45 minutes of notification in case of injury, illness, emergency, or other issue.
	I give consent for Town of Tonawanda Youth, Parks & Recreation staff to use insect sting swabs if necessary and apply sunscreen on my camper(s) prior to engaging in extended outdoor time in the sun, or at any point if visibly needed. I will apply sunscreen to my child before drop-off each day and will provide labeled sunscreen for my child to use at camp.
	I have read and agree to all terms in this application. I understand specific information relating to camp operations, including but not limited to camp hours, cancellation and refund policies, and behavior guidelines, which may be obtained in the parent handbook (separate).
	I understand that my child cannot be dropped off before 9:00am or picked up after 3:00pm and will be signed in and out by an adult on my authorized pick-up list. A \$5.00 late pick-up fee per child will be issued for every 15 minutes a child remains at camp past 3:00pm. I will receive a late pick-up notice from camp staff. Chronic late pick-ups or early drop-offs may result in removal from the program.
	I understand I am responsible for my child's transportation to and from camp. I will take all steps necessary to insure that any/all individuals authorized to pick-up my son/daughter will be drug/alcohol free and will conduct themselves in a courteous/respectful manner when they arrive on site.
	The included health form is complete and correct. I understand this will be kept confidential and only used to provide appropriate care for my child.
	I have provided the staff with any pertinent information which may assist Town of Tonawanda Youth, Parks & Recreation in caring for my child, including, but not limited to: allergies, previous or existing illness or condition, sunburn sensitivity, diet requirements, long-term medications, disability or limiting conditions, emotional, developmental, or behavioral challenges. I agree to notify Town of Tonawanda Youth, Parks & Recreation immediately in writing of any changes in address, phone numbers, emergency contacts, etc. I understand that not providing the information above may put my child's health and safety at risk.
	Town of Tonawanda Youth, Parks & Recreation has my permission to use photos, videos, and audio recordings or other likenesses taken of my child(ren) for the purpose of publicizing its programs and activities.
	I understand I must send my child with a lunch and drink each day and that they must come dressed in appropriate clothing. If they arrive without what they need for the day, I will be contacted to bring it in.
	I understand that I must have paid in full for each session of camp in order for my child to be officially registered for that camp session, and that registering for previous sessions does not guarantee a spot in future camp sessions.
	I authorize Town of Tonawanda Youth, Parks & Recreation staff to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I grant permission for emergency medical treatment and/or routine medical care by Camp Special Place staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases Town of Tonawanda Youth, Parks & Recreation from any and all liability and/or financial responsibility for any medical expenses incurred.
	If my child cannot attend camp for any reason, or will be late to camp on a given day for which he/she is registered, I will contact Camp Special Place by 9:00am to inform them of this. Refunds are not issued for non-attendance.

ASSUMPTION OF RISK & RELEASE FORM

The undersigned person requests and is granted permission to participate in classes, activities programs and/or events sponsored by the Town of Tonawanda ("Town") whether occurring on its premises or elsewhere. In consideration of participation in any such class, activity, program or event, the undersigned, his/her personal representatives, heirs and/or assigns, DOES HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Town, its Board, Officers, Employees and/or Agents from any and all claims for personal injury or property damage, except those resulting from the Town's negligence, arising out of participation in any such class, activity, program or event, and further agrees to hold harmless the Town from any claims, judgments or expenses the undersigned may incur by participation in the described activity.
2. UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
3. ACKNOWLEDGE that the undersigned is aware of equipment and safety regulations and will comply with each regulation ASSUMING ALL RISK for himself/herself and all liability to others for failure to do so. No oral representations or inducements have been made prior to signing this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF CLAIMS ON THE CONDITIONS SET FORTH ABOVE. I UNDERSTAND AND ASSUME ALL RISKS INHERENT IN THIS ACTIVITY ON BEHALF OF MYSELF OR IN MY CAPACITY AS LEGAL GUARDIAN FOR THE PARTICIPANT BELOW.

Authorized Signature

Date

CAMPER NAME _____

T-SHIRT SIZE Camper will receive 1 t-shirt. If shirt is lost or damage, another must be purchased for \$5.00. T-shirts must be worn on all camp field trips. If child arrives to camp on a field trip day without their shirt, parent/guardian will be contacted to pick up the camper or bring shirt.

YOUTH:	SMALL	MEDIUM	LARGE
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ADULT:	SMALL	MEDIUM	LARGE	XL
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REGISTRATION				APPLICATION CHECKLIST—FOR OFFICE USE ONLY		
CHECK IF ATTENDING:	CAMP SESSION	FEE res / non-res	REGISTRATION CODE	IS CHILD BETWEEN AGES OF 5 AND 12?	YES	NO
	JULY 10-14	\$75 / \$110	317010 -01	VERIFY RESIDENCY	RESIDENT	NON-RESIDENT
	JULY 17-21	\$75 / \$110	317010 -02	CONFIRM HOUSEHOLD INFORMATION IN RECTRAC	CURRENT	UPDATED
	JULY 24-28	\$75 / \$110	317010 -03	FORMS TO BE COMPLETED:		
	JULY 31-AUGUST 4	\$75 / \$110	317010 -04	PAGE 1	COMPLETE	INCOMPLETE
	AUGUST 7-11	\$75 / \$110	317010 -05	PAGE 2	COMPLETE	INCOMPLETE
	AUGUST 14-18	\$75 / \$110	317010 -06	PAGE 3	COMPLETE	INCOMPLETE
				PAGE 4	COMPLETE	INCOMPLETE
				HEALTH HISTORY FORM	COMPLETE	INCOMPLETE
TOTAL FEES		\$		IMMUNIZATION RECORDS	ATTACHED	MISSING
AMOUNT PAYING TODAY (minimum one week's fees per child required at registration)		\$		REGISTRATION METHOD:		
				IN PERSON	MAIL	ONLINE
				PAYMENT METHOD:		
				CREDIT CARD	CASH	CHECK
				PAYMENT PLAN AGREEMENT:		
				COPY GIVEN TO PARENT	ORIGINAL ATTACHED	N/A
				STAFF INITIALS:	DATE:	FACILITY:

HEALTH HISTORY FORM—PLEASE KEEP SEPARATE

PRIMARY CARE PHYSICIAN NAME	ADDRESS	PHONE NUMBER
DENTIST NAME	ADDRESS	PHONE NUMBER
PREFERRED HOSPITAL	ADDRESS	PHONE NUMBER

RECENT SURGERY OR SERIOUS INJURY (TYPE & DATE):

CHRONIC OR RECURRING ILLNESS, CONDITION, OR DIET:

ANY RESTRICTIONS ON ACTIVITY?

ANY ADDITIONAL INFORMATION ABOUT THE CHILD'S BEHAVIOR AND PHYSICAL, EMOTIONAL, OR MENTAL HEALTH THE STAFF SHOULD BE AWARE OF?

ALLERGIES

CAUSE	REACTION	TREATMENT

MEDICATION

If your child will be bringing medication to camp, please fill out information below and bring your child's medication in its original packaging in a clear, labeled plastic bag along with written doctor's instructions for administration during camp hours (or have doctor sign below). Our Health Director will be responsible for administering your child's medication as per instructions from his or her doctor.

MEDICATION	DOSAGE	TIMES	COMMENTS/SIDE EFFECTS

PHYSICIAN SIGNATURE _____ DATE _____

IMMUNIZATION RECORD—SUMMER 2017 *Complete section below or attach copy from doctor—Include all dates*

DPT	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
ORAL POLIO	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
Hib (Conjugate preferred)	1st / /	2nd / /	3rd / /	4th / /	
Hepatitis B	1st / /	2nd / /	3rd / /		
MMR	1st / /	2nd / /			

Other Immunizations	
Type	Date / /
Type	Date / /
Type	Date / /

CAMPER NAME _____