



Spring 2024

Dear Families:

Children between the ages of 5 and 12 are eligible to attend the Unity House Traveling Day Camp. If your child is 5 years old, please provide documentation that he/she has completed Kindergarten.

The summer camp application is enclosed. Please fill out the application in its entirety and return as soon as possible. We cannot accept applications without immunization records. If you have difficulty with any part of the application, please contact our office for assistance. We are here to help!

A list of possible destinations for your child is included. Each day we will meet at 8:30 a.m. at **Unity House of Troy at 2431 6th Avenue, Troy**. Breakfast and lunch will be provided. From there, the children will take a bus to a fun destination. The camp staff will be offering a variety of activities including swimming, arts and crafts, and outdoor games. **Bathing suits, towels and sneakers are needed daily, as well as a backpack or bag.** It is important to arrive on time and pick up on time as our daily trips are scheduled and we are not able to delay departure or alter the times.

Applications may be returned in person or by mail to Unity House, 2431 6th Avenue, Troy, NY 12180 Attn: Traveling Summer Day Camp.

If you have any questions, please do not hesitate to contact our office at (518) 274-2607. We are excited for another fun-filled summer!

Sincerely yours,

Claudette Senior
Director of Community Resources
Unity House of Troy, Inc.

Anesha Randall
Director of Summer Camp
Unity House of Troy, Inc.

Enclosures

Unity House Traveling Summer Camp is made possible in part by funding from the New York State Office of Children and Family Services and Rensselaer County Department of Youth.

UNITY HOUSE OF TROY
TRAVELING SUMMER DAY CAMP
SCHEDULE FOR 2024

During each two-week session of the camp we will visit various parks in the Capital Region. A tentative schedule of activities is enclosed. A finalized schedule will be provided on the first day of each session.

First Week of Each Session (Tentative Schedule)

- Day 1** - Grafton State Park – Depart 9:30am
100 Grafton Lakes State Park Way, Cropseyville, NY 12052
Orientation to camp*
- Day 2** - Thacher State Park- Depart 9:30am
830 Thacher Park Road, Voorheesville, NY 12186
- Day 3** - Saratoga State Park – Depart 9:30 am
19 Roosevelt Drive, Saratoga Springs, NY 12866
- Day 4** - Cherry Plains State Park- Depart 9:30 am
10 State Park Road, Petersburg, NY 12138
- Day 5** - Soul Fire Farm- Depart 9:30 am
1972 NY HWY 2 Petersburg, NY 12138

Second Week of Each Session (Tentative Schedule)

- Day 6** - Saratoga State Park – Depart 9:30am
19 Roosevelt Drive, Saratoga Springs, NY 12866
- Day 7** - Zoom Flume Waterpark – Depart 9:30am
20 Shady Glen Road, East Durham, NY 12423
- Day 8** – Million Dollar Beach – Depart 9:30am
Beach Road, Lake George, NY 12845
- Day 9** – Grafton Lakes State Park – Depart 9:30am
100 Grafton Lakes State Park Way, Cropseyville, NY 12052
- Day 10** – The Fun Spot – Depart 9:30am
1035 State Route 9 Queensbury, NY 12804

ALTERNATIVE LOCATIONS FOR INCLEMENT WEATHER

1. New York State Museum – 222 Madison Avenue – Albany, NY 12230
2. Billy Beez 1 Crossgates Mall Rd, Albany, NY 12203
3. Latham Bowl – 375 – Troy Schenectady Road, Latham, NY 12110
4. Kingpins Alley Latham – 75 Troy-Schenectady Rd, Latham, NY 12110
5. Regal Colonie Center Stadium 13 – 131 Colonie Center, Albany, NY 12205
6. VIA Aquarium- 93 W. Campbell Rd, Rotterdam, NY 12306

The following people will be notified of **ANY** changes to itinerary.

- * Francesca Tutunjian- Contact Tracer- Rensselaer County: (518) 270-2695
- * Claudette Senior- Director of Community Resources- Unity House of Troy: (518) 274-2607
- * Debbie Fleming (Rens. County Food Program): (518) 266-7550 or (518) 266-7501

UNITY HOUSE OF TROY
TRAVELING DAY CAMP APPLICATION
Required Information

Camper's Name:			
Address:			
Parent Phone Number: ()			
Date of Birth:	Age:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Name of School:		Grade in Sept. 2024:	
Parent/Guardian's Name:			
Parent Email for Communication about Camp:			

FINANCIAL INFORMATION

Number of Children in Family:
Number of Adults in Family:
Family Source of Income:
Household Income:

Ethnicity

White_____ Black or African American_____ Hispanic or Latino_____ Asian_____

American Indian or Alaskan Native_____ Native Hawaiian or Other Pacific Islander_____

Two or More Races_____

BACKGROUND EXPERIENCES

Has your child ever been to camp before?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, where and when?		
Are there activities that your child finds difficult? If yes, please explain:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
What kinds of activities would your child like to do?		
What kinds of activities would you like to see your child participate in?		
Has your child had any swimming experience?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

UNITY HOUSE OF TROY
TRAVELING SUMMER DAY CAMP APPLICATION
Camp Sessions

Camper's Name: _____

Each camper may attend one, two or three sessions (depending on availability) from 8:30 a.m. to 3:30 p.m. Camp's home base is Unity House of Troy, 2431 – 6th Avenue, Troy, NY, 12180.

Session One: First day **Monday July 8th** - Last day **Friday July 19th**

Session Two: First day **Monday July 22nd** - Last day **Friday August 2nd**

Session Three: First day **Monday August 5th** – Last day **Friday August 16th**

What session(s) would you like to register for?

Please circle: **1st** **2nd** **3rd** or **all**

Session dates for 2024 are: July 8 through August 16.

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UNITY HOUSE OF TROY
TRAVELING SUMMER DAY CAMP APPLICATION
Health Form – Part 1

This health form (which consists of the next four pages) **must** be filled out completely and be on file with Unity House prior to camp attendance. Please notify the Camp Director if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance to determine continued eligibility.

To be completed by parent/guardian:

General Information

Camper's Name: _____

Address: _____

Phone Number: () _____

Parent/Guardian's Name: _____

Work Phone Number: () _____

Emergency Notification

In case parent or guardian is not available during an emergency, please notify:
(fill in both emergency contacts) – Required.

Name: _____

Relationship to child: _____

Phone: _____

Address: _____

Name: _____

Relationship to child: _____

Phone: _____

Address: _____

Doctor's Name: _____

Phone: _____

UNITY HOUSE OF TROY
TRAVELING DAY CAMP APPLICATION
Health Form – Part 2

To be completed and signed by child's Doctor

Camper's Name: _____

Camper's DOB: ____/____/____

Parent/Guardian Name: _____ Phone: _____

I have completed a physical exam on the above-named child

on ____/____/____ and hereby certify that they are cleared to participant
in all summer camp activities without restrictions.

Doctor's Signature _____

UNITY HOUSE OF TROY
TRAVELING SUMMER DAY CAMP APPLICATION
Health Form – Part 3

Camper's Name: _____

Operations or serious injuries? Yes: ☐ No: ☐ If yes, please explain:

Chronic or recurring illness: Yes: ☐ No: ☐ If yes, please explain:

Does your child take any medications (prescription or over-the-counter) regularly?
Yes: ☐ No: ☐ If yes, please list below:

Does your child have any special toileting concerns? Yes: ☐ No: ☐ If yes, please explain:

Any specific activities to be limited? Yes: ☐ No: ☐ If yes, please explain:

Are there other circumstances the camp should be notified of in order to support your child at camp? Yes: ☐
No: ☐ If yes, please explain:

Immunization History

This is a record of dates of basic immunizations and most recent booster doses. Please take the time to carefully fill in the (month, day and year) and check with your physician or school nurse if your home record is incomplete. These dates are needed to meet the requirements of the NYS Department of Health.

DPT Series	Date: _____	DPT Series Booster	Date: _____
Tetanus Booster	Date: _____	TINE Test	Date: _____
Other: _____	Date: _____	Other: _____	Date: _____
Polio OPV (Sabin)	Date: _____	Polio OPV Booster	Date: _____
Measles Vaccine (LIVE)	Date: _____	German Measles	Date: _____
Mumps Vaccine (LIVE)	Date: _____	MMR (three in one)	Date: _____

UNITY HOUSE OF TROY
TRAVELING SUMMER DAY CAMP APPLICATION
Health Form – Part 4

Parent/Guardian's Authorization

This Health History is correct to the best of my knowledge and the camper listed has my permission to engage in all camp activities except those noted by me. In the event of an emergency, I give permission to the Camp Director to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child.

Name of Camper

Signature of Parent/Guardian

Date

Comments:

Please note the following:

1. Unity House of Troy Traveling Summer Day Camp is required to be licensed by the Rensselaer County Public Health Department.
2. Unity House of Troy Traveling Summer Day Camp is required to be inspected by the Rensselaer County Department of Health at least twice annually.
3. Records of inspection of children's camps made by the Rensselaer County Department of Health are filed in the office of:

Rensselaer Department of Health
County Office Building
1600 7th Avenue and State Street
Troy, NY 12180

UNITY HOUSE OF TROY
TRAVELING SUMMER DAY CAMP APPLICATION

Dear Parent/Guardian:

The Unity House of Troy Traveling Summer Day Camp is underway. We hope all the children have a fun and safe summer. During the season we would like to take pictures of your child(ren) during their activities. However, we need your permission to do so.

Thank you.

Sincerely,
Claudette Senior
Director of Community Resources



Camper's Name: _____

I **give** permission for my child, _____, to be photographed by Unity House of Troy for the purpose(s) of:

- Brochures/pamphlets
- Displays
- Education
- Fundraising
- Public relations/media.

Signature of Parent/Guardian

Date

I **do not give** permission for my child, _____, to be Photographed by Unity House of Troy for any purpose.