



Dear Families:

Children ages 6 to 12 are eligible to attend the Unity House Traveling Day Camp. The summer camp application is enclosed. Please complete the application in its entirety and return it as soon as possible. We cannot accept applications without immunization records or updated physicals. If you have difficulty with any part of the application, contact our office for assistance. We are here to help!

A list of possible destinations for your child(ren) is included. Each day we will meet at 8:30 a.m. at **79 102nd Avenue, Troy (Ross Tech Park)**. Breakfast and lunch will be provided. From there, the children will take a chartered 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; a backpack or bag is also required. On-time arrival is important as our daily trips are scheduled and we cannot delay departure or alter the times.

Applications may be returned in person, by email to summercamp@unityhousesny.org, 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 ext 4309. We are excited for another fun-filled summer!

Sincerely yours,

Claudette Senior
Director of Community Resources/Operator 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 the Rensselaer County Department of Youth.



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 the itinerary.

- * Francesca Tutunjian- Contact Tracer- Rensselaer County: (518) 270-2695
- * Claudette Senior- Director of Community Resources- Unity House of Troy: (518) 274-2607
- * Dave Proper (Rens. County Food Program): (518) 326-7411

UNITY HOUSE OF TROY
TRAVELING SUMMER 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. 2025:	
Parent/Guardian's Name:			
Parent Email Address:			

FINANCIAL INFORMATION

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

Ethnicity

White _____ Black/African American _____ Hispanic/Latino _____ Asian _____

American Indian/Alaskan Native _____ Native Hawaiian or Other Pacific Islander _____

Multi- Racial _____

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 activities would you like your child to 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: _____

Session One: First day **Monday, July 6th** - Last day **Friday, July 17th**

Session Two: First day **Monday, July 20th** - Last day **Friday, July 31st**

Session Three: First day **Monday, August 3rd** – Last day **Friday, August 14th**

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

Check all that apply: **1st** **2nd** **3rd** **All sessions**

Note: Session approvals are first-come, first-served after health and behavioral clearance.

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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 and on file with Unity House before camp attendance. Please notify the Camp Director if this camper is exposed to any communicable diseases during the three weeks before 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 a parent or guardian is not available during an emergency, please notify:
(fill in both emergency contacts) – Required.

Name: _____

Phone: _____

Relationship to child: _____

Address: _____

Name: _____

Phone: _____

Relationship to child: _____

Address: _____

Doctor's Name: _____

Phone: _____

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

To be completed and signed by child's Doctor

Camper's Name: _____

Camper's Date of Birth: ____/____/____

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 to support your child at camp? Yes: No:
If yes, please explain:

Immunization History

This is a record of the dates of basic immunizations and the 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 NYS Department of Health requirements.

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/ Operator of Summer
Camp

Camper's Name: _____

I **permit** 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 permit** my child, _____, to be
Photographed by Unity House of Troy for any purpose.