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# 2010 Application Urban Park Ranger Junior Ranger Day Camp

*Waterfront camps for nature-loving children, right here in New York City*

The Urban Park Rangers are now accepting applications for Junior Ranger Camp, the acclaimed in-city nature exploration summer program for children ages 8-11.

Select from one of four beautiful park waterfront Junior Ranger Camp locations: Marine Park in Brooklyn, Inwood Hill Park in northern Manhattan, Crotona Park in the Bronx, or Blue Heron Park in Staten Island.

Canoe, fish, hike, craft, and explore nature under the guidance of New York City's premiere naturalists and outdoor specialists, the Urban Park Rangers. Overnight camp-outs available to add-on to the summer day camp experience!

**PLEASE NOTE:** There have been changes to the application and the application process from previous years! Please read through the entire application carefully. Please note that ALL paperwork must be received before a space is reserved in camp.

**Camp Dates:** Tuesday, June 29\*, 2010 through Friday, August 20, 2010

\*There will not be camp held on June 28 as this is the last day of school.

**Regular Hours:** 9 a.m. - 4:30 p.m.

**Extended hours:** 8:30 a.m. - 9 a.m.; 4:30 p.m. – 5:30 p.m.

**Cost:** \$65\* per week. Includes lunch.

\$10\*/week for Extended Hours (8:30 a.m. – 5:30 p.m.)

Add-On Camp-Out - \$10\* additional. Camp-out dates: July 9, July 23, August 6, August 13.

\* ½-price scholarships are available; see Registration section for details

\* We accept Administration for Children's Services (ACS) child care vouchers.

**Registration:** Register for as many weeks as you want—from one week to all eight! Slots filled on a first-come, first-served basis. **All** paperwork and \$65\* check must be received to reserve a space! Full payment must be received 2 weeks prior to the child's first day of camp.

\* ½-price scholarships available for children whose parents/guardians can provide proof of **one** of the following. A photocopy of scholarship paperwork must be included with the application.

- Participation in SSI program
- Participation in Medicaid program
- Participation in public assistance program
- Participation in Temporary Assistance for Needy Families (TANF) program
- Participation in food stamps program
- Participation in foster child program
- Other forms of proof of income eligibility

**Open House:** There will be an open house for prospective parents and kids at each camp location. The dates and times are as follows:

- Marine Park, Brooklyn: Sunday, February 7<sup>th</sup> and Saturday February 20<sup>th</sup>. 12 pm – 3 pm.
- Blue Heron Park, Staten Island: Saturday, February 6<sup>th</sup> and Sunday, February 28. 11:30—3pm.
- Inwood Hill Park, Manhattan: Saturday, February 13<sup>th</sup> and Sunday, February 21. 10 am – 2 pm.
- Crotona Park, Bronx: Saturday February 6<sup>th</sup> and Sunday, February 21. 1 pm – 3 pm.

**Complete Application Packet must include:**

- 1. Junior Ranger Day Camp Registration Form (Page 4-5 of this packet)
- 2. Check or money order made out to *NYC Parks & Recreation* to cover costs. (Due at registration. Remember to put name of camper and camp dates in memo section of check.)
- 3. Proof of scholarship eligibility, if applicable.
- 4. Proof of ACS voucher eligibility (visit: <http://newyork.earnbenefits.org/page.php?pageID=115>)
- 5. Right to Use Photographic Likeness Form (Page 6 of this packet)
- 6. Medical Form (Must be signed by parent/guardian **AND** physician; every line must be filled out; must include TB test; Pages 7-8 of this packet).
- 7. Code of Conduct / Consent Form (Page11)
- 8. Two photos (2" x 2" passport/school photo type)( Photos will not be returned)

**Mail completed applications to:**

Urban Park Rangers  
1234 Fifth Avenue, First floor  
New York, NY 10029

**Attention:** Junior Ranger Day Camp

Make checks payable to:

***NYC Parks & Recreation***



## **Rules, Safety Regulations & Conditions for Junior Ranger Day Camp Participation**

### **Basic Junior Ranger Day Camp Information**

- The program starts at 9:00 a.m. and ends at 4:30 p.m. from Monday – Friday. Extended hours are available from 8:30 a.m. - 5:30 p.m.
- Participants will only be released at the end of the day to adults listed as authorized for pick-up on the registration form.
- Participants will receive a lunch provided by the Department of Education each day.
- Participants should apply sun block daily and bring a hat, a bottle of water, and bug spray (pump sprays or wipes only—no aerosols permitted).
- Participants should bring a labeled change of clothes/shoes in case they get wet canoeing or in sprinklers.
- Vending machines are not to be used during program day. Please provide healthy snacks for children. Please do not provide dairy products for snacks as there are no refrigeration facilities for storage.
- Participants must be escorted by parent/guardian/authorized person and signed in/out of camp each day. Children are not to be left unattended.
- Due to the pre-scheduling and pre-payment for all Junior Ranger activities, there will be no refund of program fees.
- Use of walkmans/mp3 players, portable video games, and cell phones during program activity unless approved in advance.
- Please tell the Assistant Director in advance if you have plans for your child to miss camp. More than three (3) unexcused absences may result in your child's dismissal from camp.

### **Important Numbers during the summer session (June 29 --August 20)**

Junior Ranger Director (212) 360-2776 or email [junior.rangers@parks.nyc.gov](mailto:junior.rangers@parks.nyc.gov)  
Assistant Junior Ranger Director, Inwood Hill Nature Center (212) 304-2365  
Assistant Junior Ranger Director, Salt Marsh Nature Center (718) 421-2021  
Assistant Junior Ranger Director, Crotona Nature Center (718) 378-2061  
Assistant Junior Ranger Director, Blue Heron Nature Center (718) 967-3542

**PLEASE CALL THE NATURE CENTER IN THE MORNING IF YOUR CHILD WILL BE ABSENT FROM  
CAMP THAT DAY.**

### **Camp Schedule:**

**Week 1: Ecology**  
**Week 2: Fish, Reptiles and Amphibians**  
**Week 3: Plants and Trees**  
**Week 4: Explorers, Maps and Compasses**  
**Week 5: Native American Pathways**  
**Week 6: Birds and Raptors**  
**Week 7: Insects and Invertebrates**  
**Week 8: Outdoor Survival**

# Junior Ranger Day Camp Registration Form

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

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Age at camp start: \_\_\_\_\_

School your child attends: \_\_\_\_\_ Gender (circle one): **M / F** Ethnicity (optional): \_\_\_\_\_

Parent's/Guardian's Name: _____ Address: _____ Apt _____ City _____ State _____ Zip code _____ Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____	Parent's/Guardian's Name: _____ Address: _____ Apt _____ City _____ State _____ Zip code _____ Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____
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**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Physician's Information:** Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

Individual(s) authorized to pick up or visit your child during or after the program:

1. \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is child allowed to leave camp unaccompanied? Yes No If Yes, please sign: \_\_\_\_\_

**Program Site (Check one):**

Inwood Hill Park (MN)
  Marine Park (BK)

Crotona Park (BX)
  Blue Heron Park (SI)

Week(s)	Cost (\$65*)	Extended Hours (\$10*)	Campout (\$10*) <sup>+</sup>	Subtotal
Week 1: June 29-July 2				\$
Week 2: July 5-9				\$
Week 3: July 12-16				\$
Week 4: July 19-23				\$
Week 5: July 26-July 30				\$
Week 6: Aug. 2-6				\$
Week 7: Aug. 9-13				\$
Week 8: August 15-20				\$
			<b>Total:</b>	\$

**\* ½-price scholarship available to children whose parents/guardians can provide proof of economic need (see Registration on page 1)**

**+ Camp-outs are scheduled for July 9, July 23, August 6, and August 13**

**Checks payable to NYC Parks & Recreation**

Does your child have any special needs?

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- Check here if your child has an Individualized Education Program (IEP).
- Check here if your child is eligible for NYC Dept. of Education free lunch program.

How did you hear about this program? (Please Circle)

Friend

Radio (please specify station) \_\_\_\_\_

Newspaper (please specify) \_\_\_\_\_

Participated previously (please specify year) \_\_\_\_\_

School (please specify) \_\_\_\_\_

Recreation Center (please specify) \_\_\_\_\_

Other \_\_\_\_\_

**City of New York Department of Parks and Recreation's  
Junior Ranger Day Camp**

**RIGHT TO USE PHOTOGRAPHIC LIKENESS**

The undersigned grants to the Urban Park Rangers and the City of New York / Parks & Recreation, its successors and assigns, the right to use and publish for educational or other purposes, photographic likenesses or pictures of

\_\_\_\_\_  
**Name of child**

He / She may be included in the photographic likenesses or pictures in whole or in part, or reproductions thereof, or in color or otherwise, made through any medium. City of New York / Parks & Recreation will not use the child's name in any photographic likenesses or pictures.

\_\_\_\_\_  
**Parent or Guardian's Signature**

\_\_\_\_\_  
**Date**

He / She MAY NOT be photographed.

\_\_\_\_\_  
**Parent or Guardian's Signature**

\_\_\_\_\_  
**Date**

**For Office Use Only**

- |                                       |   |  |                                   |
|---------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> PL Form      | <input type="checkbox"/> Deposit received | <input type="checkbox"/> Full Payment Received(date): _____      | <input type="checkbox"/> W&R Form |
| <input type="checkbox"/> Medical form | <input type="checkbox"/> Photos           | <input type="checkbox"/> Missing Items Letter sent (date): _____ |                                   |

**Health Record for Children in Day Camps  
and After School & Youth Centers**

**COMPLETE  
BOTH SIDES AND  
SIGN BELOW**

This side to be completed by parent/guardian before presentation to physician.

Name of Program: \_\_\_\_\_  
Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  MALE  FEMALE

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Parent/ Guardian 1 \_\_\_\_\_ Phone \_\_\_\_\_  
Parent/ Guardian 2 \_\_\_\_\_ Phone \_\_\_\_\_

If Parent, Guardian is not available in an emergency, notify:  
1 \_\_\_\_\_ Phone \_\_\_\_\_  
2 \_\_\_\_\_ Phone \_\_\_\_\_

**Important:**  Yes  No Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:  
If yes, state type exposure \_\_\_\_\_

**Health History** Check, giving approximate dates. Write "N/A" for all that does not apply. DO NOT LEAVE BLANK.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Ear Infection _____   | <b>Allergies</b>                                | <input type="checkbox"/> Chicken Pox _____    |
| <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Hay fever _____        | <input type="checkbox"/> Measles _____        |
| <input type="checkbox"/> Seizures _____        | <input type="checkbox"/> Poison Ivy, etc. _____ | <input type="checkbox"/> German Measles _____ |
| <input type="checkbox"/> Diabetes _____        | <input type="checkbox"/> Insect Stings _____    | <input type="checkbox"/> Mumps _____          |
| <input type="checkbox"/> Behavior _____        | <input type="checkbox"/> Penicillin _____       |   |
| <input type="checkbox"/> Asthma _____          | <input type="checkbox"/> Other Drugs _____      |   |
|  | <input type="checkbox"/> Food _____             |   |

Past Illnesses \_\_\_\_\_ Contagious Illnesses \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Hospitalization (Dates) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Conditions that require activity to be restricted? \_\_\_\_\_

Permission for all program activities unless otherwise noted by Dr. \_\_\_\_\_

Suggestions from Parent/ Guardian \_\_\_\_\_

**Significant Health History/Current Conditions** Please List

Medications Taken \_\_\_\_\_

Appliances Worn (glasses, contacts, etc.) \_\_\_\_\_

Conditions which modify activity (Seizures, Amnesia, Heart Conditions, etc.) \_\_\_\_\_

**Consent for Emergency Medical Treatment**

I do hereby give authority to the Day Camp & Year Round After School and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

**Physical Examination**

To be filled out by licensed physician – please note information on reverse side.

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and After School and Youth center programs.

**Child's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Immunization History** This is a record of dates of basic immunizations and most recent booster doses.

DPaP, DTP or TD	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____	Date _____
Hemophilus Influenzae				
Type B	Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____
Varicella	Date _____	Date _____	Date _____	Date _____
PCV	Date _____	Date _____	Date _____	Date _____
Other _____			Date _____	Date _____

**Medical Examination** - To be filled out by physician

Examination is acceptable when performed no more than 12 months prior to arrive at camp.

Code: S = Satisfactory X = Not Satisfactory (Explain) O = Not Examined

General

Appearance \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ HGB Test (Date) \_\_\_\_\_

Urinalysis (Date) \_\_\_\_\_ Posture & Spine \_\_\_\_\_ Throat / Tonsils \_\_\_\_\_

Eyes \_\_\_\_\_ Vision \_\_\_\_\_ Glasses \_\_\_\_\_ Extremities \_\_\_\_\_ Heart \_\_\_\_\_

Ears \_\_\_\_\_ Hearing \_\_\_\_\_ Feet \_\_\_\_\_ Lungs \_\_\_\_\_ Skin \_\_\_\_\_

Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_

Genitalia \_\_\_\_\_

Neurological Findings \_\_\_\_\_

Describe Abnormal Findings and/or Handicapping Conditions \_\_\_\_\_

Has child ever received products containing horse serum? \_\_\_\_\_

Allergies (Please specify) \_\_\_\_\_

**Recommendations and restrictions while in camp**

Special Diet \_\_\_\_\_

Special Medicine (please specify) \_\_\_\_\_

Is parent/guardian sending special medicine? \_\_\_\_\_

Swimming \_\_\_\_\_ Diving \_\_\_\_\_

General Appraisal \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

I have examined the person herein described, reviewed his/her health and it is my opinion that he/she is physically able to engage in Day Camp & Year Round After School and Youth Center Program activities, except as noted above.

\_\_\_\_\_  
Examining Physician (Signature) M.D.

\_\_\_\_\_  
Physicians Name (Please Print)

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Phone





## City of New York Department of Parks and Recreation's Junior Ranger Day Camp

### CODE OF CONDUCT AND CONSENT FORM

#### Camper Code of Conduct

- **Respect yourself, others and property.** This means DO NOT be mean toward others or use bad language, fight, steal, tease, etc. It also covers property damage, graffiti or vandalism.
- **Participate in camp activities.** We ask campers to be at all activities unless excused by staff. It is the camp's responsibility to know where all the campers are at all times. Campers cannot be left alone under any circumstances.
- **Follow directions.** Every activity has rules so that we can operate the activity safely and appropriately. There are a lot of fun things to do at camp but we ask the campers to follow staff direction during these activities.
- **No put-downs.** Examples of this would include teasing, name-calling, racial slurs or inappropriate practical jokes.

1. I will show respect to other campers and treat them as well as I would like to be treated.
2. I will show respect to staff / counselors and cooperate with their instructions.
3. I will be sensitive to the needs of others and not single out anyone based on age, race, gender, ethnicity, body type or religion.
4. I will not verbally abuse others by using inappropriate language, gossip, threats, teasing, name-calling, bullying, exclusion or harassment.
5. I will listen to my counselors at all times and respect their privacy and personal space.
6. I will respect the environment by refraining from littering and abusing equipment.
7. I will not deliberately cause bodily harm to other campers or staff. I understand that kicking, punching, hitting, tripping or fighting are not acceptable forms of behavior and will not be tolerated.
8. I will respect the property of other campers and staff.
9. I will be a positive contributor to and participant in all Camp programs and activities.
10. I understand that these rules and guidelines are for my safety and the protection of the campers and staff.
11. I will listen carefully to rules and instructions and ask questions when I do not understand;
12. If I need help I will go to my Group Leader.
13. Close-toed shoes must be worn at all times, except for prescribed activities.

## Parent / Guardian Code of Conduct

### **As a parent or guardian of a Junior Ranger camper, I understand that:**

- I am expected to help my child understand and follow these guidelines;
- I will be notified if my child's behavior undermines his or her ability, or the ability of other children, to enjoy, benefit from and participate safely in the program;
- If a behavioral issue arises, I will be expected to collaborate with the Camp Director / Assistant Director on a strategy to address the problem;
- If my child's behavior continues to undermine his or her ability, or the ability of other children, to enjoy, benefit from and participate safely in the program, his or her participation in the program may be suspended temporarily or permanently;
- Temporary suspension and/or permanent dismissal from the program are at the discretion of Junior Ranger Camp staff.
- Campers will be provided with 2 camp t-shirts. Should these shirts get dirty, please dress them in yellow, or bright colored, shirts.
- If my child is not attending camp, I will notify the Camp Location promptly so as the other campers are not delaying activities for my child.
- I understand that my child will have the opportunity to participate in a variety of the following activities and there are potential physical injury risks associated with these activities. Activities include but are not limited to canoeing, seining, sprinklers, archery, sports (kickball, tennis tag, etc.), orienteering, hiking, fishing, camping, wilderness survival and other outdoor recreation activities, arts and crafts. Associated physical injury risks include, but are not limited to sprained ankles, cuts, bruises, scratches, poison ivy rash, insect bites, sunburn, heat exhaustion, heat stroke, or speared.

## DISCIPLINE

The following are the consequences of your actions should you choose to violate this code while attending Junior Ranger Day Camp.

- 1. Campers are made aware of all rules** and guidelines again upon arrival.
- 2. Camp Staff will first verbally warn** campers for breaking these rules and guidelines.
- 3. After warning camper, if behavior or action still persists, camper will not participate in that given activity.** (Parents will be notified when camper is picked up from camp.)
- 4. If behavior persists, campers will be sent to the camp office** with the Camp Administrative staff. (Parents will be notified when camper is picked up from camp.)
- 5. Campers will be put on a 24 hour contract.** If behavior or actions do not improve **child will be sent home** at parents' expense.
- 6. The camp director will discuss all decisions** thoroughly before any child is sent home.
- 7. The camp director reserves the right to send home any camper if it is decided that it is in the best interest of the Camp program and campers. Immediate dismissal of a camper may result from severe infractions.**
- 8. As a last resort, we may need to send a child home and we reserve the right to immediately ask that the child be removed from camp.**



## CODE OF CONDUCT AND CONSENT FORM

### Camper Dismissal

A camper can be dismissed due to issues that preclude the child from participating safely or effectively in a group. Dismissal will take effect only after consultation among the parents, camper, and camp director.

On occasion, dismissal may be necessary for disciplinary reasons. This action will take effect only after consultation among the parents, camper, and the camp director. If a camper is dismissed for disciplinary reasons, there will be NO REFUND for the unused days.

I agree to follow the Junior Ranger Day Camp Camper Code of Conduct and understand the consequences if I do not.

Camper Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

I have reviewed the Junior Ranger Day Camp Camper Code of Conduct with my camper and understand the consequences if he/she does not.

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

Parent/Guardian Signature: \_\_\_\_\_

- Please list any physical limitations your child has:

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- Participant's swimming ability (circle one):

beginner

intermediate

advanced

**(NOTE: We do not offer swimming, but do provide waterfront activities)**