



## February 2016

Dear Village Residents:

The Lake Success Summer Nursery Camp Board is currently preparing for the 2016 summer session. We look forward to planning an exciting summer together.

The Lake Success Summer Nursery Camp is open to all residents of the Village with children who will be three, four, five, six, seven or eight years old by December 1, 2016.

Please note that, as always, we have space limitations and will do our best to accommodate everyone. **The residency requirements must be established prior to when final payment is due (May 1st, 2016) ; they are:**

- **Section A116-2 (A): A resident shall be a person or a member of the household of a person who either owns and occupies or rents and occupies, for not less than the minimum periods provided in**
- **Section A116-3 and A116-4, a dwelling in the Village.**
- **Section A116-4 (B): Proof of residency shall be required from the person applying for recreational use privileges and shall be verified by the commissions of the recreational facilities.**

Camp will be in session from Wednesday, June 29th to Tuesday August 16th . Three year olds attend from 9:00 A.M. to 1:00 P.M. Four and five year olds attend from 9:00 A.M. to 3:00 P.M. Six, seven& eight-year olds attend from 9:00 A.M. to 4:00 P.M. All campers **must be toilet trained.**

If you wish for your child to attend camp, a deposit of \$300.00 is required for each camper. Please follow the instructions on the tear off below.

If you have any questions please feel free to contact us at wonderland11020@gmail.com

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### LAKE SUCCESS SUMMER CAMP ENROLLMENT CARD- as soon as possible

Please fill out the form and return **BY MAIL:**

Amy Lai Leung  
21 Old Field Lane  
Lake Success, NY, 11020

A check in the amount of \$300.00 should accompany this form as a deposit for *each camper*. All checks should be made payable to Lake Success Summer Nursery Camp, Inc. **Deposits are not refundable after March 31st, 2016. Requests must be made in writing.**

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

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

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email address: \_\_\_\_\_



Dear Parents:

Summer 2016 is quickly approaching. Please print, complete, and mail the attached camp forms which must be returned with the balance of payment due for the Camp 2016 season on or before MAY 1, 2016

**Tuition is as follows (NEW!!! Gratuity is included):**

Eight year olds	\$3850
Seven year olds	\$3700
Six year olds	\$3150
Five year olds	\$2850
Four year olds	\$2600
Three year olds	\$2400

**GRATUITY is already included in the pricing schedule and will be allocated to the staff based on attendance and survey of the parents.**

\*Please note and check your records on deposit you have already made for each camper and properly deduct it from the total tuition cost.

Please print and return the completed forms with a check for the balance of money that you owe made payable to the *Lake Success Summer Nursery Camp*.

**SEND BY MAIL TO: Amy Leung at 21 Old Field Lane, Lake Success, NY 11020.**

All balances must be paid in full on or before **MAY 1, 2016** Tuition is non-refundable.  
Camp will begin on **Wednesday, June 29, 2016** and will end on **Tuesday August 16, 2016**.

Further details regarding lunch will follow. Snacks are provided by the camp and are included in the tuition.

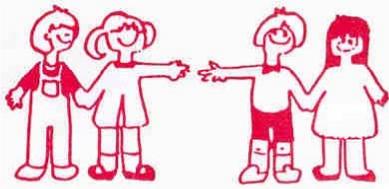
Please have your doctor fill out the attached medical form and have your doctor's office provide a photocopy of your child's immunization records, including Haemophilus Influenza type b, Hepatitis B vaccine, Varicella, and PPD status. No child will be permitted to attend camp without an updated medical form by order of the Board of Health. **All medical forms must be less than 365 days old!** **Completed medical forms must be received by June 1, 2016.**

The Village of Lake Success requires family pool membership for all campers.

All campers must be potty trained by the first day of camp. There are no diapers, swim diapers or pull-ups at ANY TIME in camp. Any child requiring this is not considered potty trained.

Any questions may be emailed to [wonderland11020@gmail.com](mailto:wonderland11020@gmail.com). We look forward to seeing you and your children at summer camp orientation, which we will notify by email. Please come and meet the staff along with our camp director, Maria Rudman. This is sure to be a great summer for our children, parents, staff and director!

Thank you, Lake Success Camp Board



# Lake Success Summer Camp

## Lake Success Summer Nursery Camp Invoice **2016**

Child's Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Tuition is as follows:**

Eight year olds	\$3850
Seven year olds	\$3700
Six year olds	\$3150
Five year olds	\$2850
Four year olds	\$2600
Three year olds	\$2400

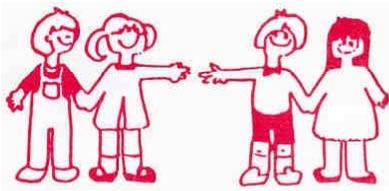
Tuition Charge: \$ \_\_\_\_\_

Less Deposit - \$ (\_\_\_\_300\_\_\_\_)

**Total Due (enclosed)** \$ \_\_\_\_\_

(check #) \_\_\_\_\_

**\*\*\* Please email L.S. Camp at [lscamp@verizon.net](mailto:lscamp@verizon.net) in the event that your email address has been changed. All L.S. Camp announcements are made via email. Thank you!**



# Lake Success Summer Camp

February 3, 2016

Dear Parents,

Each summer there are issues with children unable to start camp on time because of invalid physical exams. Please read this letter carefully to insure your child is not in jeopardy of being turned away. The Board of Health requires that all physical exams from the child's physician be less than 365 days old at all times, and we must comply. Therefore, if your child had a physical on June 28<sup>th</sup> last year, they cannot start our camp on June 29<sup>th</sup> this summer as their physical is no longer valid for the Board of Health. Also, if their physical is between June 27<sup>th</sup> and August 15<sup>th</sup> from the prior summer please schedule the exam for the same date or earlier so there is no interruption of their camp attendance. For example if John Doe's physical was on July 7<sup>th</sup> last summer we cannot permit him in camp this summer on July 8<sup>th</sup> without a new physical. Please plan ahead to avoid problems. ***All medical forms are due on or before June 1, 2015.*** Thank you in advance for you cooperation. Please do not hesitate to contact us with questions.

Sincerely,

**The Lake Success Camp Board**



# Lake Success Summer Camp

**Physical must be less than 365 days old to the day at all times during camp to comply with Board of Health requirements**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**(the earliest acceptable dated form should be August 16, 2015)**

Are there any allergy problems?  YES  NO. If yes, please describe:

Are there allergies to drugs?  YES  NO. If yes, please list:

Are any medications taken regularly?  YES  NO. If yes, please list:

Are there any conditions requiring special attention by the camp personnel?  YES  NO.  
If yes, please describe:

Does the child require a special diet?  YES  NO. If yes, please describe:

**Teeth:** Condition:  good, if not please describe:

**Hearing Test**                      Date:                      Method:                      Result

**Vision Test**                      Date:                      Method:                      Result

Mental Growth and Development: \_\_\_\_\_ Normal

If abnormal, describe:

Physical Growth and Development: \_\_\_\_\_ Normal

If abnormal, describe:

Please list any special recommendations concerning the patient's health and continue on reverse side if necessary.

**PLEASE ATTACH A COPY OF THE CHILD'S VACCINATION RECORD**

Physician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\*OFFICE STAMP REQUIRED\*\***

# Lake Success Summer Nursery Camp Emergency Information 2016

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Parent's Names \_\_\_\_\_

Mother's Telephone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell/Pager \_\_\_\_\_

Father's Telephone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell/Pager \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Affiliated Hospital \_\_\_\_\_

You must list 4 emergency contacts and phone numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

May 1st, 2016

To Whom It May Concern:

In the event of an accident or illness requiring emergency medical treatment for my child \_\_\_\_\_, if the Lake Success Summer Nursery Camp is unable, after diligent effort, to locate either parent or the person designated below as the alternate for such purposes, I hereby authorize the Camp to engage emergency medical treatment for my child and hereby exonerate the Camp from all liability, provided it shall have used reasonable care in selecting medical personnel to render such emergency treatment.

Yours truly,  
Father (signature) \_\_\_\_\_

Mother (signature) \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Parent's Names \_\_\_\_\_

Mother's Telephone Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Father's Telephone Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Affiliated Hospital \_\_\_\_\_

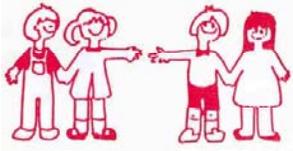
You must list 4 emergency contacts and phone numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_



# Lake Success Summer Camp

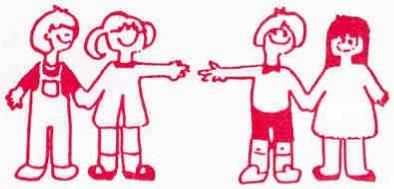
## Permission Slip for field trips 2016

My child \_\_\_\_\_ Age group \_\_\_\_\_ has my permission to go on field trips arranged and supervised by the Lake Success Summer Nursery Camp. Inc.

Parent's signature \_\_\_\_\_

Parent's name (please print) \_\_\_\_\_

Date \_\_\_\_\_



# Lake Success Summer Camp

## PARENTAL RELEASE FORM 2016

**CHILD'S NAME** \_\_\_\_\_ **Age Group** \_\_\_\_\_

For your convenience, please list 3 adults who are permitted, at all times, to pick up your child from camp. This may be amended at any time by giving your head counselor a note.

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Parent's Signature** \_\_\_\_\_

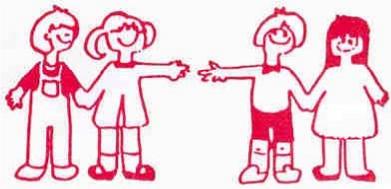


**Permission to Photography 2016**

I, \_\_\_\_\_ (Parent's name), give  
permission to Lake Success Summer Camp staff and designees to take  
picture of my child \_\_\_\_\_ Age group \_\_\_\_\_  
during camp session. I understand that pictures taken may be  
used exclusively for camp projects.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_



# Lake Success Summer Camp

## SWIMMING PERMISSION SLIP

My child \_\_\_\_\_ Age group \_\_\_\_\_ has my permission to take swimming instruction and practice in the pools at Lake Success Summer Nursery Camp, Inc.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_



The Camp operator shall provide, with any enrollment application forms and/or enrollment contract forms mailed or delivered to a person for purposes of enrollment of a child for any children's camp, a written statement and/or brochure outlining the rights and responsibilities of campers and camp operators declaring:

- (1) that such camp is required to be permitted to operate by the Nassau County Department of Health;
- (2) that such camp is required to be inspected twice yearly; and
- (3) the inspection reports concerning such camps are filed at Nassau County Department of Health, 200 County Seat Drive, Mineola, New York, 11501
- (4) Inquiries can be made Monday- Friday, 9:00am-4:45pm at the above office.