



SHOREHAM-WADING RIVER CENTRAL SCHOOL DISTRICT  
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**COMMUNITY PROGRAMS**

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Website: [swrschools.org](http://swrschools.org)

# 2021 "ROUND OUT" SUMMER DAY CAMP

## JULY 12th thru AUGUST 6th

Monday to Friday ~ 9:00am to 12noon

GRADES Kindergarten thru 5 (*entering Grade in Sept. 2021*)

**FEE: \$300.00 per child**

Our ever popular "Round Out" summer fun camp will be back this summer. We will be holding Round Out at the **Miller Avenue Elementary School** for the entire 4 weeks this year! Our program is staffed by qualified adult supervisors and our evaluated teens. The children will enjoy arts and crafts, recreational games and special activity theme days. Please register early! Any questions call to office at 821-8116.

You may register by sending in a check (made out to SWR Community Programs) for this program and mail to the above address. Please include the medical information on the back of this form and copy of your child's immunization record.

You can also pay ON-LINE by going to the direct link [swr.revtrk.net](http://swr.revtrk.net)

If you register on-line you must fill out and return to the address above the medical information on the back and a copy of your child's immunization record.

**PARENT / GUARDIAN MUST ESCORT AND PICK UP THEIR CHILD - ALL SESSIONS**

**NO REGISTRATIONS AT CAMP. MUST COME TO DISTRICT OFFICE!**

**2021 ROUND OUT REGISTRATION & MEDICAL HISTORY PERMISSION FORM**

Camper's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade in Sept 2021 \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Cell Number \_\_\_\_\_

YES or  NO to release photo on school web site

**ATTACH COPY OF IMMUNIZATION INFORMATION** or check yes below

OKAY TO USE IMMUNIZATION RECORD IN INFINITE CAMPUS

**HEALTH HISTORY (to be completed by parent/guardian)**

Has your child ever had any of the following conditions? (please check Yes or No for each item)

	YES	NO		YES	NO
Allergies/Hay Fever	_____	_____	Elevated Blood Pressure	_____	_____
Bee Sting Allergy	_____	_____	Headaches	_____	_____
Asthma	_____	_____	Head Injury/Concussion	_____	_____
Anemia	_____	_____	Heart Problem/Murmur	_____	_____
Arthritis	_____	_____	Frequent or Severe Nose Bleeds	_____	_____
Bladder/Kidney Problems	_____	_____	Ankle/Knee Pain/Injury	_____	_____
Convulsions/Seizures	_____	_____	Back Pain/Injury	_____	_____
Fainting Spells/Passed Out	_____	_____	Fractures/Dislocations	_____	_____
Diabetes	_____	_____	Spleen Injury	_____	_____
Eye/Sight Problems	_____	_____	Neck Pain/Injury	_____	_____
Ear/Hearing Problems	_____	_____	Nasal Problem/Fractures	_____	_____
Stomach Problems/Ulcer	_____	_____	Rheumatic Fever	_____	_____

Does your child have an Immunization form on file in the school nurse's office? \_\_\_\_\_

Does your child use an epi pen? \_\_\_\_\_

Is your child currently under medical care? \_\_\_\_\_

Has your child experienced chest pain/discomfort? \_\_\_\_\_

Has your child ever experienced shortness of breath/excessive fatigue w/exercise? \_\_\_\_\_

Does your child have uncorrectable loss of vision in one or both eyes? \_\_\_\_\_

Does your child currently have any orthodontic appliances? \_\_\_\_\_

Since your child's last medical visit, has there been a significant injury/illness? \_\_\_\_\_

Does your child have any Food Allergies? \_\_\_\_\_

If so list what are they? \_\_\_\_\_

Is your child currently taking prescription medications? \_\_\_\_\_

If so list the reason? \_\_\_\_\_

**Note:** This form must be completed, signed and returned to Community Programs office prior to the camper's first day of Round Out camp

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# COVID-19 SCREENING QUESTIONNAIRE FOR CAMPERS

(to be filled out daily)

Date: \_\_\_\_\_ Camper's Name: \_\_\_\_\_  
[please print]

The health and well-being of our campers and staff are of the utmost importance. We are taking measures to maintain a safe environment that meets all applicable safety requirements and guidance. Therefore, we ask that you complete the following COVID-19 Screening daily, bring this with you each morning for drop off. A staff member will verify temperatures using a no-touch thermometer.

Please check and verify the following symptoms and indicate in the boxes next to each one.

YES	NO	PLEASE ANSWER – DOES YOUR CAMPER HAVE THIS SYMPTOM:
		A cough
		Shortness of breath or difficulty breathing
		A fever of 100.4°F or higher or a sense of having a fever
		A sore throat
		Chills
		New loss of taste or smell
		Muscle or body aches
		Nausea/vomiting/diarrhea
		Congestion/running nose – not related to seasonal allergies
		Unusual fatigue
<b>PLEASE ANSWER THE FOLLOWING QUESTIONS:</b>		
		Does anyone in your household have any of the above symptoms?
		Has your student been in close contact with anyone with suspected or confirmed COVID-19?
		Has your child had any medication to reduce a fever before coming to camp

I am authorized to execute this document as parent/guardian to the listed camper and I verify the information provided is correct.

\_\_\_\_\_  
Name [Please Print]

\_\_\_\_\_  
Signature