



## **Town of Huntington**

### **Parks and Recreation**

# **Camp Bright Star**



#### **CAMP DESCRIPTION**

Camp Bright Star is a summer camp for children and teens with special needs ages 6 and older. Campers, who experience true fun and friendships, are allowed to be kids in a safe, caring and structured environment. The Town of Huntington has offered this program for over 35 years. The camp is partially funded by the New York State Office of People with Developmental Disabilities. (OPWDD)

Camper disabilities range from speech impaired, learning disabled, and developmentally disabled (i.e. down syndrome, autism). Campers are divided into five age appropriate groups. Applicants must be able to function in a group environment without one-to-one assistance. Exceptions are made if the child's school or family provides a shadow to assist the child. The school or family in these situations must complete a waiver.

Camp activities include swimming, sports, games, arts and crafts, music, creative arts, special events, and trips. Special events have included a carnival, talent show, and picnics. In the past, trips have been taken to Adventure Land, Pump it Up, Tiki Action Park, and the movies. Themed activities such as international day, tie-dye day and wacky hat day are part of the camp program.

Camp Bright Star meets all of the requirements of the Suffolk County Health Department. The camp is inspected twice a year and the reports are filed at the County Office in Yaphank.

### **DATES AND TIMES**

The camp runs for a six-week period in the summer after the end of the school year. Camp is held Monday July 1<sup>st</sup> through Friday August 8<sup>th</sup> except for holidays from 9:00AM to 2:30PM.

### **FEE**

The cost is \$320 with a Recreation ID Card and \$765 without the card. The card, which only Town of Huntington residents can purchase, is \$15 for disabled residents as well as 13 and older. For children under 13, parents can purchase a card that covers all of their children at a cost of \$40. The card is good for two years and can be used to obtain discounts at Town facilities and programs. The card is available at the Town of Huntington Parks and Recreation Department and the Dix Hills Ice Rink.

### **LOCATION**

Camp Bright Star will be held at Maplewood Intermediate School, located at 19 School Lane, Huntington Station NY 11746. The hours of camp are 9:00am-2:30pm Monday-Friday(except July 4<sup>th</sup>).

### **REGISTRATION**

Registration by mail starts in March for returning campers. New applicants must fill out and submit an application to the Parks and Recreation Department. The Camp Director will then set up an interview to determine if the camp is appropriate.

It should be noted that preference is given to Huntington Residents. Campers are permitted to come to camp for any length of time although fees will not be prorated.

The application process includes a medical form that must be completed by a physician. A photo of the camper must also be provided. If your child will be taking any medications at camp, a copy of each prescription must be given to the camp nurse the first day of the program.

### **STAFF**

Camp Bright Star employs a dedicated and caring staff. They consistently receive excellent ratings on the evaluations completed by the parents. The camp director and assistant director are certified teachers with a background in special education. Specialists, who teach the activities, have expertise in their teaching area. Counselors are college students who typically major in education. The camp employs a registered nurse, who is responsible for the medical needs of the participants. The staff to camper ratio is approximately 1:3.

### **FOR MORE INFORMATION**

Contact the Town of Huntington Parks and Recreation Department, located in Town Hall at 100 Main Street, Huntington, New York, 11743. The phone number is 631-351-3089.

**TOWN OF HUNTINGTON  
DEPARTMENT OF PARKS AND RECREATION**

**CAMP BRIGHT STAR  
2025 Application**

**Please Check One: New Camper\_\_\_\_\_ Returning Camper\_\_\_\_\_**

**Age as of 6/1/2025 \_\_\_\_\_**

**E-MAIL REQUIRED**\_\_\_\_\_

Photo of child must be affixed to application (**Must be a recent photo**). No application will be processed without it. Application for **returning campers** is due no later than May 3, 2025. Application for **new campers** must be returned as soon as possible but no later than May 3, 2025.

**1. REGISTRATION INFORMATION:** Please print all information legibly.

Camper's Name\_\_\_\_\_Date of Birth\_\_\_\_\_Sex: M or F

Address\_\_\_\_\_

Street Town Zip

Home #\_\_\_\_\_Cellphone #\_\_\_\_\_Business #\_\_\_\_\_

Camper Social Security #\_\_\_\_\_ (This information is required in order to receive program funding from New York State. The information will only be shared with New York State).

Parent or Guardian's Name\_\_\_\_\_

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

In case of emergency, please contact:

Name\_\_\_\_\_Emergency Phone#\_\_\_\_\_

Neighbor's Name\_\_\_\_\_Phone #\_\_\_\_\_

**DATES OF PLANNED ATTENDANCE AT CAMP**\_\_\_\_\_

**2. SCHOOL AND MEDICAL INFORMATION**

Grade Enrolled\_\_\_\_\_School Attending\_\_\_\_\_

Type of classroom setting\_\_\_\_\_

Disability/Classification (please check)

\_\_\_Autism \_\_\_Emotionally Challenged \_\_\_Learning Disabled \_\_\_ADHD

\_\_\_Physically Handicapped-Type\_\_\_\_\_

\_\_\_Other-Type\_\_\_\_\_

Explain disability and level of functioning\_\_\_\_\_

Seizures Yes \_\_\_ No \_\_\_

Allergy to insect bites-Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_ Allergy  
to food-Yes \_\_\_ No \_\_\_ Kind \_\_\_\_\_ Allergy to  
drugs-Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_  
Fears (ex. Animal, Water, etc.) Kind \_\_\_\_\_  
Participation in group activities-Yes \_\_\_ No \_\_\_  
Any Areas of Difficult \_\_\_\_\_  
Special Interests: \_\_\_\_\_ Swimming  
Ability: Afraid of water: \_\_\_ Yes \_\_\_ No  
Can put face in water: \_\_\_ Yes \_\_\_ No  
Likes the water: \_\_\_ Yes \_\_\_ No  
Can swim: \_\_\_ Yes \_\_\_ No

Comments: Any information to assist the Camp Personnel \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In order to determine eligibility, a recent medical, psychological, or IEP report is required in order to participate. The report should Specifically state the developmental disability and a FSIQ of 60 or under. If the IQ is over 60, an Adaptive Behavior Scale or Vineland report must be submitted. The report will be held in the strictest of confidence. **FOR NEW CAMPERS ONLY**
4. **TRANSPORTATION:** If your child was enrolled in this program last year, Please furnish the following information: Bus Number \_\_\_\_\_  
Street where child boarded bus \_\_\_\_\_
5. **DOCTOR'S CERTIFICATE:** The following information is to be furnished by your child's physician or the school's physician. No application will be processed without it. **Please check the following appropriate blanks:**

Any Physical Restrictions or Limitations \_\_\_\_\_ yes \_\_\_\_\_ no, Please Explain

Camper's Name \_\_\_\_\_ has been examined by me and may participate in \_\_\_ all \_\_\_ limited camp activities, Please Explain.

Doctor's Comments: \_\_\_\_\_

### Immunizations Given:

Type	Date	Type	Date
DPT Series	_____	Scoliosis	_____
DPT Boosters	_____	HIB	_____
Polio Type	_____	Live Measles	_____

Series \_\_\_\_\_ Rubella \_\_\_\_\_  
Polio Booster \_\_\_\_\_ Mumps \_\_\_\_\_  
Tine (TB) \_\_\_\_\_ TBC \_\_\_\_\_  
Results \_\_\_\_\_ MMR \_\_\_\_\_  
Variella (Chicken Pox) \_\_\_\_\_  
If child is born after January 1, 1993, must fill in dates of Hepatitis B \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

### **PERMISSION TO CARRY AND USE SUNSCREEN**

For your information, Chapter 242 of the Laws of 2013 amended the New York State Public Health Law in regards to the use of sunscreen at summer camps. Written permission is now required by the parent or guardian to allow their child to carry and use sunscreen. Permission would also allow camp staff to assist with the application of sunscreen when the child is unable to do so, provided the child requests the assistance.

I do \_\_\_\_ do not \_\_\_\_ grant permission for my child to carry and use sunscreen and for staff to assist with its application should my child request it.

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

### **PERMISSION TO CARRY AND USE INSECT REPELLENT**

For your information, Chapter 163 of the Laws of 2017 amended the New York State Public Health Law regarding the use of Insect Repellent by a child attending summer camp.

Written permission is now required by the parent or guardian to allow their child to carry and use Insect Repellent.

Permission would also allow camp staff to assist with the application of Insect Repellent when the child is unable to do so, provided the child requests the assistance.

I do \_\_\_\_ do not \_\_\_\_ grant permission for my child to carry and use Insect Repellent and for the staff to assist with its application should my child request it.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PARENTAL PERMISSION/PUBLICITY RELEASE**

I do grant permission for my child's name \_\_\_\_\_ and/or picture to be included in publicity, press releases, newspapers, and the Town's television station for the promotion of Camp Bright Star.

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

### **PARENTAL TRIP PERMISSION RELEASE**

I hereby give permission for my son/daughter to go on all field trips taken during the summer program. There is no medical/accident insurance available. (If there are any trip restrictions such as beach, zoo, etc., please list). \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **PARENTAL SWIM PERMISSION RELEASE**

I do \_\_\_\_ do not \_\_\_\_ grant permission for my child, \_\_\_\_\_, to participate in swimming.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION WAIVER**

In consideration of your accepting this registration, I hereby for myself, my heirs, my child, executors & administrators, waive and release any and all rights & claims for damages or my child may have against the Parks & Recreation Department, Town of Huntington and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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To Be Completed by office

Payment Received \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Psychological Report \_\_\_\_ or IEP Report \_\_\_\_\_

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