



Ancram Summer Camp 2026

Application Guidelines

Applications must be hard copy only – no email applications.
(Paper applications will be available at the Ancram Town Hall)

Fully completed applications can be mailed or dropped off at Ancram Town Hall. Incomplete forms will not be considered.

***Fully Completed applications must include:**

- ~Basic application form (Attached below)**
- ~A copy of your child's Physical form, updated within last 18 months**
- ~A copy of your child's immunization record**

***Applications will be accepted from April 1st to June 1st and will be on a first come first served basis.**

Drop off or Mailing Info:

Ancram Town Hall
Attn: Ancram Summer Camp
1416 Co Rte 7
Ancram, NY 12502

Contact info:

Taylor Price
Ancram Summer Camp Director
taylorprice126@gmail.com

Matthew Damon
Ancram Summer Camp Assistant
Director Matthew612@me.com



Ancram Summer Camp 2026

OVERVIEW

Ancram Summer Camp will operate Monday, July 6th to Friday-August 14th from 9am-3pm.

*****Camp will be free for campers who are permanent residents of Ancram (including Ancramdale & Boston Corners), and will cost \$75 per week per child for all campers who are not permanent residents of Ancram.*****

The camp will be limited to 60 kids this year and will be on a first come first serve basis. Ancram kids have first priority.

Campers will be between the ages of 5-12. A maximum total of 10 campers under the age of 6 years old will be accepted.

We are always grateful for any donations to the Camp. If you have arts & crafts, games, or other things the kids might enjoy please contact through email below.

Applications will be accepted between April 1st and June 1st. All applications and accompanying documents should be mailed in or hand delivered to the Town Hall attention: Ancram Summer Camp.

Printed registration forms are available for your convenience at the Town hall anytime between April 1st and June 1st.

Please keep a few things in mind:

***Campers will not be permitted to use electronic devices at camp or the pool.**

Thank you,
Taylor Price
Ancram Summer Camp Director
taylorprice126@gmail.com



Ancram Summer Camp 2026

-Standards of Behavior for our Campers

Campers are expected to:

- Attend camp as scheduled (for which they are signed up) with water, swimsuit, and towel daily
- Stay home if not feeling well
- Participate in swim lessons as scheduled by the camp and pool staff
- Adopt a growth mindset towards trying new activities
- Use respectful language
- Properly sit and adhere to safety rules during bus trips
- Wear the camp T-shirt for all field trips
- Utilize the bathroom facilities appropriately and at all times

Campers will NOT be permitted to:

- Use electronic devices and are encouraged to leave them home
- Use physical aggression (kicking, hitting, spitting, etc.) nor verbal aggression (swearing, provoking, making derogatory comments, etc.) towards others (all staff, campers, volunteers, etc.)
- Vandalize or destroy property
- Touch other campers belongings

The Camp staff will use positive reinforcement, discuss the standards of behavior, and work with campers to adhere to these rules as necessary.

The Camp staff will discuss with you upon pick up any and all concerns regarding the campers behaviors.

The Camp has a 3 strike rule, suggesting that any camper violating any three rules, will be considered for discharge from the camp and its activities.

WHAT TO BRING TO DAY CAMP



What NOT to bring:
Personal items such as cell phones, electronics, toys, stuffed animals, Beyblade, Pokémon cards, etc.

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Personal items such as cell phones, electronics, toys, stuffed animals, Beyblade, Pokémon cards, etc.

Camp Fire is not responsible for any misplaced or damaged items.





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Town of Ancram Summer Camp Application 2026

Applications must be hard copy only – no email applications.

****You will receive a confirmation email to notify you if your child/children have been accepted****

Camper's Name/Nickname: _____

Parents/Guardians Name: _____

Address _____

Town _____ State _____ Zip _____

Date of Birth _____ Age _____ Birth Sex: M_F Preferred Gender:

Home #: _____

Mom's Cell _____ Dad's Cell _____

Email Address _____

Own or rent property in Ancram? Yes ___ No ___

**** Please consider this carefully as other children could be on the waiting list. You can always let us know after signup if your plans change.**** Which Camp sessions are you registering for? (Please circle)

Session I: 7/6 - 7/10

Session II: 7/13-7/17

Session III: 7/20-7/24

Session IV: 7/27-7/31

Session V: 8/3- 8/7

Session VI: 8/10-8/14

Child Care Release: The Ancram Summer Camp only releases your child to the members you authorize to pick up your child.

1. Name: _____ Phone: _____ Cell: _____

2. Name: _____ Phone: _____ Cell: _____

3. Name: _____ Phone: _____ Cell: _____

Swimming program: I want my child to participate in the MWF swim lesson program.

Yes ___ No ___

Swim level _____

I agree for my child to participate in open swim while at camp. Yes ___ No ___

Field trip permission form: I agree to allow my child , to participate in field trips with the Ancram Summer Camp.

Signature: _____ Date: _____



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Town of Ancram Summer Camp Health Form 2026

Please include a copy of your child's immunization record, and a copy of a physical within the last 18 months.

Child's Name: _____

Address: _____

Phone: _____ Cell: _____

Date of Birth: _____ Grade in school: _____

Parent's Names and Address:

Does your child live with both parents _____ If no, then please list the parent who has custody: _____

Name of guardian: _____

Doctor's name: _____ Phone: _____

Insurance company: _____ Policy # _____

Hospital preference: _____

Does your child have allergies? Yes ___ No ___ (If yes, please check the allergy) Nuts ___ Gluten ___ Dairy ___ Shellfish ___ other _____

Medication ___ Bee Stings ___ if yes, what happens? _____

Has your child been stung before? _____

Do they have an Epi-pen? _____

Other Allergies: _____

Is your child up to date with his/her immunization records? Yes

___ No ___ If no, please explain _____

Is child COVID vaccinated Yes ___ No ___ (will not affect admission to camp)

Is your child currently taking any medications Yes ___ No: _____

Please list _____

Please list any surgeries or broken bones that your child has had.



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****This will remain confidential and this will only apply to help our counselors with certain situations if needed****

Special Accommodations: Please briefly describe any special accommodations your child may need to participate.

Medical Information: Please describe any medical problems, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware.

Personal Information: Please describe any personal situations that we need to be aware of, such as restraining order, problems with other children, etc.



Ancram Summer Camp 2026

Camp T-Shirt

Camper's Name:

Please circle one size that you wish us to order:

Child's Small (4-6) Child's Medium (8-10) Child's Large (12-14) Adult Small

Adult Medium Adult Large



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**Please read the following carefully and by signing below,
you agree to the following waiver**

I hereby grant permission for my child to participate in the Ancram Summer Camp and acknowledge all rules, regulations, and directives of the program. I have received the standards of behavior (above) and will familiarize myself with the program guidelines. **(Initial)**

In consideration of the opportunity for my child or children to participate and/or their participation in any swim lessons, trips, events, contests, races, or other sport and non sport activities of the Town of Ancram Summer Camp:

I assume, for and on behalf of my child or children, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician.

I agree to indemnify and hold harmless the Town of Ancram, its employees, and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any preexisting illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the summer recreation program. The scope of this agreement extends to any actions taken by the Town of Ancram recreation department, the Town of Ancram, its employees, personnel, volunteers, and the instructors of any class or activity in responding to any emergency and or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

Parent/Guardian Signature_____ **Date**_____

Witness Signature_____ **Date**_____