



**BRUSHTON-MOIRA 2026  
SUMMER RECREATIONAL  
PROGRAM  
REGISTRATION FORM**

**Town of Moira**  
P.O. Box 150  
522 County Route 6  
Moira, NY 12957  
(518) 529-6080  
[www.townofmoirany.org](http://www.townofmoirany.org)

**Child**  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_  
Child lives with: \_\_\_\_\_  
Person responsible for payment \_\_\_\_\_

**Parent/Guardian - Contact Information**

**A. Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**B. Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**C. Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information – complete information is required for EACH CHILD:**

Insurance Information  
Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
Primary Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No



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Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Is your child up-to-date with vaccinations?

Yes \_\_\_ No \_\_\_ If no, explain: \_\_\_\_\_

**CAMP INFORMATION:**

Camp will be held for six consecutive weeks, Monday through Friday daily, 9:00 a.m. to 3:00 p.m., starting Monday, July 13<sup>th</sup>, 2026 and concluding Friday, August 21<sup>st</sup>, 2026 at Brushton-Moira Central School 758 County Route 7, Brushton, NY.

Camp is limited to campers a minimum of five (5) years of age (must be age 5 on or before July 13<sup>th</sup>, 2026) and a maximum of thirteen (13) years of age (must be 13 or less before August 22<sup>nd</sup>, 2026).

Lunch will be provided to all campers free of charge via NYSED's Summer Food Service Program provided by Fieldstone Foundation.

Functional restrooms and potable public water supply are on-site via the elementary wing.

**SUMMER CAMP TUITION & PAYMENT:**

A one-time Summer Recreation program fee of \$25.00 per camper is due at time of registration. Tuition is \$10.00 for additional camper(s) residing in the same household (i.e. first child \$25.00, second child \$10.00, third child \$10.00).

○ **Camp Tuition Total:** \_\_\_\_\_

**NO ELECTRONIC SUBMISSIONS WILL BE ACCEPTED. REGISTRATIONS AND FEES MAY BE SUBMITTED DIRECTLY TO THE TOWN CLERK DURING OFFICE HOURS, OR**

**MAILED TO THE TOWN CLERK (NO CASH) AT:**

**TOWN OF MOIRA TOWN CLERK  
522 COUNTY ROUTE 6  
P.O. BOX 150  
MOIRA, NY 12957, OR**

**SUBMITTED DIRECTLY TO SUMMER RECREATION STAFF ON SIGN-UP DAYS AT BRUSHTON-MOIRA CENTRAL SCHOOL, OLD PLAYGROUND ON WED JUNE 10 (6:00-9:00 PM) AND SAT JUNE 13 (9:00 AM TO 12:00 PM)**