

# REGISTRATION 2025 Summer STEAM Camp

## Young Goodall Camp Entering Grades 3-4

Questions Contact: [kbrooks@cornwallschools.com](mailto:kbrooks@cornwallschools.com)

Minimum students to run: 10

Maximum students this age group: 30

2 Teachers in class

Parents/Guardians are responsible for providing snacks and water. School not providing food.

Monday - Thursday

No Transportation Provided by District

**Session: 8/4 - 8/7/25 @Cornwall Central High School M-TH 8AM to 12:30PM - No District Transportation**

**\$240 Per session Per student**

**30 spots available Spots fill as registrations returned**

**Must complete and return to be fully registered:**

- Completed Registration Form / Basic Medical Screening Form (On Back)
- Summer Camp Behavioral Sign-off form (with both parent and student signatures)
- (Checks or Money Orders only) **Made payable to "Cornwall Central School District"**
- **Return by May 16, 2025**

\*\*Some students may additionally have a medical release to administer medication. Please note that on this document with their name and add a post it to their packet with this information, so that we can share it with the nurse.

Parent/Guardian Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

I \_\_\_\_\_ give permission for my child(ren) listed below to participate in the Summer 2025

STEAM Camp . \_\_\_\_\_

Parent/Guardian Signature

Date

Student Name	Grade Entering September 2025	Cornwall School Attending

# Basic Medical Screening Information

**Student Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_ (Describe Below)

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Is your child current on Required NYS School Health Examinations? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any health history we need to know about?

Asthma \_\_\_\_\_ Seizures \_\_\_\_\_ Diabetes \_\_\_\_\_ High Blood Pressure \_\_\_\_\_

Other: \_\_\_\_\_

Will your child need to have medication administered between the hours of 8AM and 12:30 PM?

No \_\_\_\_\_ Yes \_\_\_\_\_ (Please contact Karen Brooks to complete the Authorization to Administer Medication from our school Nurse.)

**Student Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_ (Describe Below)

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Is your child current on Required NYS School Health Examinations? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any health history we need to know about?

Asthma \_\_\_\_\_ Seizures \_\_\_\_\_ Diabetes \_\_\_\_\_ High Blood Pressure \_\_\_\_\_

Other: \_\_\_\_\_

Will your child need to have medication administered between the hours of 8AM and 12:30 PM?

No \_\_\_\_\_ Yes \_\_\_\_\_ (Please contact Karen Brooks to complete the Authorization to Administer Medication from our school Nurse.)

**PLEASE RETURN Completed Registration and Check in Envelope to Karen Brooks - Director of Data & Instructional Tech.,  
Cornwall Central School District, Cornwall Central High School, 10 Dragon Drive, New Windsor, NY 12553**

# Summer 2025 STEAM Behavior Contract Form

Parents/Guardians and Campers should review the STEAM Camp behavior contract so we can work towards creating a fun and safe Summer 2025 STEAM Camp experience for everybody! Remember “We Are Continually Striving for Excellence”!

<h2>Camp Behavior Expectations</h2>	<h2>We Will Avoid the Following Behaviors</h2> <p>(These behaviors may get the student removed from the STEAM Camp immediately.)</p>
<ul style="list-style-type: none"> <li>● Have <b>fun &amp; learn</b> about STEAM</li> <li>● Treat everybody with <b>kindness</b> and <b>respect</b>.</li> <li>● <b>Respect</b> the <b>property</b> of STEAM Camp and others</li> <li>● <b>Respect</b> other’s <b>feelings</b> and <b>differences</b></li> <li>● Have fun and <b>be willing to try</b></li> <li>● Use <b>appropriate language</b></li> <li>● <b>Ask for help</b> from a teacher when you have a problem or see others facing an issue</li> <li>● Be <b>responsible</b> for <b>my belongings</b></li> <li>● <b>Stay with my group</b> when we are outside the classroom.</li> <li>● Nobody gets to make your body feel unsafe and you don’t get to make anybody else feel unsafe. We will never touch anybody inappropriately.</li> <li>● <b>Avoid sharing</b> or <b>trading foods, snacks and drinks</b>.</li> <li>● Be <b>respectful to teachers</b> and <b>other people in CCHS</b></li> <li>● Be very <b>quiet in the halls</b>, not to disturb Regents classes.</li> <li>● <b>No use of Cell Phones</b> during STEAM Camp</li> <li>● Students will <b>refrain from bringing any electronics or toys from home</b> to STEAM Camp.</li> <li>● Drop-off is at <b>8AM sharp</b></li> <li>● Pick-up is between <b>12:25 PM and 12:30 PM</b></li> <li>● <b>Parents will not walk into CCHS and walk around</b>. They will wait in the CCHS Foyer.</li> <li>● All will <b>avoiding Construction Areas</b> outside CCHS this Summer</li> </ul>	<ul style="list-style-type: none"> <li>● Fighting</li> <li>● Rough housing</li> <li>● Engaging in unsafe behavior.</li> <li>● Threatening or bullying</li> <li>● Joining in when others are bullying somebody.</li> <li>● Cyberbullying</li> <li>● Taking things that belong to someone else or CCSD.(Stealing)</li> <li>● Do <b>not</b> bring any of the following to STEAM Camp (<u><i>Possession of any of these items will get the student immediately removed from STEAM Camp</i></u>):             <ul style="list-style-type: none"> <li>○ weapons,</li> <li>○ drugs,</li> <li>○ alcohol,</li> <li>○ vaping materials or</li> <li>○ smoking materials</li> </ul> </li> </ul>

Failure to follow these expectations will result in an unsafe or unenjoyable atmosphere for you and others in the STEAM Camp. We have expectations that none of the unacceptable behaviors will occur on the right. However, in the event it should happen, the following consequences may occur: Consequences depending on the severity of the situation or if the behavior persists, one or more of the following consequences will be taken:

1. STEAM Teachers will discuss behavior with the student.
2. STEAM Teachers will discuss behavior with the Parent/Guardian

3. Behavior continues, student will be brought to Mrs. Brooks office. Mrs. Brooks will call the parent with the student to discuss behavior and outcome. Depending on the degree of behavior, response may vary from the child being sent home early for the day to being asked not to return to the STEAM Camp for the rest of the week.
4. Cornwall Central School District STEAM Camp reserves the right to remove any student from camp who is not following the behavior and safety guidelines defined above. Situations will be handled on a case by case basis. Student safety and summer enrichment are our main goals.  
NOTE: There are no refunds when a student's behavior requires he/she be sent home and /or removed from the program.

I have read and understand Cornwall STEAM Camp rules and behavioral expectations. In addition, I have read and explained them to my child and am confident that he/she understands them and will abide by them. I understand this contract is for students that range from entering Grade 1 to entering Grade 8 in September 2025 at Cornwall Central School District.

Parent/Guardian Name: \_\_\_\_\_

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

Student's Name \_\_\_\_\_

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

(If able, otherwise the student writes their name.)

(Returned this signed document with Registration and Check)

Any questions, email Karen Brooks, Director of Data & Instructional Technology at [kbrooks@cornwallschools.com](mailto:kbrooks@cornwallschools.com).

Thank you for your student's participation in this program.