

# Camp Malta

## Full Day Summer Camp

### 2026 Registration Packet



We're  
On  
the  
Go!



#### Weekly Themes 2026

- Week 1 Star-Spangled Celebration
- Week 2 Mischief & Make-Believe
- Week 3 Wet, Wild & Water Week
- Week 4 Wonderful World of Color
- Week 5 Oh, the Places You'll Go!
- Week 6 Adventureland Challenge
- Week 7 Carnival Adventure
- Week 8 Campers All Star Week

1 Bayberry Drive Malta, NY 12020

[www.MaltaParksRec.com](http://www.MaltaParksRec.com)

Phone: 518-899-4411

*Creating Community through People, Parks & Programs*



Camp Malta is a Saratoga County Department of Health licensed program.

Campers will enjoy fun-filled activities such as sports, crafts, games, movies, library time, science/nature activities & special programs each week.

**Monday - Friday 9:00 am - 4:00 pm**

8 weeks available: June 29– August 21

Extended care available 8:00 am - 9:00 am and 4:00 pm - 5:00 pm

Location: The Malta Community Center

For children entering grades K-6 in the fall of 2026

## Field Trips

- Each week campers will take one trip to a Town of Malta Park. A few planned trips listed below
- Field trips: K-6 Ellms Farm, miniature golf, bowling
- K-2: Saratoga Children's Museum & Moreau State Park for a nature program and hike (no swimming)
- 3-6: Valley Cats Baseball Game & Liberty Ridge Farm

## Fees

- Residents: \$ 195 per child per week
- Non-Residents: \$ 210 per child per week
- Extended Care:
 

8:00 - 9:00 am	\$35 per week per child
4:00 - 5:00 pm	\$35 per week per child
- Minimum three weeks' registration required
- \$10 service charge for refunds until May 6<sup>th</sup>
- Fees non-refundable after May 6<sup>th</sup>
- Payment plan available:
  - 50% of payment due at registration (Required minimum payment is 3 weeks)
  - Remaining 50% will be due by May 6, 2026
- A \$5 fee per child incurred for every five minutes after picking up time

## Camp Malta Shirts

- One T-shirt is supplied on the first day of camp
- Additional shirts can be purchased for \$7 each

## Registration

- Wednesday, February 11<sup>th</sup> early registration for campers enrolling for 6-8 weeks.
- Wednesday, February 18<sup>th</sup> registration for campers enrolling for 3 weeks or more.
- Required documents at time of registration:
  1. Registration form
  2. Child's immunization record
  3. Proof of residency for Malta residents.
    - \*\*Tax bill, utility bill, lease agreement or driver's license
  4. Copy of custody agreement (if applicable)
  5. Payment

Registration with all the completed above documents are required in person at the Malta Community Center.

## Policies and Procedures

- Prior to the start of Camp, all campers and parents must obtain the Camp Malta Handbook. This book outlines all procedures and policies.
- All campers are expected to follow the rules of camp and show proper respect toward staff.

**SPECIAL PROGRAM in 2026**

**Wilton Wildlife will present 6 programs.**

**Provided by:**

**GLOBALFOUNDRIES/ Town of Malta Grant**

# Camp Malta Registration Form 2026

## Step 1: Check the weeks you are registering for (Minimum 3 weeks)

☐ Week 1: June 29 - July 2 (no camp July 3)

☐ AM care

☐ PM care

☐ Week 2: July 6 - July 10

☐ AM care

☐ PM care

☐ Week 3: July 13 - July 17

☐ AM care

☐ PM care

☐ Week 4: July 20- July 24

☐ AM care

☐ PM care

☐ Week 5: July 27 - July 31

☐ AM care

☐ PM care

☐ Week 6: August 3 - August 7

☐ AM care

☐ PM care

☐ Week 7: August 10- August 14

☐ AM care

☐ PM care

☐ Week 8: August 17 - August 21

☐ AM care

☐ PM care

## Step 2: Malta Residents must provide a copy of one proof of residency

☐ Non-Resident

☐ Tax Bill

☐ Utility Bill

☐ Lease Agreement

☐ Driver's License

## Step 3: Provide copy of child's current immunization

## Step 4: Complete camper information

Child's Name

Sex ☐ M ☐ F Date of Birth \_\_\_\_\_ Grade for 2026-2027 \_\_\_\_\_

Address: \_\_\_\_\_

### Parent/Guardian Contact

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Authorized Pick up and Emergency Contact (Must be different from Parent/Guardian listed above)

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## Child's Medical Information

Insurance Group Name _____	Insurance ID number _____
List allergies and/or medical conditions _____	
Physician Name _____	Phone _____

### T-shirt Size

- |   |  |
|---|--|
| <input type="checkbox"/> Youth X-Small (2/4)  | <input type="checkbox"/> Youth Large (14/16) |
| <input type="checkbox"/> Youth Small (6/8)    | <input type="checkbox"/> Adult Small         |
| <input type="checkbox"/> Youth Medium (10/12) | <input type="checkbox"/> Adult Medium        |

### Do you have a custodial agreement?

- |  |
|--|
| <input type="checkbox"/> Yes (A copy of your custody agreement must be supplied) |
| <input type="checkbox"/> No  |

## Step 5: Complete waiver and provide any information that your child's counselors need to know

### Waiver:

I hereby grant permission for my child to participate in the Camp Malta summer camp and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines.

I assume, for and on behalf of my child, all risks and hazards incidental to such participation in camp programming. 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. Although the Town of Malta endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program or the premises in which it is held is totally free of exposure to nuts and nut products.

I agree to indemnify and hold harmless the Town of Malta, 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 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 pre-existing 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 program. The scope of this agreement extends to any actions taken by the Town of Malta Parks & Recreation Department, the Town of Malta, its employees, personnel, volunteers, and the instructor 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. The Town of Malta photographs and videotapes program participants. By registering for a program or involvement with an activity/event, the participants consent to use by the Town of her/his likeness in Town promotions and other uses.

I verify that I have read and understood and agree to the waiver:

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

**Special Accommodations:** The Town of Malta Parks and Recreation Department supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodation your child may need to participate and someone will contact you. Use a separate sheet if necessary.

\_\_\_\_\_

**Medical Information:** Describe any allergies, medical conditions, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet if necessary. Any child with a Diabetes MMP must provide a copy before camp begins

\_\_\_\_\_

**Personal Information:** Describe any personal situations that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary.

\_\_\_\_\_

## Step 6: Complete financial and permission agreements:

### **Financial Agreement**

- I agree that my child will participate in the program for a minimum of three weeks
- I understand that 50% of payment is due at registration (Required minimum payment is 3 weeks) and the remaining 50% is due by May 6, 2026
- I agree that fees are non-refundable after May 6<sup>th</sup>, 2026
- I understand that there is a \$10 service charge for refunds via check per child
- I understand that any outstanding debts shall prohibit me and my child from enrolling or participating in any other Malta program until the balance is paid in full
- I understand and agree that I am responsible for the late fee of \$5.00 per child for every five minutes late picking up my child(ren)
- I agree to pay a \$20 service charge for all returned checks

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

### **Sunscreen Permission**

- Parent or legal guardians are responsible for applying the first layer of sunscreen prior to drop-off
- Parents or legal guardians are responsible for providing children with sunscreen for later day applications.
- Camp staff are responsible for ensuring thorough follow-up applications after one hour in water, after two hours of activity in the sun and/or any other time as needed. This may mean that camp staff will need to assist in the application of the sunscreen in case the camper is not able.
- Should camp staff need to apply sunscreen, it will be done in the following manner:
  - ◇ Staff will confirm that parental permission form has been signed.
  - ◇ Staff will use camper's sunscreen and apply sunscreen to children's exposed areas only except head and face.
  - ◇ Staff will do this in the presence of others and will not apply sunscreen to any area that a bathing suit covers.

I agree to comply with the Malta Summer Camp Sunscreen policy.

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

☐ Yes, camp staff may apply sunscreen to my child

### **Tick and Insect Repellent Permission**

- Parent or legal guardians are responsible for applying the first layer of insect repellent prior to drop-off
- Parents or legal guardians are responsible for providing insect repellent for later day applications.
- Camp staff will routinely remind campers to apply their insect repellent
- Should camp staff need to apply insect repellent, staff will confirm that parental permission form has been signed and use camper's own repellent

I agree to comply with the Malta Summer Camp tick and insect repellent policy.

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

☐ Yes, camp staff may apply insect repellent to my child

**Step 7: EpiPen or Inhaler use form.** Your child's physician must complete the bottom portion of this form.

### **Medication Authorization for the use of EpiPen or Inhalers**

The Department of Health regulations prohibit the administration of medicine by camp staff, including but not limited to Benadryl, Tylenol, aspirin, Advil, or Motrin by an unlicensed individual. The two exceptions are asthma inhalers and EpiPens which camp personnel are permitted to assist in administering. This form is for permission to carry only EpiPens and/or inhalers. No other medication can be brought to camp.

You are required to bring your child into the Department of Parks, Recreation and Human Services office located in the Malta Community Center to either; demonstrate that they can self-administer the EpiPen and/or inhaler or, if they are too young, to demonstrate that they can tell people around them about their allergy and what they can do in the event of an emergency (for example, notify their counselor of an exposure, any trouble breathing, etc.) This is required before Thursday, June 25, 2026, or your child will not be allowed to attend camp.

My child ☐ has ☐ has not been trained to self-administer their EpiPen.

**Any child with a Diabetes MMP must provide a copy before camp begins**

Physician's Information Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Expiration date of Medication \_\_\_\_\_

I have read and agree to the medical authorization above.

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

### **The following to be completed by the physician**

Diagnosis for which EpiPen and/or inhaler is given \_\_\_\_\_

Name of Medication \_\_\_\_\_

Form \_\_\_\_\_ Dose \_\_\_\_\_

If EpiPen and/or inhaler is to be given "WHEN NEEDED" describe indications \_\_\_\_\_

How soon can medication be repeated? \_\_\_\_\_

Has child been trained to self-administer? \_\_\_\_\_

List significant side effects \_\_\_\_\_

Other Information \_\_\_\_\_

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

### Step 8: Complete Payment Method:

	Resident	Non-Resident		
<input type="checkbox"/> Week 1: June 29-July 2	\$156	\$168	<input type="checkbox"/> AM care \$35	<input type="checkbox"/> PM care \$35
<input type="checkbox"/> Week 2: July 6- July 10	\$195	\$210	<input type="checkbox"/> AM care \$35	<input type="checkbox"/> PM care \$35
<input type="checkbox"/> Week 3: July 13-July 17	\$195	\$210	<input type="checkbox"/> AM care \$35	<input type="checkbox"/> PM care \$35
<input type="checkbox"/> Week 4: July 20- July 24	\$195	\$210	<input type="checkbox"/> AM care \$35	<input type="checkbox"/> PM care \$35
<input type="checkbox"/> Week 5: July 27 – July 31	\$195	\$210	<input type="checkbox"/> AM care \$35	<input type="checkbox"/> PM care \$35
<input type="checkbox"/> Week 6: August 3- August 7	\$195	\$210	<input type="checkbox"/> AM care \$35	<input type="checkbox"/> PM care \$35
<input type="checkbox"/> Week 7: August 10 - August 14	\$195	\$210	<input type="checkbox"/> AM care \$35	<input type="checkbox"/> PM care \$35
<input type="checkbox"/> Week 8: August 17 - August 21	\$195	\$210	<input type="checkbox"/> AM care \$35	<input type="checkbox"/> PM care \$35

☐ I would like to pay for all the registration fees at this time  
Total amount \$ \_\_\_\_\_

☐ I would like to pay 50% of the total amount due (minimum of three weeks).  
Remaining due by May 6, 2026 \$ \_\_\_\_\_

☐ Check # \_\_\_\_\_ *Checks made payable to 'Town of Malta'*

☐ Visa      ☐ Mastercard      ☐ Discover      *We do not keep credit card information on file*

Cardholder Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_ (Card Verification code)

### Step 9: Register in person with all required documents at the Malta Community Center.

Malta Parks, Recreation and Human Services  
1 Bayberry Drive  
Malta, NY 12020

Office Hours: Monday-Friday 8:30am-8:00pm  
Saturday 9:00-am– 12:00pm

Phone number: 518-899-4411

Fax number: 518-899-4448