



## South East Consortium Summer Day Camp Programs

South East is happy to welcome you back to another season of Summer fun at our Summer Day Camps! As we approach the camp season, it is important that we share with you the important information to give you a basic understanding of the policies and procedures, both changed and unchanged, that we will be following this Summer. If your camper has aged out of SEC Day Camp, please call the SEC office to discuss what options are available for your camper. South East will be offering camps in the Town of Eastchester and the Village of Scarsdale. Based on the highest percentage of campers comprising enrollment in 3rd – 8th grade (ages 8-14) residing in Eastchester, Bronxville and Tuckahoe, South East has partnered with the Town of Eastchester Department of Recreation to enroll campers in the aforementioned grades in Camp Galaxy Sr.

**Camper Eligibility:** It is important to understand the eligibility requirements that South East Consortium follows to determine if camp is an option for your child. **Individuals attending SEC Day Camps must have Respite approval from OPWDD/Medicaid to enroll.** Consortium residents who have been denied by OPWDD can be accepted at camp, but rejection letters must be submitted to South East Consortium at the time of registration. Please ensure that you communicate with your care coordinator and self-direction broker to ensure that he/she is aware of your plans to attend camp. **This must be done as soon as possible, or you will be held liable for the OPWDD/Medicaid reimbursement rate of \$33.25 per hour for the 165 hours of camp.** They can reach out to the SEC office to ensure that respite units are appropriately allocated. Without allocated units on your Life Plan/Budget, we will be unable to accept your camper this year.

**Camp carries an out-of-pocket cost for all campers. This is not including the reimbursement from Medicaid. At the time of registration, you will receive an invoice for camp. Costs and installment dates are included further in this document.**

**For individuals on self-direction, we cannot guarantee that your out-of-pocket cost will be reimbursed by your Fiscal Intermediary. We strongly advise contacting them to determine what their policies are in terms of reimbursing out-of-pocket costs for respite programs. There is a common misconception that Self Direction will cover all expenses related to camp. Unfortunately, this can vary from FI to FI, we encourage you to inquire about their specific policies.**

Any child, age 5 to 14 who is diagnosed with a Developmental Disability (ask for a definition) who resides in one of the component municipalities and is confirmed OPWDD eligible for reimbursement under the New York State Office for People with Developmental Disabilities Office guidelines will be given priority. Children with other special needs or those who do not qualify for OPWDD Eligibility are encouraged to seek enrollment but will need to pay an

additional fee and prove that they have been deemed ineligible for services. Please note, SEC is unable to provide 1:1 staffing for individuals. If you believe this will be necessary for your camper, please contact the South East office to discuss your options.

If you decide your child meets our eligibility requirements and you wish to pursue enrollment, please visit our website at [www.secrec.org](http://www.secrec.org) and click on the Program Enrollment tab. You will need sign up for a RecDesk account to enroll your camper online prior to the enrollment start date. This account will allow you access and upload all of your campers' forms. All accounts must be approved (which may take up to 24hrs.) prior to enrolling in camp/programs. Camp Forms (Permission Slips, Medication forms, etc.) will be available on the website beginning March 27th, 2026. **Camp Enrollment opens on March 23rd, 2026 at 12:00 PM by calling the SEC office at (914)-698-5232. Any non-billable campers will have to wait to enroll until April 13th 2026.**

**Orientation Meeting for Families:** An orientation meeting for families will be held via Zoom on May 13th at 6:00PM. It is highly recommended all families attend. It is mandatory for any new families to attend.

### **Camp Galaxy:**

**Eastchester Camp Galaxy Dates & Location:** Camp will run from Tuesday, June 30th to Friday, July 31st. Camp hours are from 9:00AM – 3:00PM. Camp will not run on July 4th.

**Camp Galaxy Sr. (3rd - 8th Grades):** Eastchester High School for campers residing in Eastchester, Bronxville and Tuckahoe.

**Camp Cost:** Confirmed OPWDD Eligible/HCB Medicaid Waiver: \$1250  
Non-OPWDD Eligible/Other: \$1850

### **Camp Patthunke:**

**Scarsdale Camp Dates & Location:** Camp will run from July 6th to August 7th. Camp hours are from 9:00AM – 3:30PM.

**Camp Cost:** Confirmed OPWDD Eligible/HCB Medicaid Waiver: \$1250  
Non-OPWDD Eligible/Other: \$1850

**Camp Patthunke (3rd-8th Grades):** Scarsdale Middle School for campers residing in Scarsdale, Mamaroneck, Larchmont, Harrison, Rye, Pelham and Port Chester.

**Payment:** Please note that the prices listed here reflect the out-of-pocket cost assessed to the individual at time of enrollment. These fees are not covered by OPWDD/Medicaid billing as they reflect non-billable expenses. Full payment for camp would be appreciated at the time of

enrollment/acceptance. South East does offer the option of a payment plan. For OPWDD/Waiver individuals, payment plan for camp requires \$100 non-refundable deposit due at the time of enrollment/acceptance and the first payment of \$300 by April 22nd, the second payment of \$400 is due May 20th and the final payment of \$400 on June 15th.



## SCARSDALE DAY CAMP

## OFF-SITE PERMISSION SLIP

The New York State Department of Health requires all camps to have written permission for children to participate in any off site camp activities such as swimming at the Scarsdale Municipal pool, trips to the Scarsdale Historical Society and/or the Weinberg Nature Center.

Please complete the form below and return it to the South East Consortium by June 18, 2026. Children with signed permission slips will only be allowed to participate in the aforementioned activities. If you have more than one child participating in camp, please fill out one form per child. PLEASE NOTE: All campers visit the Scarsdale Municipal Pool daily, however not all camps go to the Scarsdale Historical Society or the Weinberg Nature Center. Thank you for your assistance.

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### South East Consortium Day Camp Off-Site Activity Permission Slip

I give my child \_\_\_\_\_ entering Grade (in September) \_\_\_\_\_, permission to participate in the Scarsdale Recreation Day Camp Off-Site Activity Program conducted at the Scarsdale Municipal Pool Complex, Weinberg Nature Center and Scarsdale Historical Society throughout the summer of 2026. I understand the following:

- Campers will be transported to the off-site facilities by school bus.
- Campers will be supervised by camp staff as well as qualified lifeguards at the swim facility.
- Campers will be identified by their swim ability with a colored wristband.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Please return by June 18, 2026 to:

South East Consortium For Special Services Inc.  
740 West Boston Post Road, Suite 316  
Mamaroneck, New York 10543  
Fax number (914) 698-7125



# SCARSDALE DAY CAMP SUNSCREEN AUTHORIZATION FORM-2026

Chapter 242 amended NYS Public Health Law permitting a child to possess and use sunscreen at camp when all the following apply:

- (1) It is used to protect against overexposure to the sun.
- (2) It is approved by the FDA for over-the-counter use.
- (3) The parent or guardian provides written permission for the child to carry and use sunscreen.

**Please complete and sign this form if you would like your child to use, carry and/or would like assistance applying sunscreen during camp hours.**

Child's name \_\_\_\_\_ Camp: \_\_\_\_\_

Grade entering in 2026: \_\_\_\_\_

### Sunscreen Permission:

- I consent to have my child carry and use sunscreen she/he has brought to camp, which is FDA Approved for over-the-counter use to avoid overexposure to the sun.

*Parent/Guardian Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_ *Date:* \_\_\_/\_\_\_/\_\_\_

- I consent to have a day camp staff member assist with the application of sunscreen when my child is unable to do so, or if my child requests the assistance.

*Parent/Guardian Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_ *Date:* \_\_\_/\_\_\_/\_\_\_

◆ **Submit this form to your child's camp counselor when they begin camp** ◆



# SCARSDALE DAY CAMP MEDICATION AUTHORIZATION -2026

◆ **Submit this form to your child's camp office on their first day of camp** ◆

In accordance with the Nurse Practice Act and the State Education Law, camp personnel may not dispense medication – whether prescribed or over-the-counter – to a camper unless it is authorized by the camper's parents **and** their physician.

This form allows the camp EMT and administrative staff to store your child's medication and to supervise your child in self-administration of their own medication. Please complete a separate form for each individual medication and submit it with your child's medication in its original container to the camp office.

**Note:** Emergency medication (e.g. EpiPen, Benadryl, albuterol inhaler) may be carried by your child instead of being stored in the camp office.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby grant permission to the camp EMT and administrative staff to store and to supervise the self-administration of my child's medication as detailed below by our physician.

Child's name \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Address \_\_\_\_\_

Parents' names \_\_\_\_\_

Mother's cell (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work (\_\_\_\_)\_\_\_\_-\_\_\_\_

Father's cell (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work (\_\_\_\_)\_\_\_\_-\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Check all that apply:

- I would like my child to **carry** their EpiPen / Benadryl / inhaler (circle one) at all times.
- I would like my child's EpiPen / Benadryl / inhaler (circle one) to be **stored** in the camp office.
- I am providing a second EpiPen / Benadryl / inhaler (circle one) to be **stored** in the pool office.  
*(Please photocopy this form to attach to the second set of medication for the pool office)*

Parent's signature \_\_\_\_\_

► **This portion must be completed by your child's physician.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ is to receive \_\_\_\_\_  
child's name medication

for \_\_\_\_\_  
indication

Dose \_\_\_\_\_ Route \_\_\_\_\_  PRN or  Frequency \_\_\_\_\_

Notes \_\_\_\_\_

Physician's name \_\_\_\_\_ Signature \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Address \_\_\_\_\_