



Summer is the time for kids to be outside. And there is no better place for your child to spend time in the great outdoors this summer than at Trailside Museums and Zoo!

The *Trailside Discovery* day camp will be your child's up-close and personal introduction to local wildlife and ecology. They will get their hands dirty! They will have fun! Through hands-on activities and exciting games, children will be immersed in the natural world in engaging, and age appropriate ways they are bound to enjoy.

One day during the first 3 sessions, we hike to Fort Montgomery State Historic Site to learn about local history and what life was like long ago.

So, let's take a break from the video games, television, the internet, and the air conditioning! Help your child experience summer the way it is meant to be!



New York State
Parks, Recreation and
Historic Preservation



Trailside Museums and Zoo
Bear Mountain State Park
P.O. Box 427
Bear Mountain, NY 10911-0427

Trailside Discovery 2024

Environmental Education Summer Day Camp



Trailside Museums and Zoo

Bear Mountain State Park
P.O. Box 427
Bear Mountain, NY 10911
(845) 942-3861

www.trailsidemuseumsandzoo.org

Please call or e-mail Environmental Educator
Chris O'Sullivan for more information.

chris.osullivan@parks.ny.gov

Registration Information

Sessions are Monday through Thursday
from 10:00 a.m. to 2:00 p.m.

Fee: \$100 per session

Maximum 15 children per session.

Registration closes when session fills. If
minimum enrollment is not met for any
session, then that session may be
canceled.

Session One

July 8th through 11th

Children entering first and second grades.
(Registration deadline is June 20th.)

Session Two

July 15th through 18th

Children entering third and fourth grades.
(Registration deadline is June 27th.)

Session Three

July 22nd through 25th.

Children entering fifth and sixth grades.
(Registration deadline is July 4th.)

Session Four

July 29th through August 1st.

Children entering seventh and eighth grades.
(Registration deadline is July 11th.)

Please make checks or money orders
payable / mail to:

Trailside Discovery Program

Trailside Museums & Zoo

P.O. Box 427

Bear Mountain, NY 10911

Unfortunately, we do not have an
online registration nor can we take
payment by credit/debit card.

Trailside Discovery Registration Form

(Please detach form and submit with payment.)

Session Requested: _____

Child's Name: _____ Birth Date: ___ / ___ / ___ Grade next fall: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Work Phone: _____

Parent/Guardian Name: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Work Phone: _____

Brief Overview of Medical Information (separate Camp Health Form must also be completed)

Allergies? No or Yes. If yes, please explain _____

Does your child have an epi-pen? _____ Will it be sent with your child? _____

Please be advised that we cannot administer medication of any type to your child.

Other medical conditions that we need to be advised of? _____

Special Needs? _____

Emergency Contact Information

Contact Name: _____ Phone: _____

Relationship to child: _____

Contact Name: _____ Phone: _____

Relationship to child: _____

Releases

If parent(s) or legal guardian(s) cannot be reached in the event of an emergency, I hereby appoint the staff of Bear Mountain State Park to act in my/our behalf to administer first aid treatment and/or to authorize unexpected medical, dental or surgical care and hospitalization for my child. I give permission for my child to participate in all Trailside Discovery activities.

I give Bear Mountain State Park staff permission to release my child to the emergency contacts listed above. These people have my permission to make decisions as to the welfare and health of my child.

I give Bear Mountain State Park permission to take, publish, and reproduce photographs, slides or video of my child for publicity purposes.

Signature of Parent/Guardian: _____ Date: ___ / ___ / ___

Please Print Name of Parent/Guardian: _____