

SUMMER CAMPS 2019 REGISTRATION FORM

Child's Name _____ Gr.(Sept)___Age ___ Male ___ Female___

Address: _____ Town,State/Zip _____

Before Care offered from 7:15-8:30 AM - \$8.00 per day or \$30 per week. After Care offered from 5:00-6:00 PM - \$8.00 per day or \$30 per week. No camp activities will be held during Before or After Care hours.

Children picked up after 6:00 will be charged a \$15 late fee for each 15 minutes.

Please check dates attending:

Before Care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
After Care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Camp dates and numbers *NO Camp July 4* **All fees for camps and trips are pending board approval*

Camp #	Camp 1	Camp 2	Camp 3	Camp 4	Camp 5	Camp 6	Camp 7	Camp 8
Date	All weeks	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9
Tuition Due	June 17	June 17	June 24	July 1	July 8	July 15	July 22	July 29

Indicate times for 6 Hour camp between 8:30 and 5 PM <input style="width: 100%;" type="text"/>	Pre-K 2 hour <input type="checkbox"/> 9-11 <input type="checkbox"/> 1-3	Please check days attending: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
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#	Camp	#	Camp	#	Camp
1	Summer Rec Full day	6	Summer Rec Full day	15	Mad Science- all camps
1	Summer Rec 6 hours	6	Summer Rec 6 hours	16	Tennis Wk 1 7/8-12
1	Story Time Camp	6	Story Time Camp	17	Tennis Wk 2 7/15-19
2	Summer Rec Full day	7	Summer Rec Full day	18	Tennis Wk 3 7/29-8/2
2	Summer Rec 6 hours	7	Summer Rec 6 hours	19	Tennis Wk 4 8/5-9
2	Story Time Camp	7	Story Time Camp	20	Fast Break Basketball 7/22-7/26
3	Summer Rec Full day	8	Summer Rec Full day 7 weeks	21	Games Begin Gr 1-3 wk 1 7/8-12
3	Summer Rec 6 hours	8	Summer Rec 6 hours 7 weeks	22	Games Begin Gr 1-3 wk 2 7/15-19
3	Story Time Camp	8	Story Time Camp	23	Games Begin Gr 1-3 both weeks
4	Summer Rec Full day	9	Safety Town 6/24-28	24	Games Begin Gr 4-7 wk 1 7/8-12
4	Summer Rec 6 hours	10	Mad Science 7/8	25	Games Begin Gr 4-7 wk 2 7/15-19
4	Story Time Camp	11	Mad Science 7/15	26	Games Begin Gr 4-7 both weeks
5	Summer Rec Full day	12	Mad Science 7/22	27	Kids Yoga 6/27-8/8(Thursdays)
5	Summer Rec 6 hours	13	Mad Science 7/29		
5	Story Time Camp	14	Mad Science 8/5		
	Trips see descriptions pg.7		Permission slips pg 8-15		Trip T Shirt \$6.00
T1	Jump On In 7/10	T4	Lion King 2019 7/31	T6	Safety Town Walking Trip
T2	Painting With a Twist 7/17	T5	Gagasphere 8/7	T7	Safety Town Bus Trip
T3	Florham Park Skating 7/24				Safety Town does not need t shirt

Payment method: Cash Check Credit Card (MC/Visa/AMEX/Discover)

Camp Fee Enclosed _____ Trip Fee _____ Trip T-Shirt size/ Fee _____

Before Care Fee Enclosed _____ After Care Fee Enclosed _____ Total _____

Credit Card # _____ Exp Date _____ Security code _____

Signature: _____ Date: _____ Please charge card weekly

Please fill out Emergency/Medical release form on back.

EMERGENCY CONTACT INFORMATION – MEDICAL RELEASE FORM

Child's Name _____ Age _____ Male _____ Female _____

Parent/Guardian Name _____ Cell # _____

Parent/Guardian Name _____ Cell # _____

E-mail Address _____

Emergency Contacts –Person designated to pick up child other than parent/guardian in case of emergency.

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

In the event that I am unavailable for the purposes of providing parental consent, I hereby authorize the physician(s) and staff at the local hospital to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary to my minor son/daughter. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during camp. Physical conditions that the instructor/physician should be aware of (allergies, recurring illness, disabilities, chronic illness, etc.

ALLERGIES	MEDICAL PROBLEMS

EPIPEN YES NO

Physician Name: _____ Phone _____

In the event of illness or injury requiring treatment or hospitalization, family medical insurance must be used. The parent or guardian is required to have medical coverage/hospitalization for your child(ren). Proof of such coverage is required before child is permitted to attend any Summer Camp (e.g. Blue Cross/Blue Shield/Bollinger, Medicaid, etc.) **The Board Of Education does not insure your child**

Please provide the necessary information: Please provide copy of insurance card.

Insurance Company _____ Policy Number _____

PARENT CONSENT: I hereby give my consent for my child to participate in all activities in Tennis Camp, Fast Break Basketball Camp, Fitness Boot Camp, Yoga, all Summer Recreation Camps, Pre-K Camps, Safety Town, Mad Science Camps and all other camps and all trips. I declare that my child is in good physical condition. I hereby give the staff permission to render such medical care as, in their judgment may seem advisable for my child. I hereby discharge the staff, The Saddle Brook School District, and the Town of Saddle Brook, its agents, employees, appointed officials, volunteers, commissions or associations from any and all claims or actions for losses, damages, or personal injuries due to participation in the camps/trips. I also hereby state that I, the parent/legal guardian, have adequate medical coverage and will not hold the staff of the camps liable for injuries incurred during the camp session.

Parent/Guardian Signature _____ Date _____