

Washington Township Parks & Recreation 2009 Summer Recreation Camp

DIRECTIONS FOR REGISTRATION

1. Complete entire registration form (including Emergency Contact Name & relationship, Emergency contact Phone #, shirt size for child, and signature & date at bottom of form).
2. Make check payable to WTP&R (**Please note** cost for week 1 is **\$80**). Sorry there will be no refunds unless cancellation is by WTP&R.
3. Please read the NJ State required Information to Parents. Then, fill out and sign the form that follows the information and return with registration form.
4. Fill out Medical Treatment Authorization form and also include the child's medical immunization record. This should also be returned with the registration form.
5. All forms along with your check, can be placed in the attached envelope and left in our black mailbox in the driveway that says "recreation drop off". **Please keep the pink copy of the registration form for your records.**

*REGISTRATION FOR CAMP WEEK 1 ENDS 4:00 PM, THURSDAY, JUNE 18, 2009

ENDS 4:00 PM, THURSDAY, June 25, 2009 for week 2

ENDS 4:00 PM, THURSDAY, July, 2, 2009 for week 3

ENDS 4:00 PM, THURSDAY, July 9, 2009 for week 4

ENDS 4:00 PM, THURSDAY, July 16, 2009 for week 5

* unless week fills prior to end registration date

Deadline for registration is 4:00 PM, Thursday, June 18, 2009. A late fee of \$15 will be applied to each registration after that date, and entrance will be subject to availability.

If you have any questions on any of the forms or requirements, please feel free to contact us at 908-876-5941.



WASHINGTON TOWNSHIP PARKS & RECREATION

50 Rock Road
Long Valley, NJ 07853
908-876-5941 Fax-908-876-0029
Tom McCloud, Program Coordinator

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS).

Please read this statement carefully and, if you have any questions, feel free to contact me at the above address and phone number.

Sincerely,

Tom McCloud
Program Coordinator

Please complete and return this portion to the center. (Please print)

Name of child: _____

Name of Parent(s): _____

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

Signature: _____ Date: _____



WASHINGTON TOWNSHIP PARKS & RECREATION

50 Rock Road
Long Valley, NJ 07853

Medical Treatment Authorization Form

As a parent and/or guardian of * _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

*Name of Parent/Guardian _____

*Address _____

*City _____ State _____ Zip _____

*Daytime Phone #: () _____ - _____

Evening Phone #: () _____ - _____

*Family Physician: _____ Phone #: () _____ - _____

*Dates during which release is granted: From: _____ To: _____

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of:

*Emergency contact person: _____

*Relationship to child: _____

*Emergency Contact Daytime Phone #: () _____ - _____

Emergency Contact Evening Phone #: () _____ - _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature _____

Date: _____

* Indicates information that **must be** provided

Washington Township Recreation

50 Rock Road, Long Valley, NJ 07853

Phone: 908-876-5941 Fax: 908-876-0029 Email: recreation@wtmorris.net

SUMMER RECREATION CAMP 2009 REGISTRATION FORM (One Child per form)

For Township residents going into kindergarten - 7th grade as of September, 2009

Registrant Name (one form per child)		Phone	Cell	Emergency Contact - Name & Relationship	
Address				Emergency Contact Phone #	
City	State	Zip	Township	Sex	Date of Birth
Parents' Names	Grade in Fall 2009	Email address		Age	T-Shirt Size (circle one) yS yM yL aS aM aL aXL

- "X" here if your child attended camp last year
 Received Immunization Record
 "X" here if there are any allergies or medical conditions the camp staff should know of.
 (if you are enrolling a special needs child, please contact us. All information will remain confidential)

Make Checks Payable to WTP&R

NO REFUNDS

See back of the form for important information and instructions.

<input checked="" type="checkbox"/>	<input type="checkbox"/> Here if this is your 3 rd or more child in same family attending camp	\$ 40 discount for 3rd child or more FOR EACH WEEK				
X	Description	Fee	Grade(s)	Dates	Times	Enter Fee
	Session week I	\$80	K - 7	6/29-7/2	9:15AM-12:15PM	
	Session week II	\$100	K - 7	7/6-7/10	9:15AM-12:15PM	
	Session week III	\$100	K - 7	7/13-7/17	9:15AM-12:15PM	
	Session week IV	\$100	K - 7	7/20-7/24	9:15AM-12:15PM	
	Session week V	\$100	K - 7	7/27-7/31	9:15AM-12:15PM	
	ALL 5 WEEKS	\$400	K - 7	6/29-7/31	9:15AM-12:15PM	
Check #	Date received:	Total Amount Due				\$

DEADLINE FOR REGISTRATION IS JUNE 18, 4PM. AFTER JUNE 18, A LATE FEE OF \$15 WILL BE APPLIED FOR EACH CHILD. ENTRANCE WILL DEPEND ON CURRENT AVAILABILITY.

Week 1: "Exploring the Continents"					
6/29 Adopt a Continent	6/30 International Cooking	7/1 Water Day! Bathing suits and towels.	7/2 Live Entertainment (Gr. K - 2) Pump It Up (Gr. 3 - 7)	7/3 Camp Closed! Happy 4 th of July!	
Week 2: "New Jersey Nature"					
7/6 Design an Animal	7/7 Nature Walk	7/8 Water/Beach Day! Bathing suits and towels.	7/9 Suburban Safari	7/10 Live Entertainment (K-2) Mini-Golf (3-7)	
Week 3: "Don't Forget - There are Four Seasons"					
7/13 "Fall-ing" down Fun Skits	7/14 Cold Day at Camp	7/15 Water Day! April Showers	7/16 Hawaiian Party	7/17 Glow Bowling (Everyone)	
Week 4: "Olympics of the Mind and Body"					
7/20 Trivia Day	7/21 Design-a-Game	7/22 Water Day! Water Relays Bathing suits and towels.	7/23 Camp Olympics	7/24 PAX Amicus - Pinocchio (K - 2) Rock Climbing (Gr. 3-7)	
Week 5: "The Vacation Never Ends"					
7/27 Scavenger Hunt	7/28 Taking a Break for Community Service	7/29 Water Day! Lu-au and picnic Bathing suits and towels.	7/30 Photo Scrapbook	7/31 Movies (Everyone)	

READ AND SIGN BELOW: I AM FULLY AWARE OF THE RISKS INHERENT AND HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED REGISTRANT TO PARTICIPATE IN SUMMER RECREATION CAMP 2009, PROGRAMS, TRIPS AND EVENTS OFFERED BY WASHINGTON TOWNSHIP PARKS & RECREATION. I HEREBY RELEASE WASHINGTON TOWNSHIP, ANY OF ITS ELECTED OR APPOINTED OFFICIALS, INSTRUCTORS, EMPLOYEES, AND VOLUNTEERS FROM ANY AND ALL LIABILITY FROM INJURIES, CLAIMS, DEMANDS, COSTS, LOSS OF SERVICES, EXPENSES OR DAMAGES SUSTAINED BY ME OR US OR OUR MINOR CHILDREN DUE TO HIS OR HER PARTICIPATION IN SAID PROGRAM OR EVENT.

Signature: _____ Date: _____

I give Washington Township Parks & Recreation permission to use photos of my child for advertisement.

YES: _____ NO: _____

Please print and complete two copies of this form at the time of registration

Registration Form Instructions

1. Only one child per form (going into k-7th grade in Sept)
2. Fill in all requested information
3. Check box next to each desired session or all 5 weeks
4. Enter applicable fee
5. Calculate total due
6. Camp will be held at Long Valley Middle School for 5 weeks.
7. Changing weeks of attendance may be possible after the sign up deadline by contacting the recreation director of camp to inquire about possible openings that are still available, 908-876-5941.
8. Entrance will depend on availability.

Cost and Fees

No refunds - please be sure of the dates you choose when signing up your child.

Late fee: DEADLINE FOR REGISTRATION IS JUNE 18, 4PM. Late registration, \$15 for each child will be applied.

9. Summer camp fee is \$100 per child per week or \$400 for 5 weeks. (\$80 for week #1)
10. The fee for a third child or more in the same family will be discounted \$40 per week.
11. Fee includes entertainment, trips, activities, science, arts & crafts, etc.
12. Make checks payable to **WT Parks & Recreation**. We are located at **50 Rock Road** near the DPW building. **You cannot register at camp.**

Summer Recreation Camp 2009

Summer Recreation Camp 2009 is for Washington Township residents only. Children can enjoy five weeks of organized games, sports, science, arts, crafts, trips, water days and events. Children are grouped according to grade.

Grades K and 1 will be assigned their own area separate from the older campers in order to make the young children more comfortable.

Groups are small and ratios are as follows: All grades are separated accordingly: **K-1**, 6-1 ratio **2-3**, 8-1 ratio **4-5**, 9-1 ratio **6,7**, 10-1 ratio. It is not necessary to call the Recreation office when your child misses camp.

Staff

All coordinators are teachers. High school/College students ages 15 - 19 are our counselors. Counselors in Training are 14 years old. All staff has received training before camp begins. For the safety of your children, we require background checks on all adult staff. The camp is certified by the New Jersey Department of Health and Senior Services.

Trips & Entertainment

Camp will remain open during trip days for children who prefer not to go on trips. Please let the director know ahead of time if your child does not want to go on a planned trip. Because of insurance reasons you may not drop off or pick up your child at any trip.

- Washington Township Camp T-shirts **must** be worn during trips days
- | | | |
|------------|-----------------------------|---|
| 1. July 2 | Pump It Up, grades 3-7 | Grades k-2 Live Entertainment on premise (ex. Magician, clown, zoo animals, etc.) |
| 2. July 10 | Mini Golf/Range, grades 3-7 | Grades k-2, Entertainment on premise (ex. Magician, clown, zoo animals, etc.) |
| 3. July 17 | Glow Bowling | All grades |
| 4. July 24 | Rock Climbing | Grades k-2, PAX Amicus- "Pinocchio" |
| 5. July 31 | Movies (TBA) | All grades |

Camp Attire and Needs

Preferred camp attire are sneakers, hat for outside, sunglasses, sun protection, and water bottle. May bring backpacks. No halter-tops, short shorts or flip fops. Bring snack. No radios, CD players, game boys, etc. No cell phones on during camp. You may reach the camp director, Chris Tamburro, at 908-216-2048.

When visiting camp

Please sign in at the front desk. The Director will be called to assist you.

Drop off procedure

Camp begins at 9:15 am and ends at 12:15 pm. Please, do not drop children off early. Stop your car alongside the walkway of the front of the school and your children will be greeted and escorted into camp by our professional staff. If you are late arriving in the morning, go to the security desk. The Director will walk your child to his/her group.

Pick up procedure

Park your car and come into the gym to sign your child out. Please pick up your child on time, as we have to pay coordinators extra to stay.

Procedure to contact camp

- Recreation office – questions and messages, late sign-ups at 908-876-5941.
- Camp emergency phone – Chris Tamburro, Camp Director, 908-216-2048.
- Town Hall - 908-876-3315

Medical needs

Camp will **not** be able to administer drugs to your child. Nor will we be able to hold any medicine. Please administer medicine before and after camp. If your child must carry **epi-pens** for bee stings please notify the camp Health Coordinator. If your child should get hurt you will receive a medical report copy. Coordinators are CPR/First Aid certified. The emergency squad and/or parent will be called for major problems. For the health and welfare of camp staff and participants, please do not bring your child to camp if they are sick.

Immunizations

According to N.J.A.C. 8:57-4 we must have a record of immunizations for all participants against diphtheria, tetanus, polio, measles, pertusis mumps & rubella.

Conduct

The idea of camp is to have fun and be safe. Parents will be notified if any behavioral problems are observed. If the problem persists after meeting with the parents, the child will be asked to leave camp.

Complaints/Comments/Compliments

If you have any concerns, please contact **Tom McCloud, WT Recreation Program Specialist, @ 908-876-5941**. If you are not satisfied, please contact Town Hall and speak to **Debbie Burd, Assistant Town Administrator, @ 908-876-3315**.