



WOODLAND PARK RECREATION SUMMER CAMP 2016

Camp Director Jennifer Fucci

Email: summercamp@wpnj.us



Registration Times:

MON. – FRI., 9:00am - 12:30pm • MONDAY EVENINGS, 6pm - 8pm

**** Proof of Residency MUST be provided ****

LAST NAME: _____ FIRST NAME: _____

ENTERING GRADE IN SEPT: _____ AGE: _____ SHIRT SIZE _____

ADDRESS: _____ WP, NJ SCHOOL: _____

PARENT/GUARDIAN: _____ HOME # _____

CELL: 1) _____ 2) _____ EMAIL: _____

EMERGENCY NAME: _____ EMERGENCY #: _____

Contact number that will go on your child's Camp badge # _____

My Child will be attending the After-Care program from 3:30 - 5:30 (Additional fees apply) YES NO

Registration fee of \$20.00 included in 7-Week programs

June 27th – August 12th

Full Day/Full Summer

Half Day/Full Summer

_____ 8:30-3:30 for 7 weeks - \$560

_____ 8:30-1:00 for 7 weeks - \$475

Camp tuition must be paid in full by 7/15 or your child will be dismissed from camp. If coming weekly, weeks need to be determined at the time of registration so we know how to staff our counselors.

_____ 8:30-3:30 WEEKLY - \$175/week*

_____ 8:30-1:00 WEEKLY - \$155/week*

Week of 6/30 Week of 7/6 Week of 7/13 Week of 7/20 Week of 7/27 Week of 8/3 Week of 8/10

***Registration fee of 20.00 will be added for weekly registrations**

The above child has my permission to participate in the Woodland Park Summer Day Camp. I understand transportation to & from the camp is my responsibility. **I understand that camp registration is Non-Refundable.** I understand camp hours are between 8:30am and 1pm or 8:30am and 3:30pm and that camp staff is not responsible for my child beyond these time periods (except on optional field trips). I understand the camp reserves the right to expel my child for disciplinary reasons if deemed necessary. Should this occur, I will be notified in writing and my registration fee forfeited. I also understand that camp is open to Woodland Park residents only and by signing, I certify that my child and I reside in Woodland Park and that I have read and understand the Camp Packet along with the rules and regulations for Woodland Park Summer Camp. There will be a \$25 late charge for campers picked up after 3:30pm.

Signature of parent/guardian

Date

Camp tuition must be paid in full NO LATER THAN July 15th or a late fee of \$40 will be applied.

PLEASE SEE REVERSE SIDE FOR MEDICAL INFORMATION →

OFFICE USE ONLY

PAID BY: CHECK # _____ CASH _____ TOTAL PAID \$ _____ INTAKE BY _____



WOODLAND PARK RECREATION DEPARTMENT
SUMMER CAMP 2016



MEDICAL RELEASE FORM

Child's Name: _____ Birthdate: ____/____/____

Chronic Illnesses: Nosebleeds _____ Seizures _____ Fainting _____ Asthma _____

Any Special Needs: _____

Any other issues camp staff should be aware of: _____

Daily Medications: _____ Reason: _____

Family Physician: _____ Phone #: _____ / _____ / _____



Nut allergies _____



Bee sting allergies _____

Other Allergies:

I certify that all health and other information is accurate. In case of an emergency I understand every effort will be made to contact me. In the event of an emergency situation requiring medical treatment, I hereby grant permission for any and all medical attention to my child in the event of an accidental injury or illness until such time as I can be contacted.

This permission includes, but is not limited to the administration of first aid or the use of an ambulance.

Signature of parent/guardian

Date

AUTHORIZATION FORM FOR USE OF PICTURES

I, _____, parent/legal guardian of _____,

(please print parent/legal guardian's first name and last name)

hereby grant permission for my child's pictures to be used in the newspaper, town website, displayed in the recreation office or at camp, and on the WP Summer Camp Facebook page. As part of giving this permission, I/We agree to hold the Borough of Woodland Park and WP Summer Camp completely harmless and faultless, from any claims or suits of any kind whatsoever, of or relating to picture advertising.

(Print name of Parent/Legal Guardian)

(print date)

(Signature of Parent/Legal Guardian)

Home Phone # _____ Cell # _____

Borough of Woodland Park Recreation Clerk

Woodland Park Reverse 911

Dear Parent/Guardian,

We will be implementing “Code Red”, a reverse 911 system, for our Summer Camp. Please provide your emergency contact numbers where you would like to be reached in the event of an emergency.

Child’s Name _____

Entering Grade _____

Parent’s Name _____

Emergency Number #1* _____ - _____ - _____

Emergency Number #2* _____ - _____ - _____

Signature _____ Date _____

***My signature serves as permission for the WPPD to add my numbers to the reverse 911 system (Code Red database) for the Woodland Park Summer Camp program.**