



WOODLAND PARK RECREATION DEPARTMENT
SUMMER CAMP 2017



Camp Director: Jamie Ricci



EARLY REGISTRATION

at:
Woodland Park Summer Camp

Tuition must be paid in full at time of registration

February 27th - April 24th

After April 24, Regular Registration camp prices will be applied
Proof of Residency Must Be Provided

More Information:
973-345-8100 ext. 213
recreation@wpnj.us

LAST NAME: _____ FIRST NAME: _____

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

ADDRESS: _____ WP, NJ SCHOOL: _____

PARENT/GUARDIAN: _____ HOME PHONE: _____

CELL: 1) _____ 2) _____ EMAIL: _____

EMERGENCY NAME: _____ EMERGENCY #: _____

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

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

_____ 8:30-3:30 for 7 weeks - \$535
After 4/24 - \$560

_____ 8:30-1:00 for 7 weeks - \$450
After 4/24 - \$475

*Registration fee of \$20.00 per child will be due at time of registration for weekly registration only.

_____ 8:30-3:30 WEEKLY - \$165/week*
After 4/24 - \$175

_____ 8:30-1:00 WEEKLY - \$145/week*
After 4/24 - \$155

Week of 6/26 Week of 7/3 Week of 7/10 Week of 7/17 Week of 7/24 Week of 7/31 Week of 8/7

Tuition must be paid in full at time of registration. Weeks need to be determined at the time of registration so we know how to staff our camp.

The above child has my permission to participate in the Woodland Park Recreation Summer 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 1:00pm 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. I certify my child has medical insurance coverage and that I have read and I understand the camp packet, along with the rules and regulation for Woodland Park Summer Camp.

There will be a \$25 late charge for campers picked up after 3:30pm.

Signature of parent/guardian _____ Date _____

Registration Times:
Mon.-Fri.: 8:30am - 12:00pm
Mon. evenings: 6:00pm - 8:00pm on
2/27, 3/27, 4/17, 5/22, 6/12, 6/19

PLEASE CONTINUE TO COMPLETE MEDICAL INFO & ADDITIONAL FORMS →

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 MY CHILD HAS MEDICAL COVERAGE and 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

Woodland Park After-Camp Extended Care Program

**2017 Extended Care Program will run from
3:30pm-5:30pm at Zaccaria Park**

Monday-Friday for 7 weeks: \$225

- You **MUST** be registered in the Woodland Park Summer Camp Program.
- Fee includes snack and drink.
- Campers in the After-Camp program will have the use of all the camp facilities (playground, restroom, snack stand, games and equipment).

Must sign up at time of registration.

Campers must be picked up by 5:30 pm at Zaccaria Park. A \$25 late fee will be charged. Campers during After-Camp Care will be supervised by camp counselors at all times.

***** Please Note: This program is contingent upon the number of registrations received. Should it need to be cancelled, ample notice will be given. *****

*****After-Camp Care is NON-REFUNDABLE*****

Name: _____ Grade: _____

Phone Number: _____ Cell: _____

I am aware if I don't pick up my child by 5:30pm, I will be charged a \$25.00 LATE FEE.

Parent/Guardian X _____ Date: _____

FOR OFFICE USE ONLY

Paid by: CHECK # _____ Cash: _____ Total Paid \$: _____ Intake by: _____

\$5 PIZZA FRIDAYS

Includes 2 slices of cheese pizza & small water

PIZZA FORM MUST BE PAID-IN-FULL THE DAY OF REGISTRATION – NO EXCEPTIONS

June 30th



July 7th



July 14th



July 21st



July 28th



August 4th



August 11th LAST DAY OF CAMP FREE PIZZA PARTY!

Parents keep top of flyer -----

Child's Name:

Group:

Contact Number:

CASH CHECK # amount\$ intake

6/30 7/7 7/14 7/21 7/28 8/4

Woodland Park Summer Camp

SKATE PARK



Dear parents,

We are very excited about the recent addition of a Skate Park to Zaccaria Park. The park will be accessible to the campers to enjoy during specific hours. If your child wishes to use the skate park during camp hours, the attached permission slip must be filled out and submitted when registering for Summer Camp.

Camp Skate Park Hours:

Tuesdays: 11:30-1:00pm Thursdays: 1:30-3:00pm

Skate Park Rules

- Campers must be wearing long pants & sneakers to enter the skate park.
- A helmet **MUST** be worn at all times.
- The camp is **NOT** responsible for any lost or damaged equipment.
- Campers are not to share their skateboards or helmets with other campers.
- If a camper misbehaves while in the skate park, their privileges may be suspended at the Camp Director's discretion.

I give my child _____ in _____ Grade
permission to use the Skate Park.

Print Parent Name: _____

Parent's Signature: _____

Date: _____

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.**

AUTHORIZATION FORM FOR USE OF PICTURES

I, _____, parent/legal guardian of _____,

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

hereby **GRANT / DECLINE** (circle one) permission for my child's pictures to be used in the newspaper, town website/Facebook page, 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