



WOODLAND PARK SUMMER CAMP 2018



Tuition must be paid in full at time of registration

REGISTER ONLINE @ <https://register.capturepoint.com/woodlandparkborough>

Proof of Residency & Immunization records MUST be provided 1st day of camp

LATE FEE of \$40 will be applied if you register after June 18th

LAST NAME: _____ FIRST: _____

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 aftercare program from 3:30 - 5:30 (Additional fees apply): YES NO

June 25th - August 10th

Full Day/Full Summer

8:30-3:30 for 7 weeks - \$580

Half Day/Full Summer

8:30-1:00 for 7 weeks - \$495

8:30-3:30 WEEKLY - \$195/week*

8:30-1:00 WEEKLY - \$175/week*

- Week of 6/25 Week of 7/2 Week of 7/9 Week of 7/16 Week of 7/23 Week of 7/30 Week of 8/6

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 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 that my child has medical insurance coverage and that I have read and 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 _____

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OFFICE USE ONLY

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

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WOODLAND PARK RECREATION DEPARTMENT
SUMMER CAMP 2018



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

2018 After-Camp Program will run from 3:30pm - 5:30pm

Monday - Friday for 7 weeks: \$240

- 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.

Campers during After-Camp program 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*****

Print Name: _____ Grade: _____

Phone Number: _____ Cell: _____

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

Parent/Guardian **X** _____

FOR OFFICE USE ONLY

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

AUTHORIZATION FORM FOR USE OF PHOTO AND VIDEO IMAGES

YES

NO

I, _____, parent/legal guardian of _____,

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

(Please print first and last name of child)

hereby **GRANT / DECLINE** (circle one) permission for my child's images to be used in the newspaper, WP website and e-newsletter, WP and Summer Camp Facebook pages, and displayed in the Recreation office.

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 and photographic/videographic coverage.

Print name of Parent/Legal Guardian

Print Date

Signature of Parent/Legal Guardian

Home Phone # _____ Cell # _____

Borough of Woodland Park Recreation Clerk

\$5 PIZZA FRIDAYS

Includes 2 slices of cheese pizza & small water

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

CAN BE PAID ONLINE AT:

<https://register.capturepoint.com/woodlandparkborough>

June 29th

July 6th

July 13th

July 20st

July 27th

August 3th



August 10th LAST DAY OF CAMP - FREE PIZZA PARTY!

Parents keep top of flyer -----

Child's Name:

Group:

Contact Number:

CASH CHECK # amount\$ intake

6/29

7/6

7/13

7/20

7/27

8/3