

WOODLAND PARK SUMMER CAMP 2018



<u>Tuition must be paid in full at time of registration</u>

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

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:	SH	IIRT SIZE:			
ADDRESS:		WP, NJ	SCHOOL:			
PARENT/GUARDIAN:		HOME # :				
CELL: 1)	2)	EMAIL:				
EMERGENCY NAME:		EMERGENCY #:				
Contact number that will go on y	•					
My Child will be attending the afterca	re program from 3:30 - 5:3	30 (Additional fees app	lly): YES □	NO □		
	June 25 th -	August 10 th				
Full Day/Full Summe 8:30-3:30 for 7 weeks	<u></u>	<u>Half</u>	Day/Full Sumn -1:00 for 7 wee			
8:30-3:30 <u>WEEKLY</u> -	\$195/week*	8:30	-1:00 <u>WEEKLY</u>	- \$175/week*		
□ Week of 6/25 □ Week of 7/2 □	Week of 7/9 □ Week o	f 7/16 Week of 7/23	3 □ 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. Lunderstand 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 OFFICE USE ONLY	Date	Camp tuition mus registration. LAT registered after J	E FEE of \$40 will	nt time of be applied if		
	SH TOTAL PAI	D.¢	INITAVE DV			
PAID DT. CHECK # CA	SII IUIAL PAI	D \$	INTAKE DY			

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WOODLAND PARK RECREATION DEPARTMENT SUMMER CAMP 2018



MEDICAL RELEASE FORM

Child's Name:	Birthdate:/
Chronic Illnesses: Nosebleed	s Seizures FaintingAsthma
Any Special Needs:	·
Any other issues camp staff s	nould be aware of:
Daily Medications:	Reason:
Family Physician:	Phone #://
to	allergies Bee sting allergies
Other Allergies:	
accurate. In case of an emergency situate and all medical attention to time as I can be contacted.	S MEDICAL COVERAGE and all health and other information is ency I understand every effort will be made to contact me. In the on requiring medical treatment, I hereby grant permission for any ny child in the event of an accidental injury or illness until such at is not limited to the administration of first aid or the use of
an ambulance.	it is not immed to the administration of first aid of the use of
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:	ame: Grade:			
Phone Number:	Cell:			
<mark>I am aware, if I don't p</mark> charged a \$25.00 LATI	oick up my child by 5:30 pm, I will be			
Parent/Guardian X	<u>- </u>			
	FOR OFFICE USE ONLY			

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

AUTHORIZATION FORM FOR USE OF PHOTO AND VIDEO IMAGES						
YES	NO					
l,	narent/legal guardian of					
(Please print parent/legal guardian's first and la		lease print first and last name of child)				
hereby GRANT / DECLINE (circle one website and e-newsletter, WP and Sumi	mer Camp Facebook pages, an	d 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 C	Clerk					

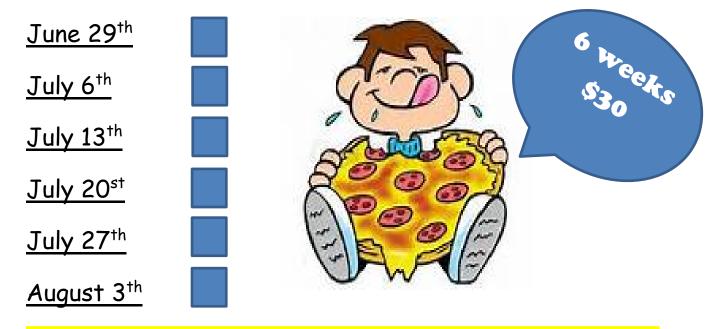
\$5 PIZZA FRIDAYS

Includes 2 slices of cheese pizza & small water

<u>PIZZA FORM MUST BE PAID-IN-FULL THE DAY OF REGISTRATION – NO EXCEPTIONS</u>

CAN BE PAID ONLINE AT:

https://register.Capturepoint.Com/woodlandparkborough



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

Parents keep top of flyer ------

<u>Child's Name:</u> <u>Group:</u>

Contact Number:

