

2019 PEMBERTON RECREATION DAY CAMP – REGISTRATION FORM JUNE 24TH – August 2nd

Parent/Guardian Name: _____
Parents DOB: _____
Home Address: _____
City, State, Zip Code: _____
Email Address: _____
Home Phone: _____
Cell Phone – Father: _____ Mother: _____

FOR OFFICE USE ONLY	
Date Rec'd	_____
Fee Paid	_____
Balance	_____
Check/Cash	_____

IN AN EMERGENCY PLEASE NOTIFY: Name _____ Phone: _____

CAMPER INFORMATION

	<i>CHILD 1</i>	<i>CHILD 2</i>	<i>CHILD 3</i>
First Name:	_____	_____	_____
Last Name:	_____	_____	_____
Birth Date:	_____	_____	_____
Gender:	_____	_____	_____
Grade Sept. 2019:	_____	_____	_____

Camper Shirt Size: YS YM YL AS AM AL AXL

Select the Following Program for your Child(s) Grades 1-6 (as of Fall 2019)

- ___ Full Day \$635/child 6 weeks, 8:30-4:30pm
- ___ ½ Day \$320/child, 6 weeks, ___ 8:30-12:30pm ___ 12:30-4:30pm
- ___ Pre-Camp & After-Camp Care \$30 ½ day, \$60 full day ___ 7:30-8:30am ___ 4:30-5:30pm ___ Both

Non-Residents: Add \$10/child/program to the fees listed above

MEDIA COVERAGE RELEASE

I hereby give Pemberton Recreation permission to have my child/children appear in any media coverage that is approved by the Pemberton Township Recreation Department.

Parent/Guardian Signature

Date

CAMPER MEDICAL INFORMATION

Please Note: Staff can not administer aspirin, other non-prescriptive drugs or any prescriptive medicines.

CHILD 1:

Name _____ Age _____ DOB _____

Allergies (list) _____

Concerns, Challenges and/or Restrictions (list) _____

Medications Being Taken (list) _____

**If your child is able to self-administer medication, please sign the attached form for Authorization for Self-Administration of Medication. We will not have a nurse on staff during the camp, if your child is unable to self-administer medication you must administer any medication needed. All self-administrable medication must be labeled with your child's name and date of birth.*

CHILD 2:

Name _____ Age _____ DOB _____

Allergies (list) _____

Concerns, Challenges and/or Restrictions (list) _____

Medications Being Taken (list) _____

CHILD 3:

Name _____ Age _____ DOB _____

Allergies (list) _____

Concerns, Challenges and/or Restrictions (list) _____

Medications Being Taken (list) _____

AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION

Please complete & sign below ONLY IF APPLICABLE.

I hereby authorize my child/children to self-administer medication during the 2019 Pemberton Recreation Day Camp. I understand that if my child/children or I bring medication, it must be labeled with my child's name and date of birth. This medicine will be kept in a secure location on site (inhalers for asthma and/or epi-pens will be kept with group supervisor).

Child Name: _____ Medication Type: _____

Child Name: _____ Medication Type: _____

Child Name: _____ Medication Type: _____

Parent/Guardian Signature

Date

PEMBERTON TOWNSHIP RECREATION DEPARTMENT
PICK UP AUTHORIZATION FORM

The following people are authorized to pick up my child/children from the Pemberton Recreation Day Camp. I understand my child/children will be allowed to leave with these individuals only. I will be sure that these individuals bring proper identification when picking up my child/children.

Child(ren) Name _____

(Parents/Guardians, please include yourselves)

Authorized Person #1 _____
Phone _____ Relationship _____
Address _____

Authorized Person #2 _____
Phone _____ Relationship _____
Address _____

Authorized Person #3 _____
Phone _____ Relationship _____
Address _____

Authorized Person #4 _____
Phone _____ Relationship _____
Address _____

Authorized Person #5 _____
Phone _____ Relationship _____
Address _____

Name of person(s) NOT allowed to pick up my child: _____

Security Password: (to be used when anyone other than you picks up your child) _____

***Password should only be given to those who will be responsible for picking up your child/children. staff will ask for this password when your child is being picked up by someone other than yourself.*

Parent/Guardian Signature _____ Date _____

Important Camp Information

What to Bring?

- Afternoon snack if full-day or afternoon only camper
- Water bottle with name (recommended)
- T-shirt or smock for Art class

What to Wear?

- Appropriate clothing for the weather and ACTIVE PLAY
- Running shoes or sandals with Velcro ankle straps – no flip flops or sliders please
- Hat optional
- Sunglasses optional

All participants are responsible for any personal items brought to camp. We will keep a lost and found. However, any lost items will be donated to charity on September 1.

Frequently Asked Questions

Q: What is the Staff to child ratio?

No greater than 1:6 (may be less depending on the registration numbers and grades of campers)

Q: Are there forms that I need to fill out for the program?

Yes. You will need to complete a Registration Form, Medical Waiver, Pick-Up Authorization Form, “Tell Us About Your Child” Form, Local Field Trip Authorization Form (6-week program trip(s)) and an end-of-program Evaluation Form.

Q: Can I drop my child off early for camp (pre-camp)?

Yes. You can drop your child off at 7 am. You must pre-register for this service.

Q: Can someone other than a parent or guardian pick up my child?

Yes. But you need to provide program staff with a completed Pick-Up Authorization Form by the end of the first day of camp.

Q: Is my child able to sign himself/herself in and out of camp?

No. Children must be signed out by an adult that is either you or was approved by you. We ask that you sign your child in each day during the first week of camp (at a minimum). This gives staff an opportunity to get to know you, go over any positives or challenges and let you know of upcoming activities, projects and events at camp.

Q: Can I pick up my child early from camp?

Yes. However, it is important that you inform our staff when dropping them off so they can let you know where they will be.

Q: Can my child leave camp for an appointment and then return?

Yes. You will need to sign him/her out when you pick them up and back in when you return.

Q: Will there be volunteers at the program?

Yes. We have a Volunteer Counselor-In-Training Program for students ages 14 & up. They go through the same hiring process as our paid staff. Any adult that volunteers with our program is required to do a Criminal Record Check and receive Child Abuse Training.

Q: What happens if I am LATE picking up my child?

We will contact you as soon as possible. If at this point we have been unsuccessful in reaching you, we will contact an Emergency Contact person that you listed when you registered your child for camp.

Q: Do you have a Discipline Policy?

Yes. This will be included in the Parent Handbook which will be distributed at Parent Orientation and reviewed. The Policy will also be available in the Coordinator's office during camp. Please remember: attendance at our programs is a privilege and by choice, not a requirement or mandate.

Q: Can I attend the special events, activities and end-of-program show?

Yes! Just let us know you would like to attend and we will plan accordingly.

Q: Are there safety precautions during the camp?

Yes! There are staff members that are trained in First Aid, CPR and AED's. We have a first aid kit with additional first aid supplies that are used more frequently (band aids, gauze). In addition, we provide training on safety and risk management. Most of the staff are currently employed by the Pemberton Township School District during the school year, many are also education majors and have training in areas like classroom management, conflict resolution and behavior analysis. Doors are locked from the exterior throughout the camp. Visitors must be buzzed in or access is pre-arranged with a staff member or school district employee.

Q: What is your policy regarding disbursement of medication?

Staff is not allowed to disburse medication. If possible, we prefer that parents/guardians give the medication before or after camp. If a camper must take medication, they must be able to administer it themselves.

Q: Will accommodations be made for my child to be placed in the same group as a friend, neighbor or relative?

Only if both children are the same age range for the assigned groups will it be *considered*.