



Summer Camp 2019 Registration

Staff Registration Checklist

Child's Name _____

In order to register your child for Summer Camp at the ESCNJ Aquatics & Fitness Center, you will need to ensure all of the following information is provided at time of registration. All forms should be completed in their entirety and initialed where appropriate. If any of the below information is missing, the camper cannot be registered until the file is complete.

- Child's Immunization Record
- Camper Information Form
- Registration & Payments Form
- Authorized Pick Up Policy
- Permission & Authorization Form
- Medical Information & Policy Form
- Aquatic Information & Policy Form
- If needed, Catholic Charities paperwork. (This should be submitted to Katelyn Dauphinee prior to beginning the registration process.)
- Payment for first week of camp, including registration fee.
- Parent Handbook given to parent/guardian.

I have verified the file is complete for the camper listed above.

Staff Signature _____ Date _____

Director Signature _____ Date _____



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Camper Information

Comm. Child Care

LIT CIT

T-Shirt Size: XS S M L YXL AS AM AL

Child's Name _____ Date of Birth _____

Gender _____ Grade in Sept. 2019 _____ School _____

Parent #1 Full Name _____ Employer _____

Cell # _____ Work # _____

Email: _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Parent #2 Full Name _____ Employer _____

Cell # _____ Work # _____

Email: _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Emergency Contact Name #1 _____

Phone # _____ Relationship to Child _____

Emergency Contact Name #2 _____

Phone # _____ Relationship to Child _____

**Questions about registration, please contact the
Welcome Center at (732) 317-0333**



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Registration & Payments

Child's Name _____

Registration Procedures

- Registration for all campers begins March 18, 2019.
- An updated copy of each child's immunization records must be provided prior to camp registration. 2018 campers only need to provide an updated copy if something changed from the previous year.
- At the time of registration, all campers are required to pay a one time registration fee of \$40 for current members and \$45 for non-members.
- Members must continue to hold member status throughout the duration of camp in order to be eligible for member pricing.
- Trips (\$35 fee) are for FULL DAY campers ONLY. The trip option includes one trip per week to a local attraction destination. An additional signed permission slip per trip is required.
- I understand that in the event that my child is sent home for behavior, I will NOT be credited or refunded of payments made for the length of the suspension. In the event that my child is permanently suspended from camp for the remainder of the season, I will NOT be credited or refunded for the days left in the week my child was suspended, but will receive a refund for payments made after that week.

Payment Procedures

- Campers will not be permitted to attend camp without advance payment. Payments may be made at the Welcome Center either in person or over the phone. Payment methods include cash, check (made payable to "ESCNJ", Visa, MasterCard, Discover, and American Express.
- A \$25 late fee will be assessed on all payments made five (5) or more days late and/or all returned checks/credit cards.
- If an account is more than five (5) days behind in payment, campers on that account will not be permitted to attend camp. This includes co-pays for Community Child Care Solutions.
- A late registration fee of \$5 will be assessed for registrations occurring on the day a child will be attending camp.

I have read and understand the Registration and Payments Procedures.

Parent Signature _____

Date _____



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Authorized Pick Up Policy

Child's Name _____

Authorized Pick Up

- Anyone scheduled to pick up your child from the ESCNJ Aquatics & Fitness Center Summer Camp must be listed on this Authorized Pick Up Form.
- In order to ensure the safety of our campers, all Authorized Pick Ups must provide a driver's license or other form of picture identification when picking up your child.
- If, for whatever reason, someone other than who is listed on this Authorized Pick Up Form will be picking up your child from camp, you will need to either let the Summer Camp Coordinator(s) know the morning of, or call us prior to your child being picked up from camp. He/she will also need to provide a picture identification in order for us to release your child to him/her.

During the Summer of 2019, the primary people that will routinely pick up my child are:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

The following people are also authorized to pick up my child in my absence:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

I have read and understand the Authorized Pick Up Policy and I permit the above listed individuals to pick up my child from the ESCNJ Aquatics & Fitness Center's 2019 Summer Camp.

Parent Name _____

Parent Signature _____ Date _____



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Medical Information & Policy

Child's Name _____

I have read and understand the following statements:

- The ESCNJ Aquatics & Fitness Center will NOT be providing lunch and/or snack to campers. It is the responsibility of the parent/guardian to provide foods that are both peanut and seafood free. **Initial**_____
- It is the responsibility of the parent/guardian to provide each camper with sunscreen and/or bug spray. The ESCNJ staff is not permitted to apply said products to the campers, unless it has a spray applicator. **Initial**_____
- Campers should arrive each morning appropriately dressed. The ESCNJ Aquatics & Fitness Center's Summer Camp is primarily an outdoor camp. Children must be dressed for the weather and always be wearing socks and sneakers. **Initial**_____
- Campers will be utilizing the pool each day. It is the responsibility of the parent to provide proper bathing attire, goggles, ear plugs, nose plugs, and/or any additional swim gear required for the child. **Initial**_____

CAMPER MEDICAL INFORMATION

Physician _____ Phone _____

Insurance Company _____

Policy Number _____

Does the child have any allergies or intolerance to food, medication, or any other substances? ____No ____Yes

If yes, please state substance and action to take in an emergency:

Please list any current medical problems and/or pertinent developmental information:



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Permission & Authorization

Child's Name _____

I grant permission and authorization to the ESCNJ Aquatics & Fitness Center's Summer Camp program for the following:

- I give my permission for my child to participate in ESCNJ Aquatics & Fitness Center's programs, including any trips taken during the camp day. I understand that field trip transportation will be provided by school bus. I further acknowledge and am aware that these activities may involve inherent risks and that I assume, for my child, whatever risk of injury or loss which may exist, and further certify that my child is in good physical condition in order to take on these activities. **Initial** _____
- I understand that the ESCNJ Aquatics & Fitness Center's Summer Camp shall provide appropriate chaperones on all trips as well as the above mentioned transportation. **Initial** _____
- I hereby permit, consent, and authorize photographs, videotapes, and audio recordings made of my child while at the ESCNJ Aquatics & Fitness Center's Summer Camp as an individual or part of a group, with or without text in ESCNJ publication(s). **Initial** _____
- An accident or sudden illness to my child will be treated on the premises of the ESCNJ Aquatics & Fitness Center's Summer Camp by the staff with emergency first aid procedures. I understand that I will be notified immediately and will be required to pick up my child or send a reliable person in my place to be responsible for taking my child from the ESCNJ Aquatics & Fitness Center's Summer Camp to a designated place determined by me. **Initial** _____
- Emergency treatment for my child will be obtained in my absence by the Camp Director and/or staff and its agents or whatever kind is deemed necessary and in his/her best interest to protect the life, health, and well-being of my child. **Initial** _____
- I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian. **Initial** _____
- Transportation by any necessary means to obtain such medical care or assistance for my child, as circumstances may require in the discretion of the ESCNJ Aquatics & Fitness Center's Summer Camp staff, its employees or agents, is hereby authorized. **Initial** _____
- If on a trip, I further authorize and give consent to any rescue squad or emergency assistance personnel and/or closest medical facility personnel to render transportation and/or medical care as deemed necessary in their discretion and in the best interest of life, health, and well-being of my child. **Initial** _____

I have read and understand the above stated Permission and Authorization Release.

Parent/Guardian Signature _____ Date _____



Summer Camp 2019 Registration

Aquatics Information & Policy

Child's Name _____

I have read and understand the following statements:

- It is the responsibility of the parent/guardian to ensure child has appropriate bathing attire in order to participate in aquatic activities. Without a bathing suit, the camper will not be able to enter the pools. It is also the responsibility of the parent to provide towels, goggles, ear plugs, nose plugs, and/or any additional swim gear required for the camper.
- I understand that my camper is responsible for changing into and out of his/her own bathing attire without the assistance of ESCNJ staff.
- I understand that pool time is scheduled for one (1) hour per day. The schedule may be extended to a maximum of two (2) hours if the afternoon outdoor temperature reaches above 90°F.
- Scheduled pool time may be cancelled in the event of inclement weather. The pools will close for thunder and/or lightening, in accordance with the ESCNJ Aquatics & Fitness Center's Inclement Weather Policy.
- Group and/or Private Swim Lessons are available during camp hours. I understand that there will be an additional charge for said lessons and scheduling will be based on pool and instructor availability.

I give my child permission to participate in aquatic activities for a maximum of two (2) hours each day while enrolled in Summer Camp.

Parent Signature _____ Date _____

PRIVATE SWIM LESSONS

Private swim lessons will be available during Camp hours at a discounted rate.

4 LESSONS—\$75 per child

8 LESSONS—\$140 per child

Children participating in these lessons should bring an extra bathing suit and towel on their assigned lesson day.

Please contact me about scheduling private swim lessons for my child.

I do not wish for my child to participate in private swim lessons.