

SUMMER PLAYGROUND 2008

Children **currently** in grades K-5 are eligible

Program runs Monday - Friday, 9AM-Noon, June 30th – August 8th

Registration fee is \$100 per child. DEADLINE TO REGISTER IS JUNE 5th

After the deadline all names will be placed on a waiting list. If we can accommodate children from the wait list, a fee of \$10 will be collected for ALL late registrations. Program is open to borough residents only. No refunds after June 30, 2008. Refunds prior to 6/30/08 are subject to a 10% administrative withdrawal fee. For those registering for Summer Playground but are interested in AFTERNOON camp as well, Middlesex Community School is offering afternoon camp at Mauger School. For information/cost of Middlesex Comm. Camp, please contact Barbara Ferris @ (732)317-6000 ext. 20206 – please do not call the recreation department.

☞ Please indicate your first AND second choice of the school you would like your child to attend for this program. **Site enrollment is limited.**

_____Mauger _____High School _____Hazelwood

☞ Please circle the appropriate size shirt for your child (Y=youth, A=adult):

YS YM YL AS AM AL

Summer Playground is a 6 week program which runs Monday through Friday, 9AM – Noon. Children must have completed Kindergarten in June 2008 to be eligible to participate. Children will bring home a weekly schedule of activities including arts and crafts, sporting events, games, science experiments and other educational activities, free play and themed days. Each site may take up to two (2) day trips. Trips will be an additional charge. If your child does not go on the day trip, there is NO PROGRAM for that day. Each site will have a staff to camper ratio of 1:8. No refunds will be issued after June 30, 2008. Once registered, you will receive a confirmation letter with camp rules and regulations. To register please use ink and print legibly to complete the following information and make payment:

NAME _____ DOB ____/____/____ Grade Completed (6/08) _____

ADDRESS _____ HOME PHONE _____

EMERGENCY TREATMENT RELEASE

Dates during which release is granted - **FROM: June 30, 2008 TO: August 8, 2008**

TO WHOM IT MAY CONCERN: As a parent and/or guardian of the child named above, I herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent(s)/Guardian Info:

_____ Work _____ Cell _____
Mothers name address (if different than above)

_____ Work _____ Cell _____
Fathers name address (if different than above)

Mothers email: _____ Fathers email: _____

Other contact in case of emergency (REQUIRED):

Name _____ Phone _____ H / W / C Relation to child _____

Specific medical allergies, chronic illness or other medical conditions the staff should be aware of:

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all information provided is correct and factual. If information is found to be false I understand that my child will be expelled from the program without reimbursement of fees paid.

Parent Signature _____

Date ____/____/____