

# SPOTSWOOD CARES SUMMER CAMP

105 Summerhill Road, Spotswood, NJ 08884  
Tel:732-723-2200 x 3505 Email: rpanico@spsd.us jwisniewski@spsd.us

## 2019 REGISTRATION FORM

**PLEASE PRINT NEATLY AND COMPLETE ENTIRELY**

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade in Sept '19: \_\_\_\_\_

Camper T-Shirt Size: **Youth:**  S (6-8)  M (10-12)  L (14-16) or **Adult:**  S  M  L  XL  XXL

Name	Parent 1/Guardian	Parent 2/Guardian
Home Phone		
Work Phone		
Cell Phone		
Email		

Please Select Your Choice Of Weeks (2 Week Minimum)

July 1-3  Week 1 (9-5) \$180  Week 1 (7-5) \$201  Week 1 (9-6) \$210  Week 1 (7-6) \$231

July 8-12  Week 2 (9-5) \$300  Week 2 (7-5) \$335  Week 2 (9-6) \$350  Week 2 (7-6) \$385

July 15-19  Week 3 (9-5) \$300  Week 3 (7-5) \$335  Week 3 (9-6) \$350  Week 3 (7-6) \$385

July 22-26  Week 4 (9-5) \$300  Week 4 (7-5) \$335  Week 4 (9-6) \$350  Week 4 (7-6) \$385

July 29- 2  Week 5 (9-5) \$300  Week 5 (7-5) \$335  Week 5 (9-6) \$350  Week 5 (7-6) \$385

Aug 5-9  Week 6 (9-5) \$300  Week 6 (7-5) \$335  Week 6 (9-6) \$350  Week 6 (7-6) \$385

Aug 12-16  Week 7 (9-5) \$300  Week 7 (7-5) \$335  Week 7 (9-6) \$350  Week 7 (7-6) \$385

**THERE IS A \$50.00 REGISTRATION FEE FOR EACH CHILD**

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**PICK UP AUTHORIZATION FORM**

**PHOTO ID REQUIRED UPON REQUEST**

**Child's Name:**

**Address**

The following individuals are authorized to pick up my child from summer camp.

<b>Authorized Person's Name</b>	<b>Relationship to Child</b>	<b>Phone Number</b>

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name Printed:** \_\_\_\_\_

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SUMMER CARES CAMPER MEDICAL FORM

Child's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Emergency Contact#: \_\_\_\_\_

Name: \_\_\_\_\_ Emergency Contact#: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Please list all allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**If at any time, the above information must be changed, I will notify the Director in writing. I hereby give permission to Spotswood Public Schools personnel to obtain medical treatment for my child in the event of an emergency when I cannot be contacted. This permission authorizes medical personnel to perform emergency treatment including the administration of drugs, blood transfusions or other medically necessary procedures. In addition, this permission authorizes medical personnel to perform emergency treatment.**

**Please Provide a Copy of Your Child's Health Benefits Card**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **Tuition Contract Agreement Summer Camp 2019**

This is a contract between Mr./Mrs. \_\_\_\_\_ and the Spotswood CARES program for the care of their child/children \_\_\_\_\_. Please read and sign the agreement.

- \_\_1. Full tuition must be paid prior to the child entering the program. Payments must be made by check or money order only. There will be a \$25.00 fee for returned checks. Please mail to: Spotswood CARES, 105 Summerhill Rd, Spotswood, NJ 08884.
  
- \_\_2. I agree that there will be absolutely NO REFUNDS once I pay the registration. There will be no refunds or substitute days for any reason. The dates that you register your child will be the only dates he or she may attend the program. Once registration monies are collected there will be no changes.
  
- \_\_3. I agree that the camp is not responsible for the clothing, toys, or personal belongings lost on the premises or on the trips. I will label my child's items that he or she brings to camp.
  
- \_\_4. Permission is hereby granted to CARES to take my child on day trips off the campsite as part of the regular camp program. Buses will be used to transport my child/children.
  
- \_\_5. Permission is hereby granted for photographs to be taken on the premises, and CARES has the right to utilize these photographs in camp brochures, or displayed photography.
  
- \_\_6. In the event that you or your family physician cannot be contacted in an emergency, I hereby grant permission for CARES to bring your child to the emergency room of \_\_\_\_\_ hospital.
  
- \_\_7. Only the names given on the emergency forms should be the ones other than me to sign out my child/children. I will keep all emergency contacts and information up to date. ID will be checked upon pick up.
  
- \_\_8. I understand the late pickup fees for day campers begin at 5:05 p.m. and for extended day 6:01 p.m. Each additional 15 minutes is an additional \$15.00 per child. I agree to pay these late fees on the evening that I am late.
  
- \_\_9. The CARES staff will assume full responsibility for my child from the time he/she arrives at the program until dismissal time. Each child is checked in and must be signed out by an authorized person.
  
- \_\_10. I agree to have my child wear his/her camp T-shirt on all camp trips. This will ensure the safety and security of my child while on these trips.

Signature \_\_\_\_\_ Date \_\_\_\_\_