

CRANBURY TOWNSHIP RECREATION
23A North Main Street
Cranbury, NJ 08512
(609) 395-0900 x243
www.cranburytownship.org



2017 SUMMER RECREATION CAMP

"LITTLE PEOPLE'S" PROGRAM FOR
CHILDREN ENTERING PRE-K (AGES 3-5-by June 26, 2017),
AND NOT ENTERING KINDERGARTEN IN SEPTEMBER 2017



PROGRAM INFORMATION AND REGISTRATION PACKET

- ❖ INDOOR/OUTDOOR ACTIVITIES
- ❖ CAMP HOURS ~ 8:30 am - 12:00 noon
- ❖ ONE WEEK REGISTRATION AVAILABLE (registration must be made the week prior to attending camp)

Camp Information

Please take the time to read all of the information provided, there have been changes from previous years. If you have any additional questions, call the Recreation Office at 395-0900 x243, Monday, Wednesday, Friday, 9:00 am to 2:30 pm.

Camp will be held at the Cranbury School Gymnasium and will be held in seven, one-week sessions, beginning Monday, June 26 and ending on Friday, August 11. There will be no program on Tuesday, July 4th. The hours of the camp are Monday thru Friday 8:30 am to 12:00 noon.

HOW TO REGISTER

- Only one registration packet per student is needed.
- You can mail in the Registration Form or stop in Town Hall.
- Checks should be made out to “Cranbury Recreation” (Any registration received without payment will be returned)
- Registration Deadline is Friday, June 2nd.
- **PROGRAM CAPACITY** - is limited to the first 30 registered children per week. (Anyone registering after capacity is met will be placed on a waiting list)
- **MEDICAL FORM** - Each participant **MUST** complete and submit a personal health/medical form prior to the start of camp or your child **WILL NOT** be permitted in camp

ONE WEEK REGISTRATION AVAILABLE

- If registering weekly - registration must be made no later than 2:30 pm the Wednesday before the week starts.

REFUND POLICY

~~ No refunds will be issued for any camp session after June 2. ~~

RETURNED CHECK POLICY

There will be a penalty fee of \$20 for each returned check by the bank for insufficient funds.

To maintain registration in the program, payment must be made in cash to the Recreation Dept. in the amount of the returned check. Individuals who are penalized once for a returned check will be required to make all future payments for programs in cash.

FINANCIAL ASSISTANCE

Those individuals seeking financial assistance should contact the Recreation Office prior to registration.

IMPORTANT INFORMATION

PROGRAM DESCRIPTION

- This program is for Pre-K (children ages 3-5 by June 26, 2017) **AND** not entering Kindergarten in 2017 (half-day program 8:30 am-12:00 noon).
- Children will be grouped by age and take part in activities and programs appropriate for their age level.
- Camp will consist of a wide variety of indoor & outdoor activities, creative arts and crafts, and fun-filled activities!
- **All children must be potty trained!**

DROP OFF AND PICK UP POLICY

- ❖ Drop off time for camp is 8:30 am.
- ❖ Pick up time is promptly at 12:00 noon
 - A fine system for those who abuse pick-up times.
 - First Offense: Documented verbal warning
 - Additional Offenses:
 - Up to 15 minutes late: \$10.00
 - Up to 30 minutes late: \$20.00
 - Up to 45 minutes late: \$40.00
 - Up to 1 hour late: \$50.00

LUNCHES/FOOD

Pre-K – will not eat lunch at camp. Please supply a snack and a drink for your child. We can't emphasize enough the importance of providing proper food and drink for your child as camp gets very hot during the summer months.

PICK UP AUTHORIZATION

Please list the authorized people on the Personal Health & Medical Record form. It is essential that we have, in writing, a list of the names of people allowed to pick up your child.

BRINGING PERSONAL ITEMS TO CAMP

The Recreation Department does not encourage campers to bring in personal items from home. If your child does bring personal items to camp please label all items with your child's full name. The Recreation Department assumes no liability for items brought to camp from home and will not make any type of restitution for missing or damaged items.

2017 “LITTLE PEOPLE’S” (Pre-K) REGISTRATION APPLICATION

Child’s Name _____ Birthdate: ____/____/____ Age ____ Sex ____

Address _____

City

State

Zip

Home Phone _____ E-mail _____

T-Shirt

Each child will receive one camp t-shirt. Cost of T-shirt is \$10 if registering after June 2.

Please indicate size Youth - Small ____ Medium ____ Large ____

Week Enrollment

Please check the appropriate week you are registering for: (Note: This program runs from 8:30 am-12:00 noon)

<u>Week</u>	<u>Cranbury Resident</u>	<u>Non Resident(after 5/14 only)</u>
Week 1 (6/26-6/30)	\$95 ____	\$115 ____
Week 2 (7/3-7/7 no camp 7/4)	\$80 ____	\$100 ____
Week 3 (7/10-7/14)	\$95 ____	\$115 ____
Week 4 (7/17-7/21)	\$95 ____	\$115 ____
Week 5 (7/24-7/28)	\$95 ____	\$115 ____
Week 6 (7/31-8/4)	\$95 ____	\$115 ____
Week 7 (8/7-8/11)	\$95 ____	\$115 ____

T-shirt Cost \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Refund Policy: I have read the Refund Policy on the previous page and fully understand this policy. I am aware that absolutely no refunds will be issued after Friday, June 2, 2017.

Signature of Parent or Guardian of Participant

Date

Mail or drop this form off with payment to
Cranbury Recreation, 23A North Main Street, Cranbury, NJ 08512

CRANBURY SUMMER CAMP PERSONAL HEALTH AND MEDICAL RECORD FORM

This form is to be completed by the parent or guardian of the camper. The information requested will be kept on file at the camp in case of an emergency, accident or illness. This completed form must be returned to the Recreation Office prior to the start of the camp session enrolled in. **If your child is registering for multiple sessions, you only need to complete this form once.** No camper will be permitted to enter camp without the completed form being received in the Recreation Office. Please do not take form to camp - mail to or drop off at the Recreation Office.

PLEASE PRINT OR TYPE:

Camper's Name _____ Grade _____
Last First (as of Sept. 2017)

Sex ____M ____F Date of Birth ____/____/____
Month Day Year

Address: _____
Street Town Zip

Home Phone _____ E-mail _____

Father's Name _____ Work/Cell Phone: _____

Mother's Name _____ Work/Cell Phone: _____

Camper's Physician: _____ Physician's Phone: _____

Physician's Address: _____

Emergency Contact Person: _____ Phone: _____

NOTE: Please no answering machine telephone #'s. Contact person should be someone other than the parents who can be reached in an emergency and can take care of the child if he or she becomes ill during a camp day.

List any health related problems or concerns your child may have that the camp staff should be aware of: _____

Are there any restrictions on any activity? If yes, please explain _____

PICK UP AUTHORIZATION:

My child will be picked up by: _____

or Name/Relationship Phone #

My child will walk home: _____

PARENT/GUARDIAN AUTHORIZATION To the best of my knowledge, information recorded above is correct and complete. I give my permission for my child to participate in all camp activities, except as specifically noted herein. In the event that I can not be reached in a emergency, I hereby give permission to the closest Hospital to administer emergency treatment, and to order injection, anesthesia or surgery for my child. I further give my permission to release any information to the closest Hospital in order for treatment of my child. If there is a change in the above information, I will notify the Recreation Office promptly in writing.

Signature of Parent or Guardian _____ Date: _____