CRANBURY TOWNSHIP RECREATION

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2024 SUMMER RECREATION CAMP

LITTLE TYKE'S PROGRAM FOR

CHILRDREN ENTERING PRE-K (AGES 3-5 by June 23, 2024),

AND NOT ENTERING KINDERGARTEN IN SEPTEMBER 2024



PROGRAM INFORMATION AND REGISTRATION PACKET

- ❖ ONLINE REGISTRATION AVAILABLE STARTING FRIDAY, MARCH 10 (www.cranburytownship.org)
- ❖ Free T-SHIRT IF YOU REGISTER BY MAY 24th (After May 24th they will be available for \$10 each)
- INDOOR/OUTDOOR ACTIVITIES INCLUDING SWIMMING
- LOCAL TRIP ONCE A WEEK
- ❖ CAMP HOURS ~ 8:30 am 12:00 noon

- ❖ ONE WEEK REGISTRATIONS AVAILABLE (registration must be made the week prior to attending camp)
- ❖ EARLY REGISTRATION DEADLINE IS FRIDAY, MAY 24th (late fees will be applied after May 24th)

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 609-664-3130 or via email at kjacobs@cranbury-nj.com or dwyckoff@cranbury-nj.com.

Camp will be held at the Cranbury School and will be held in seven, one-week sessions, beginning Monday, June 24th and ending on Friday, August 9th. There will be no program on Thursday, July 4th. The hours of the camp are Monday thru Friday 8:30 am to 12:00 noon.

HOW TO REGISTER

Register online starting Friday, March 10 at https://register.communitypass.net/CranburyTownship (convenience fees will apply – credit cards will not be accepted, only electronic check)

OR

- Fill out the forms within this registration packet and pay by check (no convenience fees).
- You can mail in the Registration Form or drop off at Town Hall.
- > Checks should be made out to "Cranbury Recreation" (Any registration received without payment will be returned)

OTHER REGISTRATION INFORMATION

- ➤ <u>EARLY REGISTRATION</u> Deadline is Friday, May 24th. After May 24th fees increase by \$10 per week, per registrant.
- ➤ <u>PROGRAM CAPACITY</u> is limited to the first 10 registered children per week. (Anyone registering after capacity is met will be placed on a waiting list)
- ➤ <u>MEDICAL FORM</u> 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

SUMMER CAMP PAYMENT CUT-OFF

In an effort to make sure we have sufficient staffing, tickets for trips and busses for each week of camp, we will end registration for each week of camp two and a half weeks prior to the start of the camp week on Wednesday at 12:00 noon (unless other arrangements have been made in advance).

The cutoffs for each week are as follows:

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Week 1 (June 24-June 28) – Wednesday, June 5
Week 2 (July 1-July 5) – Wednesday, June 12
Week 3 (July 8-12) – Wednesday, June 19
Week 4 (July 15-19) – Wednesday, June 26
Week 5 (July 22-26) – Wednesday, July 3
Week 6 (July 29-Aug 2) – Wednesday, July 10
Week 7 (Aug 5-Aug 9) – Wednesday, July 17
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All registrations received after May 24th will be required to pay an additional \$10 per week, per registrant late fee.

REFUND POLICY

Registrants who withdraw prior to the start of Camp may be issued a refund only if the Recreation Department is notified no later than Friday, May 24, 2024 and a \$25 administration service charge will be imposed for all refunds granted.

~~ No refunds will be issued for any camp session after May 24. ~~

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.

COVID-19

The Summer Day Camp will follow all current CDC and NJ Department of Health Guidelines for COVID-19.

PROGRAM DESCRIPTION

- o This program is for Pre-K (children ages 3-5 by June 23, 2024) **AND** not enterering Kindergarten in 2024 (half-day program 8:30 am-12:00 noon).
- o Children will be grouped by age and take part in activities and programs appropriate for their age level.
- o Camp will consist of a wide variety of indoor & outdoor activities, one trip per week, creative arts and crafts, swimming 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

<u>This program will not eat lunch at camp</u>. Please supply a snack and water 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.

2024 "<u>LITTLE TYKE'S</u>" PROGRAM (Pre-K) REGISTRATION APPLICATION

Child's Name	Birthdate:	//Age Sex
Address		
City	State	Zip
Home Phone	E-mail	
	nirt, you must be registered by Friday, Ma each. Please indicate size: Youth - Smal	ay 24th. After May 24th a limited number l Medium Large
Week Enrollment		
Please check the appropriate week	x you are registering for: (Note: This prog	ram runs from 8:30 am-12:00 noon)
Week	Cranbury Resident	Non Resident (after 5/10 only)
Week 1 (6/24-6/28)	\$165	\$185
Week 2 (7/1-7/5 no camp 7/4)	\$155	\$175
Week 3 (7/8-7/12)	\$165	\$185
Week 4 (7/15-7/19)	\$165	\$185
Week 5 (7/22-7/26)	\$165	\$185
Week 6 (7/29-8/2)	\$165	\$185
Week 7 (8/5-8/9)	\$165	\$185
TOTAL AMOUNT ENCLOSED	\$	
absolutely no refunds will be issue is notified in writing prior to May service charge.	ed after Friday, May 24th. Refunds will o	ally understand this policy. I am aware that only be issued if the Recreation Department 24 th will be subject to a \$25 administration ditional fee of \$10 per week.
Signature of Parent or Guardian or	f 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		Grac		
Last	First		(as of Sept. 202	24)
Sex	Date of Birth	/	/	
	Month	Day	Year	
Address:	Town		Zip	
Home Phone	E-mail			
Parent 1 Name	Work/Cell Phone:			
Parent 2 Name	Work/Cell Phone:			
Camper's Physician:	Physician's Phone:			
Physician's Address:				
Emergency Contact Person: NOTE: Please no answering machine telephoreached in an emergency and can take care of	ne #'s. Contact person should be sor	neone other t	han the parents who	o can be
List any health related problems or conce	erns your child may have that th	e camp staff	f 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:				
• • • •	elationship	Pl	none #	
PARENT/GUARDIAN AUTHORIZAT and complete. I give my permission for herein. In the event that I can not be rea administer emergency treatment, and to permission to release any information to in the above information, I will notify the	my child to participate in all can ached in a emergency, I hereby order injection, anesthesia or a the closest Hospital in order for t	mp activities give permiss surgery for creatment of writing.	s, except as specification to the closes my child. I further my child. If there	fically noted t Hospital to her give my
Signature of Parent or Guardian		Dat	e:	



$\begin{array}{c} \hbox{Little Tyke's Program Trip Schedule} - 2024 \\ \hbox{SUBJECT TO CHANGE} \end{array}$

Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 1 – June 24 FIRST DAY OF CAMP – NO SWIMMING	25	SWIM	Village Park Gil & Bert's	28 SWIM
WEEK 2 – July 1 SWIM	2	3 SWIM	CAMP CLOSED INDEPENDENCE DAY	5 Village Park Gil & Bert's
WEEK 3 – July 8 SWIM	9	10 SWIM	Village Park Gil & Bert's	12 SWIM
WEEK 4 – July 15 SWIM	16	17 SWIM	Village Park Gil & Bert's	19 SWIM
WEEK 5 – July 22 SWIM	23	24 SWIM	25 Village Park Gil & Bert's	26 SWIM
WEEK 6 – July 29 SWIM	30	31 SWIM	August 1 Village Park Gil & Bert's	2 SWIM
WEEK 7 – August 5 SWIM	6	7 SWIM	8 All Grades Bowling & Dairy Queen	9 SWIM LAST DAY OF CAMP!