

**City of East Orange
Celebrating 100 years**

1909

2009

**Robert L. Bowser - Mayor
The East Orange City Council
Department of Recreation & Cultural Affairs**

Summer Fun



2009

Summer Day Camp Application

Larry C. Schumacher - Director

Recreation Headquarters

Fellowship Civic Center

1 Fellowship Circle, East Orange, New Jersey 07017

For more info please call 973-414-4141 • NJ Relay 1-800-852-7897 711 Voice TTY

Summer Camp Registration Form

Camp & Fee	Pre-Care	After-Care	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Cheering/Double-Dutch (circle one) Hughes Carver Garvin \$55.00								
Co-Ed Basketball \$55.00								
FCC Day Camp \$50.00								
Grow N' Glow (circle one) Bowser Garvin Elmwood \$50.00								
Hart Day Camp \$50.00								
Jr. High Travel Day ** \$80.00 ages 12-15								

Proof of Residency is required;

Child: Current year report card or School ID, Parent: NJ Driver License Current Utility Bill, Phone Bill, Lease or Deed

- One Time Registration Fee \$10.00 per Applicant
- 3 in a Family Fee & Additional Child Fee applies to Residents Only
- One Time Trip Fee \$30.00 Per Applicant applies to Residents were applicable **Minimum of 3 to 4 Days of Weekly Trips
- Non-Resident Fees - All Camps are \$125.00 per week plus one time Fees: Trip \$30.00 & Registration \$25.00

Pre & After Care are available for most camps.

Pre-care \$5.00 per week 7:00am - 7:45am & After-care \$10.00 per week 4:15pm - 6:00pm

Note: After 4:15pm the **FEE** will be \$10.00 for every 30 minutes or part thereof for each camper that is not enrolled in after-care.

This must be paid before your child can return to camp.

Note: After-care ONLY After 6:01pm the **FEE** will be \$10.00 for every 30 minutes or part thereof for each camper.

This must be paid before your child can return to camp.

The fees are based on city ordinance and are subject to change.

New <input type="checkbox"/>	Returning <input type="checkbox"/>	T-Shirt Size Child	S	M	L	T-Shirt Size Adult	S	M	L	XL	2X
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Please Print

Name of Participant : _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: M F Age: _____ Grade: _____

Name of Parent/Guardian: _____

Phone number Home: _____ Cell: _____ Work: _____

Parent's Email Address: _____

Release of Consent: Liability/ Media

By signing this form, you give your son/daughter permission to take part in the activities identified above. I understand that trips will be under the supervision of the designated recreation employee/teacher or volunteer. It is also understood that neither the **City of East Orange, the Department of Recreation and Cultural Affairs**, nor its agents, employees or assignees will be held liable or responsible for injury or injuries that may occur by participating in the above activity. It is also understood that your child may be removed from this activity for disciplinary reasons and/or failure to follow camp rules, **NO REFUND WILL BE PROVIDED IF YOUR CHILD/REN IS SUSPENDED OR REMOVED FROM CAMP.** I further consent that said child may be photographed, voluntarily and without compensation, understanding that the same is intended for publication by print media, newspaper, television, video, or motion picture. It is understood that any photographs taken of your child will remain as the property of the **City of East Orange, Department of Recreation & Cultural Affairs.**

Parent/Guardian Signature: X _____ Date: _____

For Office use only

Fee: \$ _____ Date: _____ Received By: _____

Cash Money Order Receipt # _____ Paid By: _____

Agency _____

Week starting _____ # of Weeks _____ Posted by: _____ Date: _____

Pre-Care \$ _____ After-Care \$ _____ # of Weeks _____ Non-Resident _____

Comments: _____

HEALTH HISTORY OF CAMPER PARTICIPATING

To the parent: Please read carefully and check off the appropriate answer to the best of your knowledge.

Questions

Circle One

- 1 Is your child currently under a physician's care? If Yes Explain _____ Yes No
- 2 Has your child ever been unconscious (blackouts after any injury), had a fractured skull or been treated for a concussion? Yes No
- 3 Has any family member died a sudden death? Yes No
- 4 Has your child ever had a fracture or dislocation? Yes No
- 5 Has your child ever had a heart murmur, chest pains, or palpitations? Yes No
- 6 Has your child ever had surgery? Yes No
- 7 Has your child ever had to stay in hospital? Yes No
- 8 Does your child take medication daily? If Yes Explain _____ Yes No
- 9 Does your child suffer from allergies? Yes No
- 10 Is your child allergic to seafood or peanut products and/or by-products? Circle one: **Seafood** **Peanut** Yes No
- 11 Has your child been diagnosed as asthmatic? Yes No
- 12 Is your child allergic to bee sting? Yes No
- 13 Has your child had a recent illness or injury? Yes No
- 14 Has your child been diagnosed with a lung disease? If Yes Explain _____ Yes No
- 15 Has your child ever had a seizure disorder, convulsions, or a history of fainting while exercising? Yes No
- 16 Has your child ever had a problem with blood sugar? Yes No
- 17 Has your child been diagnosed as having diabetes? Yes No
- 18 Has your child been diagnosed as having Sickle Cell Anemia or trait, or Thalassemia or trait? Yes No
- 19 Has your child had a recent history of fatigue and undue tiredness? Yes No
- 20 Has your child ever been diagnosed as having an enlarged spleen? Yes No
- 21 Has your child ever been diagnosed with a kidney disease? Yes No
- 22 Does your child suffer from any of the following? Missing or impaired eye? Missing or impaired kidney? Yes No
- 23 Does your child suffer from ADD/ADHD? If yes, is medication prescribed? Circle one: Yes No Yes No
- 24 Are there any other "SPECIAL" circumstances that we should be made aware of regarding your child's behavior that may affect his/her interaction with other children or adults? If yes, please speak to camp director. Yes No
- 25 Has your child ever been suspended/expelled from school due to disciplinary and/or behavior problems? Yes No
- 26 Does your child have a vision problem or wear glasses? Yes No
- 27 Does your child have a history of poliomyelitis, or other disease affecting the muscles or nerves? Yes No
- 28 Has your child ever had any medical or surgical problem not mention above? Yes No
If Yes Explain _____
- 29 Do you have any concerns about your child's health, or think that there may be any reason why your child could not participate in this program? If Yes Explain _____ Yes No

Emergency Medical Release Parent/Guardian Insurance Info

Physician's Name _____ Ph# _____ Insurer's Name _____

Medical Group. ID # _____ ID# _____

I hereby authorize the staff of the City of East Orange, Department of Recreation & Cultural Affairs to act for me, if an emergency or life threatening situation or medical surgical care is required in my absence and I cannot be reached.

Signature X _____ Date ____/____/____

Department of Recreation & Cultural Affairs

In Case Of Emergency Notify:

Please inform this person that they are an emergency contact.

Name1: _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Phone # Home: _____ Cell: _____ Work: _____

Name2: _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Phone # Home: _____ Cell: _____ Work: _____

Walking Camper

I _____, hereby give my child _____, permission to sign out of camp and walk home.

Pick-up/Sign-out Release Form

I _____, hereby give the following person(s) permission to sign-out my child/children from day camp.

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Your child /children will not be released to anyone other than the names above.

X _____
Parent/Guardian Signature

Return to Camp Director