

Boys & Girls Club of Pequannock 2020 Summer Camp Registration
COMPLETE BOTH SIDES

Child's Name: _____ Date of Birth: _____
 Address: _____ Age: _____ Gender: _____
 City: _____ State: _____ Zip: _____ Grade in Sept 20': _____
 Home Phone: _____ Emergency Phone: _____
 Ethnicity: _____ # in Household: _____
 T-Shirt Size: YS YM YL AS AM AL AXL
Parent/Guardian Information:
 Mother's Name: _____
 Employer & Occupation: _____
 Business Phone: _____ E-mail: _____
 Father's Name: _____
 Employer & Occupation: _____
 Business Phone: _____ E-mail: _____
 Authorized Pick-Up Names & Relation To Camper: _____

Please check the week(s) you would like your child to attend Camp. You must fill out a separate form for each child attending camp. Please indicate if your child has permission to attend the included field trip during designated weeks. **Please check if your child would like to attend our Extra field trip (space is limited to 40 children on each extra field trip and payment must be received to reserve spot)**

<u>Summer Camp Week</u>	<u>Field Trips KDG-4th</u> (* Extra Trip Not Included)	<u>Field Trip 5th- 8th</u> (* Extra Trip Not Included)
<input type="checkbox"/> Week 1 June 22-26, 2020	<input type="checkbox"/> Turtleback Zoo	<input type="checkbox"/> Ice Vault
<input type="checkbox"/> Week 2 June 29-July 2, 2020 (closed July 3 rd)	No Trip	No Trip
<input type="checkbox"/> Week 3 July 6-10, 2020	<input type="checkbox"/> Monster Golf	<input type="checkbox"/> Monster Golf
<input type="checkbox"/> Week 4 July 12-17, 2020	<input type="checkbox"/> *Jackals \$25	<input type="checkbox"/> *Laser One \$30
<input type="checkbox"/> Week 5 July 20-24, 2020	<input type="checkbox"/> Frog Falls	<input type="checkbox"/> Mt Creek
<input type="checkbox"/> Week 6 July 27-31, 2020	<input type="checkbox"/> *Fun Plex \$30	<input type="checkbox"/> Skyzone \$30
<input type="checkbox"/> Week 7 August 3-7, 2020	<input type="checkbox"/> Bowling	<input type="checkbox"/> Bowling
<input type="checkbox"/> Week 8 August 10-14, 2020	<input type="checkbox"/> *Glowhouse \$25 K-1 (20 max) <input type="checkbox"/> *Skyzone \$30 2 nd -4 th (20 max)	<input type="checkbox"/> Medieval Times \$45
<input type="checkbox"/> Week 9 August 17-21, 2020	No Trip	No Trip
<input type="checkbox"/> Week 10 August 24-28, 2020	No Trip	No Trip

Early Bird Special: \$210 per week. Effective until Friday, March 20, 2020 – **no exceptions.** Payment of at least 50% of total amount is due by March 20, 2020 to qualify for early rate, with remaining balance to be paid in full by **Friday, April 24, 2020.** Registrations received after Friday, March 20, 2020, and those with a remaining balance unpaid as of Friday, April 24, 2020, will be charged the regular fee.

Regular Fee: \$220 per week. Effective until Friday, May 15, 2020 – **no exceptions.** Registrations received after Friday, May 15, 2020 will be charged the late fee.

Late Fee: \$235 per week. Effective beginning Saturday, May 16, 2020. Registration subject to availability. Registration and full payment must be received by the Thursday before the week your child will attend camp.

Boys & Girls Club of Pequannock 2020 Summer Camp Health History Form

Please answer the following questions regarding your child's health. Please print neatly and fill out the form completely. All information must be completed or registration form will not be accepted. Immunization forms must be submitted with registration form or it will not be accepted.

Child's Weight _____ Child's Height _____
Date of last tetanus (DTP) booster _____
Does your child have any allergies to drugs or medications? ☐ Yes ☐ No
Is so, please list: _____
Does your child have any other allergies (food, etc)? ☐ Yes ☐ No
If so, please list: _____
Are there activities in which your child may not participate? ☐ Yes ☐ No
If so, please list: _____
Is your child in good general health? ☐ Yes ☐ No
Comments: _____
Are there conditions or specific needs – mental or physical – that require special attention? ☐ Yes ☐ No
If so, please list: _____
Child's Doctor & Phone Number: _____

Medications – If your child brings medication to the Club, we must have an original prescription from the child's doctor indicating dosage and dispensing method and a medication authorization signed by a parent or guardian.

Please provide us with your email address for camp announcements:

Email 1 _____
Email 2 _____

As the parent/guardian of the above named child I do irrevocably assign and grant unto the Boys & Girls Clubs of NWNJ, the immutable and unconditional right and permission to use my child's name, likeness, voice and/or image for the purpose of producing an audio/video/photograph/film and/or printed material including the right and permission to copyright, use, produce, and/or publish said audio/video/photograph/film and/or printed material at the sole discretion of the Boys & Girls Clubs of NWNJ. I further waive any and all right to inspect and/or approve any audio/video/photograph/film and/or printed material that may be published/distributed and/or otherwise utilized as deemed appropriate by the Boys & Girls Clubs of NWNJ.

Please initial for media release: _____

I hereby give my consent for my child to participate in the Boys & Girls Club of Pequannock Summer Camp Program, including all field trips to PV Park. I assume all risks in regards to participation in this or any other program of the Boys and Girls Clubs of Northwest New Jersey. I release, indemnify, and agree to hold harmless, the Boys and Girls Clubs of Northwest New Jersey, their Directors, Officers, Coaches, and Volunteers from any or all liability that may result in participation in these activities. I give permission to Boys and Girls Clubs of Northwest New Jersey to seek professional medical treatment for my child in the event that first I, then my "emergency contact", cannot be reached, and there is an emergency resulting in illness or injury to my child.

Parent or Guardian Signature: _____

Is your child's immunization history record attached to this form?
Please make checks payable to Boys and Girls Club of Pequannock

For official use only. Please do not write in this area.

TOTAL AMOUNT DUE: _____ Already a member: Yes No If No MB PAID _____

AMNT. REC. OWED CHECK # DATE REC. BY



BOYS & GIRLS CLUBS
OF NORTHWEST NEW JERSEY
PEQUANNOCK UNIT



**For children entering Kindergarten
through 8th grade in Fall 2020**

Camp Hours

7:15AM-6:30PM

Weekly Sessions

June 22, 2020 to August 28, 2020

THE POSITIVE PLACE FOR KIDS

-Not a school sponsored activity-

*The Boys and Girls Clubs of Northwest New Jersey is
a non-profit organization*

**Boys and Girls Clubs of Northwest New Jersey
Pequannock Unit**

19 Oak Ave

Pequannock, NJ 07440

973-633-9007 * Fax 973-633-8636

www.bgcnnj.org

Like us on Facebook: www.facebook.com/bgcofpequannock



Look What We Offer!



TYPICAL DAILY SCHEDULE

- 🌞 Early/Late Hours 7:15AM-6:30PM
- 🌞 Open to members Kindergarten through **8th grade**
- 🌞 **EXTRA** Optional Field Trips for ALL GRADES (\$\$)
- 🌞 Swim times an hour and a half
- 🌞 Science and Art Classes (\$\$)
- 🌞 Schedule changes daily

- 🌞 Additional supervision during pick up and drop off times
- 🌞 Middle School field trips and Teen Camp offsite location



CAMP ACTIVITIES AND SPECIAL EVENTS

- Supervised offsite swimming
- Athletics
- Quiet games and activities
- Computers
- Arts & Crafts
- Games Room
- Outdoor Recreation
- Talent Show
- Movie Trips (reward incentive)
- Optional Hot Lunch Program available
- End of Summer Carnival

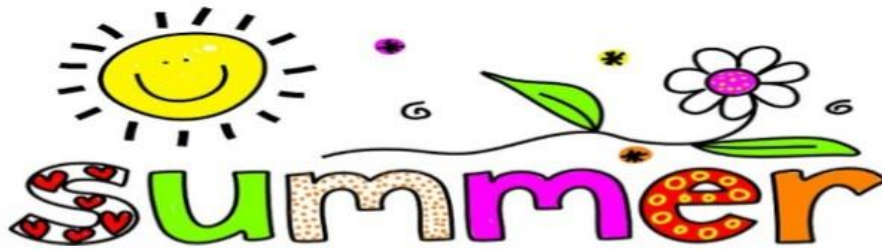


TENTATIVE INCLUDED FIELD TRIPS:

You must pay and register separately for Extra Trips

- | | | |
|-----------|------------|-----------------------|
| • Week 1 | Grades K-4 | Turtleback Zoo |
| | Grades 5-8 | Ice Vault |
| • Week 3 | All Grades | Miniature Golf |
| • Week 5 | Grades K-4 | Frog Falls Water Park |
| | Grades 5-8 | Mountain Creek \$ |
| • Week 7 | All Grades | Bowling |
| • Week 10 | All Grades | Carnival |

Please note that no refunds or credits will be given if trips or trip weeks change.



Please Read Carefully

Registrations and fees are for weekly sessions. We do not register on a daily basis. **Payment in full is required by the listed deadlines to be eligible for those rates.** Children will not be registered for any unpaid weeks indicated on your child's form.

State certification regulations regarding the number of campers attending our program requires us to base all registration on availability.

If you wish to add weeks at a later date, bring in or mail your payment with a note indicating prior registration and the additional week/s you would like your child to attend. Remember that all registrations are based on availability. In addition, we will not accept partial payments from various sources. The parent whose signature appears on the enclosed registration form will be our contact person regarding payment.

Refund Policy: Refunds are considered only in the event that your child misses three or more consecutive days due to illness.

Requests for refunds must be made in writing and must be accompanied by a dated and signed doctor's note which must include the doctor's address and phone number. We will not grant refunds for changes in vacations, sport camp or other camp schedules, or personal reasons. If available we will attempt to place your child in another session. **Refunds will not be issued if your child is expelled or dismissed from camp for any reason.**

For more information please contact :

Danielle Altman
Unit Director
daltman@bgcnwnj.org

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