

*****FLORENCE TOWNSHIP RECREATION DEPARTMENT*****

2017 SUMMER CAMP REGISTRATION FORM

MUST Register by June 9, 2017. Registrations received after June 9th will be placed on a wait-list.

Mail or Hand Deliver to:

**Florence Township Recreation Director
Municipal Building, 711 Broad Street
(After hours drop-off use Water & Sewer drop box)
Florence, NJ 08518 – Telephone (609) 499-2525, Extension 112**

Eligibility: Child must be a Florence Township Resident and must be entering grades 2nd thru 6th.

REGISTER ONE CHILD PER FORM – PLEASE COMPLETE ALL SECTIONS

Camper's Name: _____ Male Female
(Last) (First) (Middle)

Address: _____
(Street) (Town) (Zip Code)

Telephone: (____) _____ Date of Birth: ____/____/____ Age: ____ T-Shirt Size: **Youth:** S/M/L **Adult:** S/M/L/XL/2XL

Parent/Guardian Email(s): _____ / _____

Mother's Name: _____ Work Phone: _____ Cell: _____

Father's Name: _____ Work Phone: _____ Cell: _____

EMERGENCY CONTACT IF OTHER THAN PARENT

Children will NOT be dismissed to anyone NOT listed on this form as eligible to pick up child at end of each camp day.
Child will NOT be permitted to walk home from camp unsupervised.
Child will NOT be permitted to leave with another camper's family without providing request in writing each morning.
(Government issued photo identification will be required at pick up)

Contact#1: _____ Phone: _____ Contact#3: _____ Phone: _____
Contact#2: _____ Phone: _____ Contact#4: _____ Phone: _____

CAMP WEEKS & REGISTRATION FEES

YOU MAY SELECT TO PARTICIPATE IN ONE OR BOTH WEEKS OF THE 2017 SUMMER CAMP

<input type="checkbox"/>	2017 Summer Camp – Week 1: Monday, July 24 th thru Friday, July 28 th (9am to 4pm)	Registration Fee: \$50.00
<input type="checkbox"/>	2017 Summer Camp – Week 2: Monday, July 31 st thru Friday, August 4 th (9am to 4pm)	Registration Fee: \$50.00
<input type="checkbox"/>	My Child may attend "Out of Town" supervised field trips included during Week 1 / Week 2 of the 2017 Summer Camp	
<input type="checkbox"/>	My Child may NOT attend "Out of Town" supervised field trips included during Week 1 / Week 2 of the 2017 Summer Camp	

MEDICAL CONDITION: Does child have allergies or any medical condition? Yes No

***DOES YOUR CHILD REQUIRE AN EPI-PEN, INHALER OR HAVE ANY DEVICE TO SUPPORT AN ALLERGY OR HEALTH CONDITION?** _____

SPECIAL NEEDS, LIMITATIONS, RESTRICTIONS: If your child has any special needs or restrictions, please explain. You may provide an attached form if necessary. _____

REGISTRATION FEE: **\$50.00 per child/per week of camp.** Please make check payable to **Florence Township** at time of registration.

REFUND POLICY: There are no refunds. Credit may be given toward a future registration should circumstances warrant.

ACCIDENT INSURANCE:

I understand and agree that the 2017 Summer Camp may be cancelled due to inclement weather, however we will make efforts to provide indoor activity if space is available. Any cancellations will be made with as much advance notice as possible.

Signature of Registering Parent: _____ **Date:** _____