



2019 Season

Camper's Name _____ M / F

Address _____ Town/Zip _____

MOTHER'S INFORMATION

Name _____

Cell: _____

Email: _____

Work or Other Phone: _____

FATHER'S INFORMATION

Name _____

Cell _____

Email _____

Work or Other Phone _____

Who is our Non-Emergency Contact for Camp Correspondence via Email, Phone and Text?

Mother _____ Father _____ Other _____ For Other, please provide info on reverse)

2 ½ Class

SCHOOL EXPERIENCE

Present School _____

Class Age _____ Teacher's Name _____

School Entering Fall 2019 _____ 2019 Class Age _____

CHILD'S INFORMATION

Birth Date: Month _____ Date _____ Year _____

Siblings/Age _____

WEEK			Enrichment		
			Mon-Thurs	Tues	Thurs
			9:30 - 12:30	12:30 - 1:30	12:30 - 1:30
1	JUNE	17, 18, 19, 20			
2	JUNE	24, 25, 26, 27			
3	JULY	1, 2, 3, and 5 (NO 4th)			
CLOSED	JULY	Week of July 8th	X	X	X
CLOSED	JULY	Week of July 15th	X	X	X
4	JULY	22, 23, 24, 25			
5	JULY / AUG	29, 30, 31, Aug 1st			
6	AUGUST	5, 6, 7, 8			

CHILD'S NAME _____

ALLERGY CHILD NO _____ YES _____ will require Dr. report

VACCINATION REPORT FROM PEDIATRICIAN REQUIRED BEFORE CAMP BEGINS

MEDICAL INFORMATION

Allergies/physiological /psychological/other issues _____

Child's Doctor _____

Doctor's Town & Phone _____

EMERGENCY CONTACTS - LOCAL / OTHER THAN MOTHER or FATHER

Name _____ Relationship _____

Address /Town _____

Phone Number _____

In signing this application, I authorize Summer Fun Day Camp, LLC, to seek emergency medical care for my child if a medical emergency occurs as deemed necessary by the Owner and/or her designees.

Print Parents Name _____

Parent Signature _____ Date _____



SIGNATURE PAGE

PHOTO WAIVER

I Give Permission for My Child's Picture to be Seen on the Camp Website.

Yes _____ No _____

REFUNDS/CREDIT POLICY

No Refunds or Credits after March 31st.

No Refunds or Credits Given for Days that Your Child Does Not/Cannot Attend Camp.

No Exceptions.

BEHAVIOR POLICY

No Refund if Camper is asked to Leave the Program for Issues Deemed Necessary by Owner.

I HAVE READ AND AGREE TO THE POLICIES ABOVE.

Print Name _____

Signature _____

Camper's Name _____ Date _____

www.prekcamp.com

P.O. Box 602, Chatham, NJ 07928 Cheryl Mercer, Owner 973-714-5588