

Midland Park Recreation

SUMMER CAMP SIX WEEKS

June 27- August 5th, 2011

MAIL IN REGISTRATION

Make Checks payable to Borough of Midland Park.

TO: Midland Park Borough Hall, 280 Godwin Ave, OR DROP OFF AT Boro Hall
M-F BETWEEN 9-4PM.

Recreation Camp Coordinator:

Ryan Fells

General Information:

Recreation Office & Summer Camp location, DePhillips Community Center, 50 Dairy Street

Office hours (prior to camp start) Monday – Friday 3:00pm – 5:00pm

Recreation Message Center 652-2747

Email: mprec@optonline.net

Camp Information

9:00am to 1:00pm *Rain or Shine*

Extended day option until 3:00pm, Wed. 1st – 4th grade, Thurs. 5th – 8th grade

Session 1 – June 27 -July 1st

Session 2 - July 5th – 8th

Session 3 – July 11th – 15th

Session 4 – July 18th – 22nd

Session 5 – July 25th – July 29th

Session 6 – August 1st – August 5th

Camper Age - Children entering 1st – 8th grades **Cost** - \$65 wk. (1st Child), \$50 wk. (2nd Child),
\$40 wk (3 or +), \$155 per wk. family max.

PAYMENT

1 Check for camp & optional tennis and or volleyball made payable to: Borough of Midland Park
SEPARATE CHECK FOR LUNCHESES IS REQUIRED made payable to: Borough of Midland Park

*****Tennis Lesson Option:** Pre-register for Tennis 2x's a wk. \$10 per wk. per child, \$20.00 wk.
max per family. Sessions 2, 3, 4 & 5, racquets provided. **WEAR SNEAKERS EVERY DAY THAT WK.**

*****Volleyball Camp- Extended Day Option (4 Wk Clinic) July 11th - August 2nd:** Must be in 4th –
8th grade, classes held Mon. & Tues. afternoons 1:00-3:30pm, Cost for 4-wk clinic, \$80.00 per
child.

SNEAKERS REQUIRED.

MIDLAND PARK SUMMER RECREATION CAMP

WHAT I NEED TO KNOW

DUE TO SEVERE PEANUT ALLERGIES, WE ASK THAT NO PEANUT BUTTER PRODUCTS OF ANY KIND BE SENT TO CAMP
PARENTS **PLEASE LABEL** LUNCHES AND **ALL PERSONAL BELONGINGS** SENT TO CAMP, E.G. TOWELS, CLOTHING, & BACKPACKS

1. **Summer Camp Open House** - is scheduled for Saturday, March 12th between 12pm – 2pm at the DePhillips Community Center located at 50 Dairy Street. The Open House is an option to allow parents with new campers to become familiar with our summer recreation program and staff.
2. **Camper's Medical History Form** must be **fully completed** by parent and mailed in with registration **OR REGISTRATION WILL BE RETURNED**. **TETANUS Immunization DATE MUST BE COMPLETED BY PARENT. DO NOT SEND COPIES OF IMMUNIZATION RECORDS.**
3. **Camper Groups** – Children will be grouped according to gender and age **and will be expected to be able to stay with their group at all times unless accompanied by a CIT or Counselor.**
4. **Please review the rules of camp with your children.**
Rules of Camp – During Camp we ask that all children be capable of following the camp rules to ensure everyone's safety. Stay with your group at all times! Keep your hands to yourself (eliminates injuries). Respect other people and their property and to use positive language at all times. The Recreation Department reserves the right to suspend any participant enrolled in any program for disciplinary reasons. Neither full nor partial refunds will be given in these instances.
5. **Absences** – if your child(ren) is going to be absent from the camp please call the Recreation Center at (652-2747) and leave a message.
6. **Allergies/Asthma**– If any medication, inhaler or an EpiPen is needed at camp, you must complete the Administration of Medication form and send with your child's camp registration. EPIPEN & medication should be given directly to Camp Director by parent only. It is recommended that labeled medication/ EPIPEN is left in camp during your child's entire stay rather than sending in daily. Please do not send any medication in your child's backpack.
7. **Clothing** – Sprinklers and slip & slides will be out on all hot days. We encourage younger campers to wear their suits under their clothing. Other than bathrooms, we don't have changing rooms. Children will be participating in many active games, for safety purposes we ask that they wear sneakers every day. Campers spend most of the day outdoors, sunscreen protection is strongly recommended.
8. **Camp Hours** - Campers can be dropped off at the flagpole to join their group for the 9am morning flag ceremony. Camp ends promptly at **1:00** or **3:00pm** on extended day option. **Please arrive on time, many** counselors have second jobs to get to.
9. **Any change in daily pick-up, must be submitted to the Director ahead of time in writing and signed by a parent or guardian.**

10. **Traffic Safety** – Camper drop off & pick up –**DAIRY STREET WILL REMAIN ONE WAY** during camp drop off and pick up times. ***All cars must enter Dairy from Glen and exit via Sunset.*** No cars are allowed to park on Dairy. If you need to ease your child into camp, please park at the Tennis Courts and walk your child to the flag pole. **PLEASE RESPECT THE TRAFFIC STAFF, REMAIN IN YOUR CAR AT PICK UP**, and children will be escorted into the passenger side of your car for the 1:00pm release. Our traffic staff thanks you in advance for your cooperation!

11. **Extended Day Option** – **Rain or Shine**, we will be offering an extended day option until 3:00pm on Wednesday's for campers going into grades 1-4, and Thursday's for grades 5-8, which will include special events or activities such as wet slides, pools, inflatables, movies, etc.

12. **IN CASE OF RAIN** – AM drop off, our staff will escort your children from your car into the Rec. Center. At pick up, **PLEASE STAY IN YOUR CAR** and we will radio into the Rec. Center and have our staff bring your child(ren) out to your car under umbrellas. To alleviate traffic congestion on rainy days, we ask parents with **child(ren) in 1st – 4th grade who are able, to please pick up children at 12:45pm.** Our traffic staff thanks you in advance for your cooperation! **We will instruct you if the older boys in grades 6-8 were sent to the High School. In this case, their release will take place from the back of the H.S. in the same manner stated above.**

13. **Lunch** – Campers should bring a lunch and snack (**EXCLUDING ANY PEANUT PRODUCTS**) and drinks, **clearly labeled** with the camper's name. A freeze pack or frozen juice box helps to keep lunches cool. (Water stations are set up daily for camper's at every activity location throughout the camp). We offer a Friday Pizza Lunch option. If you are interested, please indicate on registration card.

14. **Contact Information**– Camp Recreation Office – (201)652-2747, Email [MPREC@optonline.net.](mailto:MPREC@optonline.net), Borough Website – www.mpnj.com (under "Parks & Recreation")

MIDLAND PARK SUMMER RECREATION CAMP REGISTRATION 2011

Camper's Name: _____ Male _____ Female _____ D.O.B _____ / _____ / _____

Address _____ City _____ Email _____

Home Phone # _____ Grade Entering in Sept. _____ School Attending _____

Parents Information: Mother's Name _____ Daytime Phone _____ Cell _____

Father's Name _____ Daytime Phone _____ Cell _____

MEDICAL CONDITION _____ MEDICATIONS _____ ALLERGIES _____

Add'l. Emergency Contact _____ Daytime phone _____ Cell _____

Add'l. Emergency Contact _____ Daytime phone _____ Cell _____

Listed below are other persons AUTHORIZED by me to pick up my child from camp.

_____	_____	_____
Authorized Person	Relation to Camper	Authorized Person
_____	_____	_____
	Relation to Camper	

MY CHILD HAS PERMISSION TO WALK HOME FROM CAMP (CAMPER MUST BE OVER AGE 11)
 _____ (PARENT SIGNATURE)

CAMP FEES: \$65 per week 1 st child \$50 for 2 nd child, \$40 for 3 rd child \$155 per week family max	TENNIS PROGRAM FEE (Optional) (2) lessons per wk. during camp \$10 per child, \$20 family max per wk	VOLLEYBALL (Extended Day Option) 4 th – 8 th grade, M & T's 1:00-3:30 4WK Clinic, 7/11 – 8/2, \$80 -1 st child \$40 for each additional child
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Camp, Tennis & Volleyball payment can be same check, Lunch must be paid SEPARATELY. Make checks Payable to: Borough of Midland Park Attn: Lori Dent MP Recreation 50 Dairy Street, Midland Park, NJ 07432.
 (MAIL POSTMARKED NO EARLIER THAN 3/25/10 ACCEPTED)

Sessions <i>*circle tennis option to register for tennis</i>	Session Dates <i>*NO CAMP ON 7/4</i>	Please Check	Friday Lunch (Optional) (separate check)	
			\$1 per slice	\$1 per drink
Session 1	*June 27 – July 1st		# Slice(s)	#Drink(s)
Session 2 	*tennis July 5 th – 08th		# Slice(s)	#Drink(s)
Session 3 *Volleyball	*tennis July 11 th – 15 th		# Slice(s)	#Drink(s)
Session 4 *Volleyball	*tennis July 18 th – 22 nd		# Slice(s)	#Drink(s)
Session 5 *Volleyball	*tennis July 25 th – July 29th		# Slice(s)	#Drink(s)
Session 6 *Volleyball	August 1st - August 5 th		# Slice(s)	#Drink(s)

I have read the parental safety requirements, and will discuss the rules of camp with my child. I understand that my child must adhere to camp policy and that the camp reserves the right to dismiss a camper if their behavior jeopardizes themselves or another campers' safety and well-being.

Parent Signature _____ Date _____ / _____ / _____

Office use only	Friday Lunches
Camp Registration (Tennis/VB Option) Fee Pd \$ _____	Total Amount Pd. for lunch/drinks _____
(Circle one) Cash or Check # _____	(Circle one) Cash or Check # _____
Check here if payment is on sibling's card _____	

**MIDLAND PARK RECREATION SUMMER CAMP PROGRAM
MEDICAL HISTORY FORM
TO BE COMPLETED BY PARENT/GUARDIAN REQUIRED TO BOOK REGISTRATION**

Camper's Name _____ Parent/Guardian _____
Phone(H) _____ (C) _____
Business _____
Address _____ Grade entering in Sept. _____ Age _____ Date of Birth ____/____/____

Emergency Backup Persons (other than parent) Name/Cell & Home contact #.

1. _____
2. _____

MEDICAL HISTORY

Has your child been under any medical care within the past year? Yes No Explain: _____

Is your child on any medication now? Yes No What? _____ Reason _____

Does your child require a reasonable modification due to a disability? Yes No If yes, please describe: _____

Is there any activity that your child should be restricted from participating in due to a recent surgery or broken bone?

Explain _____

Does your child have any limitations? Yes No Give Details _____

IS YOUR CHILD SUBJECT TO ANY OF THE FOLLOWING: Abdominal Pains Allergies/Asthma Bronchitis Constipation
 Convulsions Cramps (where _____) Diabetes Ear Infections Eczema Epilepsy Fainting Frequent Sore
Throats Hay Fever Headaches Heart Condition Heat Problems Hernia Kidney Problems
 Lung Problems Rashes Sinus Trouble Stomach Upsets Tonsillitis Wear Hearing Aids?

If you checked any of the above, please explain _____

ALLERGIES:

(PLEASE NOTE : IN ORDER FOR CAMP PERSONNEL TO DISPENSE ANY MEDICATIONS DURING CAMP, YOU MUST COMPLETE THE "Administer Medications by Camp Personnel FORM" as per Parent/Guardian request.

Does your child have Seasonal allergies? Yes No If yes, does your child take/require medication? _____

Does your child have Food Allergies? Yes No If yes, please list _____

Is your child Allergic to Penicillin? Yes No

Is there ANY other medication that your child is allergic to? please list _____

Will your child be bringing any of the following medications to camp with them? INHALLER/ EPIPEN / ANTIHISTIMENE / OTHER

Note: All Med's must be PROPERLY LABELED with Child's name, physician's name and dosage information.

COMPLETE THIS FORM ONLY IF YOUR CHILD HAS ASTHMA, ALLERGIES OR A MEDICAL CONDITION OR MAY REQUIRE ADMINISTRATION OF MEDICATIONS BY CAMP PERSONNEL

CAMPER'S NAME: _____ DATE OF BIRTH: ____/____/____

PHYSICIAN'S NAME & ADDRESS: _____ PHYSICIAN'S PHONE: _____

ASTHMA: INHALER USED: ___ YES ___ NO MEDICATION NAME & DOSAGE INSTRUCTIONS: _____

BASED ON YOUR CHILD'S HISTORY, PLEASE LIST THE ORDER OF RECOMMENDED TREATMENT THAT SHOULD BE TAKEN IF YOUR CHILD DISPLAYS ANY SIGNS OF SUFFERING FROM AN ASTHAMTIC CONDITION WHILE AT CAMP:

FOOD ALLERGY: (LIST ALL FOODS)

EPIPEN REQUIRED ___ YES ___ NO MEDICATION NAME & DOSAGE INSTRUCTIONS: _____

BASED ON YOUR CHILD'S HISTORY, PLEASE LIST THE ORDER OF RECOMMENDED TREATMENT THAT SHOULD BE TAKEN IF YOUR CHILD INGESTS OR STAFF SUSPECTS HE/SHE HAS INGESTED OR HAS COME INTO CONTACT WITH THE ABOVE NAMED

FOOD: _____

BENADRYL REQUIRED ___ YES ___ NO DOSAGE INSTRUCTIONS: _____

SEASONAL ALLERGIES (PLEASE LIST) _____

INHALLER REQUIRED ___ YES ___ NO

BENADRYL REQUIRED ___ YES ___ NO DOSAGE INSTRUCTIONS: _____

I have received, reviewed and understand the above information and authorize the Camp Director/Supervisor to administer the medication and treatment listed above should symptoms occur.

Parent's Signature _____ Date _____

TETANUS & DOCTOR CONTACT INFORMATION

(TO BE COMPLETED BY PARENT)

CAMPER must have updated tetanus shot.

Tetanus-Date _____ (Please ***DO NOT*** attach immunization records)

Doctor's name printed _____ Office Address _____

Office Phone # _____

PARTICIPATION/PERMISSION SLIP & PERMISSION TO TREAT RELEASE

In consideration of the Borough granting and continuing permission for use of its facilities programs and personnel, I hereby authorize my child, whose name appears on this form, to participate in the Borough of Midland Park Recreation program and to travel to and from facilities and events conducted by the department.

I hereby release the Borough of Midland Park and its employees from any liability, claims, damage, or expense sustained by my child in connection with such participation.

In case of injury while at the program, I give permission for my child to be taken to a hospital for treatment to include evaluation for injuries, X-ray, and any needed care. I understand the Director will make every attempt to contact me and all other emergency contacts listed if necessary in case injury occurs.

I have explained to my child that he/she is to obey the Borough of Midland Park Staff and to follow rules and regulations set forth by them.

I give permission for pictures taken of my child during camp activities to be submitted to the local newspapers Y____ N_____

All Fees' are non-refundable (excluding a Dr. Note from physician stating change in medical condition which will prevent my child from attending a pre-registered program.)

I agree to the conditions set forth above in the participation & permission to treat section.

Print Full Name of Parent or Guardian _____

Legal Parent or Guardian Signature _____