

2018 PEMBERTON RECREATION DAY CAMP – REGISTRATION FORM JUNE 25TH – August 3rd

Parent/Guardian Name: _____
Parents DOB: _____
Home Address: _____
City, State, Zip Code: _____
Email Address: _____
Home Phone: _____
Cell Phone – Father: _____ Mother: _____

FOR OFFICE USE ONLY	
Date Rec'd	_____
Fee Paid	_____
Balance	_____
Check/Cash	_____

IN AN EMERGENCY PLEASE NOTIFY: Name _____ Phone: _____

CAMPER INFORMATION

	<i>CHILD 1</i>	<i>CHILD 2</i>	<i>CHILD 3</i>
First Name:	_____	_____	_____
Last Name:	_____	_____	_____
Birth Date:	_____	_____	_____
Gender:	_____	_____	_____
Grade in Sept. 2018:	_____	_____	_____

Camper Shirt Size: YS YM YL AS AM AL AXL

Select the Following Program for your Child(s) Grades 1-6

- ___ Full Day \$635/child 6 weeks, 8:30-4:30pm
___ ½ Day \$320/child, 6 weeks, ___ 8:30-12:30pm ___ 12:30-4:30pm
___ Pre-Camp & After-Camp Care \$30 ½ day, \$60 full day ___ 7:30-8:30am ___ 4:30-5:30pm ___ Both

Non-Residents: Add \$10/child/program to the fees listed above

MEDIA COVERAGE RELEASE

I hereby give Pemberton Recreation permission to have my child/children appear in any media coverage that is approved by the Pemberton Township Recreation Department.

Parent/Guardian Signature

Date

CAMPER MEDICAL INFORMATION

Please Note: Staff can not administer aspirin, other non-prescriptive drugs or any prescriptive medicines.

CHILD 1:

Name _____ Age _____ DOB _____

Allergies (list) _____

Concerns, Challenges and/or Restrictions (list) _____

Medications Being Taken (list) _____

**If your child is able to self-administer medication, please sign the attached form for Authorization for Self-Administration of Medication. We will not have a nurse on staff during the camp, if your child is unable to self-administer medication you must administer any medication needed. All self-administrable medication must be labeled with your child's name and date of birth.*

CHILD 2:

Name _____ Age _____ DOB _____

Allergies (list) _____

Concerns, Challenges and/or Restrictions (list) _____

Medications Being Taken (list) _____

CHILD 3:

Name _____ Age _____ DOB _____

Allergies (list) _____

Concerns, Challenges and/or Restrictions (list) _____

Medications Being Taken (list) _____

AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION

Please complete & sign below ONLY IF APPLICABLE.

I hereby authorize my child/children to self-administer medication during the 2018 Pemberton Recreation Day Camp. I understand that if my child/children or I bring medication, it must be labeled with my child's name and date of birth. This medicine will be kept in a secure location on site (inhalers for asthma and/or epi-pens will be kept with group supervisor).

Child Name: _____ Medication Type: _____

Child Name: _____ Medication Type: _____

Child Name: _____ Medication Type: _____

Parent/Guardian Signature

Date

PEMBERTON TOWNSHIP RECREATION DEPARTMENT
PICK UP AUTHORIZATION FORM

The following people are authorized to pick up my child/children from the Pemberton Recreation Day Camp. I understand my child/children will be allowed to leave with these individuals only. I will be sure that these individuals bring proper identification when picking up my child/children.

Child(ren) Name _____

(Parents/Guardians, please include yourselves)

Authorized Person #1 _____
Phone _____ Relationship _____
Address _____

Authorized Person #2 _____
Phone _____ Relationship _____
Address _____

Authorized Person #3 _____
Phone _____ Relationship _____
Address _____

Authorized Person #4 _____
Phone _____ Relationship _____
Address _____

Authorized Person #5 _____
Phone _____ Relationship _____
Address _____

Name of person(s) NOT allowed to pick up my child: _____

Security Password: (to be used when anyone other than you picks up your child) _____

***Password should only be given to those who will be responsible for picking up your child/children. staff will ask for this password when your child is being picked up by someone other than yourself.*

Parent/Guardian Signature _____ Date _____