



Grace Lutheran Church SCHOOL BREAK CAMP

December 27-29, 2017

925 Fifth Avenue, River Edge, NJ 07661 T: 201-261-5415/F: 201-483-9360

e-mail: admin@newbeginningsatgrace.com

REGISTRATION FORM

GENERAL CONTACT

Child Name: _____ Date of Birth: _____ Sex: M/F ____ Grade: _____

Parent(s) Name(s): _____

Home Address: _____

City/State/Zip _____

Best Daytime Phone # _____ Best E-Mail _____

Please provide information on two individuals in addition to parents/guardians that we may contact in the event of an emergency.

EMERGENCY CONTACT INFORMATION

	Emergency Contact 1	Emergency Contact 2
Name		
Address/City/State		
Home/Cell Phone		
Relation to Family		
Authorized Pick Up?		

CHILD INFORMATION

Allergies _____ Medications _____

Insurance Company _____ Policy ID# _____

Pediatrician _____

Phone # _____ Hospital Preference _____

Does your child receive special education services during the school year? Y/N _____ (If yes, please consider sharing with us any information that will be helpful to make your child's experience here successful.)

As parent/guardian, I give consent to have my child, _____, receive first aid by the camp staff, *and if necessary*, be transported to the hospital to receive emergency care. I give consent for the emergency contact person listed above to act on my behalf until I am available. I understand that I will be responsible for all charges not covered by insurance.

(parent signature)

(date)



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REGISTRATION FORM

PERMISSION FOR WALKING TRIP

Weather permitting, we would like the option of walking our campers to locations in and around River Edge including Memorial Park, River Dell Middle and/or High School fields and River Edge Library for their recess time. All locations are within blocks of Grace Lutheran Church. At least two staff members from the program will be with the campers at all times and they will return before dismissal times.

We will use this option on any given day only if all children attending that day have signed permission forms. Please complete and return this form on or before the first day your camper is attending.

Please check either yes or no below.

_____ **Yes, I give permission** for my child _____ to walk from Grace Lutheran Church at 925 Fifth Avenue in River Edge to various locations in and around River Edge for the December 2017 School Break Camp if weather conditions allow.

_____ **No, I do not give permission** for my child _____ to walk from Grace Lutheran Church for the December 2017 School Break Camp.

Parent(s) Name(s): _____

(parent signature)

(date)



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REGISTRATION FORM

SCHEDULE AND PAYMENT

Half Day: 8:00AM-1:00PM or 12:00-5:00PM

Full Day: 8:00AM-5:00PM

Extended Hours: 7:00-8:00 AM (before camp) and 5:00-7:00 PM (after camp)

Child Name: _____ will attend the following days:

Check all that apply:

	Half Day		Full Day	Extended Hours		
	AM	PM		7-8 AM	5-6 PM	6-7 PM
Wednesday 12/27/17						
Thursday 12/28/17						
Friday 12/29/17						

Half Day
8:00AM-1:00PM or 12:00-5:00PM

\$45 per half day

Full Day
8:00AM-5:00PM

\$65 per full day

Extended Hours
7:00-8:00 AM, 5:00-7:00 PM

Early drop off any time before 8am is \$5.00

Pick up any time between 5-6pm is \$5.00.

Late pick up anytime between 6-7pm is an additional \$5.00.

Total Payment Due

#of Half Days _____ x \$45 = \$_____

of Full Days _____ x \$65 = \$_____

of Ext. Hours _____ x \$5 = \$_____

Total Payment Due \$_____

To register:

1. Please e-mail or call the church office to confirm your child's attendance.
2. Complete the above schedule and a registration form **for each child** you are registering.
3. Please make checks payable to **Grace Lutheran Church** for entire payment due.
4. Bring completed forms and payment to camp for the first day your child attends.
5. You may **mail** completed forms, **fax** completed forms to **201-483-9360** or **e-mail** completed forms to **admin@newbeginningsatgrace.com** before your child attends.