



SCHOOL BREAK CAMP at Grace Lutheran Church

April 2-6, 2018

REGISTRATION

Please complete one form per child you are registering.

GENERAL

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 CONTACTS		
	Emergency Contact 1	Emergency Contact 2
Name		
Address/Town		
Best Daytime Phone		
Relation to Family		
Authorized Pick Up?		

CHILD INFORMATION/MEDICAL RELEASE

Allergies _____ Medications _____

Does your child receive special education services during the school year? Y/N _____

Insurance Company _____ Policy ID# _____

Pediatrician _____

Address _____

Phone # _____ Hospital Preference _____

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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AUTHORIZED PICK UP

List any additional people you authorize to pick up your child named above after camp. Grace Lutheran Church Camp staff will ask for identification and will not release your child to a person not on this list. Please contact the office to add names to this list after the start of camp.

NAME	BEST DAYTIME PHONE	RELATION TO CHILD/FAMILY

PERMISSION FOR WALKING OFFSITE

Our designated primary evacuation site is River Dell High School, 55 Pyle Street, Oradell, NJ 07649, phone: 201-599-7200. Please sign below in order for your child to attend.

I give permission for my child to walk with camp staff/supervision to another site in case the camp facility must be evacuated.

Parent(s) Name(s): _____

(parent signature)

(date)

In addition, and weather permitting, we may walk our school age campers to locations in or nearby 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. Proper supervision by staff members from the program will be provided with the campers at all times and they will return before dismissal times.



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DEADLINE FOR REGISTRATION: Friday, March 23, 2018

Child Name: _____

Schedule (Check all that apply):	Half Day		Full Day	Extended Hours	
	8 AM-1 PM	12-5 PM	8 AM-5 PM	7-8 AM	5-6 PM
Monday 4/2/18					
Tuesday 4/3/18					
Wednesday 4/4/18					
Thursday 4/5/18					
Friday 4/6/18					

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 and/or 5:00-6:00 PM
 Early drop off any time before 8am is \$6.00.
 Pick up any time between 5-6pm is \$6.00.

Total Payment Due

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

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

of Ext. Hours _____ x \$6 = \$_____

Total Payment Due \$_____

To register:

1. Complete the above schedule and a registration form **for each child** you are registering.
2. Please make checks payable to **Grace Lutheran Church** for entire payment due.
3. 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.

Note – please notify the office of your child’s attendance schedule by March 23 so that we may to staff appropriately.