



GRACE SUMMER CAMP

June 25 – August 24, 2018

REGISTRATION

Please complete one form per child you are registering.

Welcome to Grace Summer Camp!

SCHEDULE

The most flexible scheduling available anywhere!

Session 1

6/25 (Mon) to 7/27 (Fri) (closed July 4th)

Session 2

7/30 (Mon) to 8/24 (Fri)

8:00 AM to 6:00 PM, Monday to Friday

– Combine half days, full days and extended hours

– Make up missed days until end of camp

– Change your schedule and add days

Register by June 15 to start June 25.

First available day of camp if registering after June 15 is July 2.

PRESCHOOL LOCATION

Sessions 1 & 2

Grace Lutheran Church
925 Fifth Avenue
River Edge, NJ 07661

SCHOOL-AGE LOCATION

Session 1

River Dell Middle School
230 Woodland Ave, River Edge
(two blocks from Grace Lutheran Church)

Session 2

Grace Lutheran Church
925 Fifth Avenue, River Edge
(tentative; may be another nearby location)

ACTIVITIES

Lots of exciting activities each week!

Special events all summer!

- outdoor sports and games
- arts and crafts
- indoor games, puzzles and contests
- dance, yoga, and music
- Olympic games and races
- movies
- petting zoo
- special celebrations and treats
- *and more!!*

CREDIT/MAKE-UP POLICY

Absence Due to Illness: If your child misses a scheduled day of camp due to illness, you can choose a make-up day any day through Friday, 8/24/18.

Changes in Schedule Due to Work, Vacation Plans or Other Commitments: If you need to change your scheduled days of camp for any reason, you may do so by selecting alternate days and notifying the office as soon as you know your adjustments. Changes will be permitted through Friday, 8/24/18.

Additional Days: You may add days to your original schedule at any time if you need or want to do so. An invoice will be issued for the additional time.

No cash refunds will be made.



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Please complete one form per child you are registering.

Child Name: _____ **Grade Entering 9/18:** _____

Indicate drop off and pick up time for each day your child will attend.

NOTE

If your child attends **River Edge Playground Program** in July, show just the times your child will be at Grace Summer Camp (early drop off, afternoons, etc.). Please complete the drop off/pick up form for the River Edge Playground Program included in this package. **Extended time 8-9am is at \$6.00.**

SCHEDULE SESSION 1: June 25 – July 27, 2018					
Week	Monday	Tuesday	Wednesday	Thursday	Friday
6/25 - 6/29					
7/2 - 7/6			4 th of July (No Camp)		
7/9 - 7/13					
7/16 - 7/20					
7/23 - 7/27					

Total Payment Due – Session 1

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

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

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

Registration Fee _____ \$10.00

Total Payment Due \$ _____

please make check payable to: Grace Lutheran Church

DAILY RATES

# of Days Scheduled for Entire Camp Any Combination of Half and Full Days	First 1-24 Days	Next 25-44 Days
Half Day Rate 8am-1pm or 12-5pm	\$42 (\$38 siblings)	\$38 (\$34 siblings)
Full Day Rate 8 am- 5 pm	\$66 (\$60 siblings)	\$60 (\$54 siblings)
Extended Hour Rate 5–6 pm	\$6 (pick up after 5 pm)	



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Please complete one form per child you are registering.

Child Name: _____ Grade Entering 9/18: _____

Indicate drop off and pick up time for each day your child will attend.

SCHEDULE SESSION 2: July 30 – August 24, 2018					
Week	Monday	Tuesday	Wednesday	Thursday	Friday
7/30 - 8/3					
8/6 - 8/10					
8/13 - 8/17					
8/20 - 8/24					

Total Payment Due – Session 2 (see rates)

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

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

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

Registration Fee \$10.00
(if not paid for Session 1)

Total Payment Due \$ _____

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DAILY RATES		
# of Days Scheduled for Entire Camp Any Combination of Half and Full Days	First 1-24 Days	Next 25-44 Days
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GENERAL INFORMATION

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 list 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 MEDICAL INFORMATION and 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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Child Name: _____

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. 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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FOR RIVER EDGE RESIDENTS ONLY

If your child will attend the River Edge Recreation Department's Playground Program during July and you would like us to bring to and/or pick up from the program, please complete this form and return it with your registration.

PERMISSION FOR DROP OFF / PICK UP RIVER EDGE PLAYGROUND PROGRAM

June 26 (Tues) to July 27 (Fri), 2018

Child Name: _____

Grade Entering in September 2018: _____

I give permission for Grace Summer Camp Program to *(check all that apply)*:

_____ bring my child at 9:00 am to the River Edge Playground Program at Memorial Park.

_____ pick up my child at 12:00 pm from the River Edge Playground Program at Memorial Park.

My child will walk to/from Grace Summer Camp at River Dell Middle School (230 Woodland Avenue in River Edge) with camp staff and supervision.

Parent(s) Name(s): _____

(parent signature)

(date)