



GRACE SUMMER CAMP

REGISTRATION

Please complete one form per child you are registering.

Welcome to Grace Summer Camp!

SCHEDULE

The most flexible scheduling available anywhere!

Session 1

7/6 (Tue) to 7/30 (Fri) (closed July 4th)

Session 2

8/2 (Mon) to 8/27 (Fri)

8:00 AM to 6:30 PM, Monday to Friday

- Combine half days, full days and extended hours
- Make up missed days until end of camp
- Change schedule/add days (subject to availability)

Enroll early and save your spot!

Enroll by June 25 to start July 6

CAMP LOCATION

(children ages 2---12)

Grace Lutheran Church
925 Fifth Avenue
River Edge, NJ 07661

ACTIVITIES

Lots of exciting activities each week!

Special events all summer!

- outdoor sports and games
- arts and crafts
- indoor games, puzzles and contests
- dance, exercise, 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, 8/27/21.

Changes in Schedule Due to Work, Vacation Plans or Other Commitments: If you need to change your scheduled days of camp for any reason, notify the office to make necessary adjustments. Changes will be permitted through Friday, 8/27/21.

Additional Days: You may add days to your original schedule 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/'21: _____

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 \$10.00.**

SCHEDULE SESSION 1: July 6 –July,30, 2021					
** FORMS AND PAYMENT MUST BE RECEIVED BY 6/15**					
Week	Monday	Tuesday	Wednesday	Thursday	Friday
7/6 - 7/9	No Camp (July 4 th)				
7/12 - 7/16					
7/19 - 7/23					
7/26 - 7/30					

Total Payment Due –Session 1 (see rates)

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

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

of Ext. Hours _____ x \$10 = \$ _

Total Payment Due Session 1 \$ _____

***Inquire about early care**

please make check payable to: Grace Lutheran Church

Half Day Rate 8am-12:30pm	\$45*
Full Day Rate 8 am- 4:30 pm	\$65*
Extended Hour Rate 4:30pm–6:30pm	\$10/hr

Sibling discount of 10% is offered off total daily rates of second child and more. Sibling discount DOES NOT apply to extended hours.

**** No refunds are issued for unused days. Paid days that are missed may be made up during the duration of camp. Please contact the office to coordinate make-up days.**



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Please complete one form per child you are registering.

Child Name: _____ **Grade Entering 9/21:** _____

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

SCHEDULE SESSION 2: August 2 – August 27, 2021 ** FORMS AND PAYMENT MUS BE RECEIVED BY 7/15**					
Week	Monday	Tuesday	Wednesday	Thursday	Friday
8/2 - 8/6					
8/9 - 8/13					
8/14 - 8/20					
8/23 – 8/27					

Total Payment Due – Session 2 (see rates)

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

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

of Ext. Hours _____ x \$10 = \$ _____

Total Payment Due Session 2 \$ _____

please make check payable to: Grace Lutheran Church

Half Day Rate 8am-12:30pm	\$45*
Full Day Rate 8 am- 4:30 pm	\$65*
Extended Hour Rate 4:30–6pm	\$10/ hr

Sibling discount of 10% is offered off total daily rates of second child and more. Sibling discount DOES NOT apply to extended hours.

**** No refunds are issued for unused days. Paid days that are missed may be made up during the duration of camp. Please contact the office to coordinate make-up days.**



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Please complete one form per child you are registering.

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. 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

July 6 (Tue) to July 30 (Fri) 2021

Child Name: _____

Grade Entering in September 2021: _____

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 with camp staff and supervision.

Parent(s) Name(s): _____

(parent signature)

(date)



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Please complete one form per child you are registering.

US Sports Institute, in partnership with Grace Lutheran Camp, will offer weekly multi-sport training to participants in Grace Lutheran summer camp. If your child would enjoy active coaching for a multitude of popular sports, please indicate your interest below and return to the New Beginnings school office with session 1 registration forms.

When: July 6-Aug 27

Where: RDMS or RDHS fields

Time: up to one hour of instruction daily*

This program is being offered *for an additional fee*, as an add-on to the Grace Lutheran summer camp experience. *This offering is subject to the level of interest indicated prior to the start of session 1

Final details, including pricing, timing and location will be sent in advance of the start of camp.

My child would be interested in the **US Sports** Institute training at Grace Lutheran summer camp.

(child's name)

(grade 9/21)