



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

6/30 (Mon) to 7/25 (Fri) (closed July 4th)

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

– Combine half days, full days and extended hours

Session 2

7/28 (Mon) to 8/22 (Fri)

Enroll early and save your spot!

Enroll by June 20th to start June 30th

CAMP LOCATION

(children ages 2---13)

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

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. (if available)

Make-up Policy: Use days in the same month we **do not** carry over to the next month.

No cash refunds will be made. We do not refund or credit for sickness/vacation.



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Please complete one form per child you are registering.

Child Name: _____ Grade Entering 9/'25: _____

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, your child is welcome to join **Grace Camp** for the afternoon session from 12:30pm-4:30pm. (extended hours available)

SCHEDULE SESSION 1: June 30–July 25, 2025

**** FORMS AND PAYMENT MUST BE RECEIVED BY 6/16****

| Week | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|-----------------|
| 6/30-7/4 | | | | | No Camp Holiday |
| 7/7-7/11 | | | | | |
| 7/14-7/18 | | | | | |
| 7/21-7/25 | | | | | |

Total Payment Due –Session 1 (see rates)

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

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

of Ext. Hours _____ x \$16. or \$24. \$ _____

Total Payment Due Session 1 \$ _____

please make check payable to: Grace Lutheran Church

| | |
|--|---|
| Half Day Rate 8am-12:30pm | \$50* |
| Full Day Rate 8am-4:30pm | \$70* |
| Extended Hour Rate 4:30pm–6:00pm | \$16.00/4:30-5:30- \$8.00/ 5:30-6:00 |
| 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**



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Child Name: _____ Grade Entering 9/'25: _____

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

| SCHEDULE SESSION 2: July 28 – August 22, 2025 ** FORMS AND PAYMENT MUST BE RECEIVED BY 7/15** | | | | | |
|--|--------|---------|-----------|----------|--------|
| Week | Monday | Tuesday | Wednesday | Thursday | Friday |
| 7/28-8/1 | | | | | |
| 8/4-8/8 | | | | | |
| 8/11 - 8/15 | | | | | |
| 8/18 – 8/22 | | | | | |

Total Payment Due – Session 2 (see rates)

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

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

of Ext. Hours _____ x \$16. or \$24. \$ _____

Total Payment Due Session 2 \$ _____

please make check payable to: Grace Lutheran Church

| | |
|--|---|
| Half Day Rate 8am-12:30pm | \$50* |
| Full Day Rate 8am- 4:30 pm | \$70* |
| Extended Hour Rate 4:30pm–6:00pm | \$16.00/4:30-5:30- \$8.00/ 5:30-6:00 |
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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. Proper supervision by staff members from the program will be provided with the campers at all times and they will return before dismissal times.