



WEST WINDSOR TOWNSHIP
DIVISION OF RECREATION AND PARKS
P.O. Box 38
West Windsor, NJ 08550
(609) 799-6141
www.wwparks-recreation.com

FUN IN THE SUN CAMP - 2017 (Village School)
FOR CHILDREN ENTERING KINDERGARTEN
IN SEPTEMBER 2017 or 2018 (must be 4 years old at the
start of the program)



PROGRAM INFORMATION

- ONLINE REGISTRATION AVAILABLE AT www.wwparks-recreation.com (starting February 27)
- CAMP HOURS – 9:00AM to 12:15PM OR 9:00AM to 4:00PM
- ONE TRIP PER WEEK
- MULTIPLE CHILD DISCOUNT FOR GRADES PRE-K TO KINDERGARTEN

2017 FUN IN THE SUN CAMP – IMPORTANT INFORMATION

PROGRAM DESCRIPTION

This program is for children entering Kindergarten in September 2017 or 2018 (must be 4 years old at the start of camp) and will be held at Village School. This morning program will have interaction for social, cognitive and physical growth in a fun, nurturing environment. Program includes arts & crafts, games, local field trips, and special events. All children must be potty trained to attend.

DROP OFF AND PICK UP POLICY

1. Drop off time for camp is 9:00 am
2. Parents must escort their child to the designated drop off area where the counselors will meet them.
3. Pick up time is either **12:15 pm** or **4:00 pm**.
4. Parking is permitted in designated areas only.
5. A fine system has been prepared for those who abuse pick-up times.

First Offense: Documented verbal warning

Additional Offenses:

1. Up to 15 minutes late: \$10.00
2. Up to 30 minutes late: \$20.00
3. Up to 45 minutes late: \$40.00
4. Up to 1 hour late: \$50.00

Fines must be paid to the Recreation and Parks Office prior to the next camp day. Continued violations of this policy will result in the withdrawal of the child from the camp with no refunds of fees paid.

EMERGENCY PROCEDURES

1. In the event of a medical emergency, the camp staff will respond according to the degree of the injury.
2. If the injury is minor, such as a cut, scrape, bruise, etc., the camp director will administer the proper first aid treatment.
3. If the injury is of a more serious nature, such as a sprain, possible fracture, heat exhaustion, etc., the camp director will attend to your child and the following sequence will occur:
 - Parent will be notified immediately. If the parent cannot be reached, the emergency medical number will be called.
 - In a life-threatening situation, the director will react first, then notify parent.
 - Emergency Medical Services will be called to take over emergency treatment and care of the sick or injured camper. Trained professional Emergency Medical Technicians will determine if the camper should be transported to the designated medical center.
 - Depending on the seriousness of the injury, the camp may require a physician's note re-admitting the child to camp.
4. The camp does not provide medical insurance coverage. We suggest that participants have their own medical insurance.
5. For any medical problem experienced by a camper while at camp, the parents will be notified of the problem and the subsequent treatment.

MORE IMPORTANT INFORMATION

PICK UP AUTHORIZATION

It is essential that we have, in writing, a list of the names of people allowed to pick up your child. Please list all individuals that are allowed to pick up your child on the Emergency Information Form in this packet.

TRANSPORTATION

The camp will not provide transportation for any child to any other program. Transportation to enrichment program and summer school must be scheduled with the Board of Education.

TRIPS

The camp will take one trip per week. Trip fees are included in the registration fees. Trips will be to local attractions such as the firehouse, park or library. Additional trip information will be provided at the beginning of each session.

BEFORE/AFTER CAMP CARE

Children requiring before and/or after camp care, must contact the **Community Education Office**, phone 716-5000 ext. 5030. Pre-camp care is available from 7am-9am, while post-camp care is available from 4-6pm. Both pre and post care will be held at Village Elementary School. A counselor from our camp will pick up and drop off before and after care participants at Village School.

BRINGING PERSONAL ITEMS TO CAMP

The Division of Parks and Recreation assumes no liability for items brought from home and does not encourage participants to bring in items from home. The Division of Parks and Recreation will not make any type of restitution for missing or damaged items.

MEDICATION

Camp staff will not administer medication to campers.

FUN IN THE SUN CAMP - EMERGENCY INFORMATION SHEET

This form is to be completed by the parent(s) of the camper. The information requested will be kept on file at the camp in case of an emergency, accident or illness. This completed form must be returned to the Recreation and Parks Office prior to the start of the camp session enrolled in. If your child is registered for multiple sessions, you only need to complete this form once. No camper will be permitted to enter camp without the completed form being received in the Recreation and Parks Office. Please do not take form to camp. Drop off or mail to Recreation and Parks Office. Thank you for your cooperation in this important matter.

PLEASE PRINT OR TYPE:

Camper's Name _____ Grade (as of 9/17) _____
Last First MI

Sex ___M___F Date of Birth ___/___/___ Home Phone: _____
Month Day Year

Address: _____
Street Town Zip

Father's Name _____ Work/Cell Phone #: _____

Mother's Name _____ Work/Cell Phone #: _____

Emergency Contact Person: _____ Phone: _____

NOTE: Please no answering machine telephone #'s. Contact person should be someone other than the parents who can be reached in an emergency and can take care of the child if he or she becomes ill during a camp day.

Allergies _____

List any health related problems or concerns your child may have that the camp staff should be aware of: _____

My child will be picked up by (Please list all individuals that may pick up your child): _____

PARENT/GUARDIAN AUTHORIZATION To the best of my knowledge, the information recorded above is correct and complete. I give my permission for my child to participate in all camp activities, except as specifically noted herein. In the event that I can not be reached in an emergency, I hereby give permission to the Princeton Medical Center or other local hospital/medical center to administer emergency treatment, and to order injection, anesthesia or surgery for my child. I further give my permission to release any information to the Princeton Medical Center or other local hospital/medical center in order for treatment of my child. If there is a change in the above information, I will notify the Recreation Office promptly in writing.

Signature of Parent or Guardian _____ Date: _____



2017 FUN IN THE SUN CAMP TRIP PERMISSION FORM

Please read the statement below and sign and date where indicated.

I give my permission for my child _____
Please Print Full Name

to attend camp trip(s) that are scheduled during the course of the camp season. I understand the fee for these trips are included in the registration fees. I further understand that the camp director may decide to schedule a trip with no advance notice. Trips may have an affect on pick up times. The director reserves the right to determine which groups will attend trips.

I have read the above statement and give my permission for my child to attend camp trips.

Parent's Signature: _____ Date: _____

WEST WINDSOR TOWNSHIP DIVISION OF RECREATION AND PARKS
271 CLARKSVILLE ROAD, P.O. BOX 38 - WEST WINDSOR, NEW JERSEY, 08550

2017 FUN IN THE SUN CAMP (Pre-K & K) REGISTRATION FORM

Child's Name _____ Parent's Email Address _____

Home Phone _____ Parent's Work Phone _____ Cell # _____

Street Address _____

city state zip

Date of Birth ____/____/____ Sex ____ Age ____ Grade **Entering** In September 2017: _____

Multi-Child Discount

To qualify for this discount you must have at least two children registered for the Fun in the Sun Camp Program (grades pre-k through k). Discount will be deducted by Recreation staff at time of registration. You must register either in person or via mail to receive discount. Discount cannot be taken with online registrations. Discount is \$10 per week for the second child and \$15 per week for the third child (and any additional children above 3). **Multi-Child Discounts will not be available after Friday, June 2.**

Enrollment

FULL PAYMENT IS REQUIRED AT TIME OF REGISTRATION. NO REFUNDS AFTER MAY 12.

Please check the appropriate dates and time for each week you are registering:

Week #1 (June 19-23) AM Only (9am-12:15pm) \$100 _____ FULL DAY (9am-4pm) \$170 _____

Week #2 (June 26-30) AM Only (9am-12:15pm) \$100 _____ FULL DAY (9am-4pm) \$170 _____

Week #3 (July 5-7; Wed-Fri) AM Only (9am-12:15pm) \$60 _____ FULL DAY (9am-4pm) \$130 _____

Week #4 (July 10-14) AM Only (9am-12:15pm) \$100 _____ FULL DAY (9am-4pm) \$170 _____

Week #5 (July 17-21) AM Only (9am-12:15pm) \$100 _____ FULL DAY (9am-4pm) \$170 _____

Week #6 (July 24-28) AM Only (9am-12:15pm) \$100 _____ FULL DAY (9am-4pm) \$170 _____

Week #7 (July 31-Aug 4) AM Only (9am-12:15pm) \$100 _____ FULL DAY (9am-4pm) \$170 _____

TOTAL AMOUNT DUE \$ _____ (Please add carefully)

Photo/Video/Audio Authorization and Release

I hereby consent that photographs, audios, and videos taken of my child during West Windsor programs may be used by West Windsor for purposes of event documentation, media coverage and promotion of West Windsor programs. Names of students may also be published.

Check One: Yes _____ No _____ Parent Signature _____

Refund/Transfer Policy: I am aware that absolutely no refunds will be issued after May 12. Refunds will only be issued if the Recreation and Parks Office is notified in writing prior to May 12. All refunds are subject to a 20% administration service charge. **A \$10 transaction fee will be applied to each transfer of funds paid.**

Signature of Parent or Guardian of Participant

Date

Mail completed form with payment to: West Windsor Recreation, PO Box 38, West Windsor, NJ 08550