

OFFICE USE ONLY

Application _____
Health Form _____
EC _____
Letter _____
Card _____
Attendance _____
Trip _____
Group _____



Ocean Early Childhood Center
58 Princeton Ave.
Brick, NJ 08724
732-840-0422 Fax 732-840-7655

CAMP REGISTRATION 2018

Child's Name _____ Date of Birth _____

Age _____ Grade Now Attending _____ Male ___ Female ___

Address _____
City State Zip Code

Parent/Guardian _____ Relationship to child _____

Phone: Cell _____ Work _____ Home _____

Parent/Guardian Name _____ Relationship to child _____

Phone: Cell _____ Work _____ Home _____

RESTRICTIONS ON PICK UP _____

ALLERGIES _____

MEDICATIONS _____

T-SHIRT SIZE – Please circle **YOUTH:** 2-4 6-8 10 – 12 14 – 16 **ADULT:** Small Medium Large X-Large

REGISTRATION REQUIREMENTS: A \$50 Registration Fee plus two weeks tuition must accompany this application. You may register for as little as three weeks or as many as nine.

MEDICAL FORM: A medical form is required by State Law and is due by the first day of camp. **NO CHILD IS PERMITTED TO START CAMP WITHOUT THIS COMPLETED FORM.**

Please read carefully and sign the following Registration-Understanding Waiver

In consideration for being allowed to participate in any way in SHORE SUMMER CAMP programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with SHORE SUMMER CAMP or it's staff while they/I am on the premises of SHORE SUMMER CAMP. I acknowledge that at SHORE SUMMER CAMP, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release SHORE SUMMER CAMP and its staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize SHORE SUMMER CAMP to act for me and obtain whatever medical, surgical or dental examination, diagnosis and /or treatment is deemed necessary. Your enrollment at SSC implies consent for us to use photographs of your child at camp or any activities related to SSC for press releases in our community and for our center's FaceBook page. SHORE SUMMER CAMP is not responsible for my personal belongings which are lost, stolen, or damaged. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her counselor and refuse to participate. I UNDERSTAND THE SHORE SUMMER CAMP WAIVER POLICY.

Sign _____ Print Name _____

TUITION AGREEMENT

CAMPER NAME _____

PLEASE FILL IN:

TIME: 8:30- NOON ___ 12:30 - 4 ___ 8:30- 4 ___ EXTENDED CARE AM ___ PM ___ EXACT HOURS _____

DAYS OF THE WEEK CAMPER WILL ATTEND – Minimum enrollment is two days per week.

MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY ___ TOTAL DAYS _____

WEEKS CAMPER WILL BE ATTENDING – Minimum enrollment is three weeks. Please check off weeks attending.

6/18 ___ 6/25 ___ 7/2 (4) ___ 7/9 ___ 7/16 ___ 7/23 ___ 7/30 ___ 8/6 ___ 8/13 ___ TOTAL WEEKS _____

CREDIT CARD MUST BE KEPT ON FILE

CARD TYPE: ___ VISA ___ MC ___ DISCOVER

Card Number _____ Expiration Date _____

Signature on Card _____

OFFICE USE ONLY

GROUP NAME _____ DATE RECEIVED _____ CHECK # _____ AMOUNT \$ _____

TUITION AMOUNT \$ _____

REGISTRATION FEE \$ _____

EXTENDED HOURS \$ _____

DISCOUNT \$ _____

TOTAL PAYMENT \$ _____

LESS DEPOSIT \$ _____

BALANCE DUE \$ _____

\$ _____
WEEKLY TUITION FEE

Parent/Guardian Signature _____ Date _____

2018 TUITION FEES

CAMPER 2 DAY FEES

\$ 90.00 Per Week ½ Day
\$140.00 Per Week 8:30 – 4:00
\$154.00 Per Week with 1 Extension – 2 Days
\$168.00 Per Week with 2 Extensions – 2 Days

CAMPER 4 DAY FEES

\$135.00 Per Week ½ Day
\$225.00 Per Week 8:30 – 4:00
\$253.00 Per Week with 1 Extension – 4 Days
\$281.00 Per Week with 2 Extensions – 4 Days

CAMPER 3 DAY FEES

\$115.00 Per Week ½ Day
\$190.00 Per Week 8:30 – 4:00
\$211.00 Per Week with 1 Extension – 3 Days
\$232.00 Per Week with 2 Extensions – 3 Days

CAMPER 5 DAY FEES

\$150.00 Per Week ½ Day
\$260.00 Per Week 8:30 – 4:00
\$295.00 Per Week with 1 Extension – 5 Days
\$330.00 Per Week with 2 Extensions – 5 Days

FEES: Camp fees include group swim lessons, T-Shirt, SSC bag, arts and crafts materials, special daily events and supervised athletic activities. Fees do not include snacks, trips, Monday Hot Dog Day or Thursday Pizza Day. Regular camp hours are 8:30 - 4:00. Anything before 8:30 AM or after 4:00 PM will be considered before or after care and you will be charged the \$7.00 fee per extension. Extra 1/2 day is \$45.00 and extra full day is \$70.00

DISCOUNTS: a 5% discount on tuition will be granted to any camper who attends camp for six weeks or more and has tuition paid in full by May 15th. In order to receive a multiple child discount, campers in the same family must attend camp for at least six weeks. 10% second child – 15% third child. *DISCOUNT IS ON TUITION ONLY AND DOES NOT INCLUDE REGISTRATION FEES OR OTHER CAMP FEES.*

CHANGES IN SCHEDULE: Any schedule changes made after June 4th are subject to an additional \$25.00 fee and availability. Written notice must be received regarding any changes or withdrawals from camp or you will be obligated to pay for the original tuition fees. There are no refunds or substitution of days due to absence for any reason.

SHORE SUMMER CAMP

EMERGENCY CONTACT & AUTHORIZED PICK UP

Child's Name _____ Group _____

Parent/Guardian Signature _____ Date _____

I authorize the following people to pick up my child from Shore Summer Camp. All others MUST present a written request from me for my child to be discharged into their hands, and such in writing absolves Shore Summer Camp from responsibility after the child leaves the camp. Shore Summer Camp has the right to verify identification by asking for proof of ID, such as a driver's license.

PARENT CONTACTS REQUIRED

1. CONTACT NAME _____ RELATIONSHIP TO CHILD _____

PHONE: CELL _____ WORK _____ HOME _____

2. CONTACT NAME _____ RELATIONSHIP TO CHILD _____

PHONE: CELL _____ WORK _____ HOME _____

ADDITIONAL CONTACTS OTHER THAN PARENTS

3. CONTACT NAME _____ RELATIONSHIP TO CHILD _____

PHONE: CELL _____ WORK _____ HOME _____

4. CONTACT NAME _____ RELATIONSHIP TO CHILD _____

PHONE: CELL _____ WORK _____ HOME _____

5. CONTACT NAME _____ RELATIONSHIP TO CHILD _____

PHONE: CELL _____ WORK _____ HOME _____

RESTRICTIONS ON PICK UP _____

ALLERGIES _____