

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 2019

Camper's Name _____ DOB _____ M/F Grade Now Attending _____

Address _____
City _____ State _____ Zip Code _____

Parent/Guardian _____ Relationship to child _____

Phone: Cell _____ Work _____

Parent/Guardian Name _____ Relationship to child _____

Phone: Cell _____ Work _____

Marital Status: Married Divorced Separated Single Widow/Widower
Child Lives With _____

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

RESTRICTIONS ON PICK UP _____

ALLERGIES _____

MEDICATIONS _____

OTHER THAN PARENTS

Emergency Contact #1 _____
Relationship to child _____ CELL _____ WORK _____

Emergency Contact #2 _____
Relationship to child _____ CELL _____ WORK _____

Emergency Contact #3 _____
Relationship to child _____ CELL _____ WORK _____

Emergency Contact #4 _____
Relationship to child _____ CELL _____ WORK _____

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

Parent/Guardian Signature _____ Date _____

TUITION AGREEMENT

CAMPER NAME _____ **GROUP** _____

* Regular Camp Hours 8:30am-4:00pm * ½ Day AM 8:30am-12:00pm * ½ Day PM 12:30pm-4:00pm *
*Before Care Hours 7:00am-8:30am * After Care Hours 4:00pm-6:00pm *

DIRECTIONS: Please check box for ALL camp days your child is attending. Circle Before (BC) and /or After (AC) Care on days that apply. If coming half day MUST write “½ day” in each box and indicate what you are registering for.

WEEK #	DATES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Office Use ONLY AMOUNT DUE
1	June 24-28	BC AC	BC AC	BC AC	BC AC	BC AC	\$
2	July 1-5	BC AC	BC AC	BC AC	NO CAMP 4TH OF JULY	BC AC	\$
3	July 8-12	BC AC	BC AC	BC AC	BC AC	BC AC	\$
4	July 15-19	BC AC	BC AC	BC AC	BC AC	BC AC	\$
5	July 22-26	BC AC	BC AC	BC AC	BC AC	BC AC	\$
6	July 29-Aug 2	BC AC	BC AC	BC AC	BC AC	BC AC	\$
7	August 5-9	BC AC	BC AC	BC AC	BC AC	BC AC	\$
8	August 12-16	BC AC	BC AC	BC AC	BC AC	BC AC	\$
9	August 19-23	BC AC	BC AC	BC AC	BC AC	BC AC	\$

TUITION AMOUNT \$ _____

Discount \$ _____

Registration Fee \$ 50.00

Tuition Total \$ _____

Date received _____ **Check #** _____ **Deposit \$** _____

Balance Due \$ _____

CREDIT CARD MUST BE KEPT ON FILE

TYPE: VISA MC DIS AMEX

Card Number _____ Expiration Date _____

Signature on Card _____

CAMPER 2 DAY FEES

\$ 95.00 Per Week ½ Day
 \$150.00 Per Week 8:30 – 4:00
 \$164.00 Per Week with 1 BC or AC – 2 Days
 \$178.00 Per Week with 2 BC/AC – 2 Days

CAMPER 3 DAY FEES

\$120.00 Per Week ½ Day
 \$200.00 Per Week 8:30 – 4:00
 \$221.00 Per Week with 1 BC or AC – 3 Days
 \$242.00 Per Week with 2 BC/AC – 3 Days

CAMPER 4 DAY FEES

\$140.00 Per Week ½ Day
 \$235.00 Per Week 8:30 – 4:00
 \$263.00 Per Week with 1 BC or AC – 4 Days
 \$291.00 Per Week with 2 BC/AC – 4 Days

CAMPER 5 DAY FEES

\$155.00 Per Week ½ Day
 \$270.00 Per Week 8:30 – 4:00
 \$305.00 Per Week with 1 BC or AC – 5 Days
 \$340.00 Per Week with 2 BC/AC – 5 Days

POLICY AGREEMENT

FEES:

Parent Initials _____

NO REFUNDS. \$25 returned check fee. Required deposit and registration fees are due at time of registration. Payments are due at the beginning of each week. You WILL NOT get a bill. Camp fees include group swim lessons, T-Shirt, SSC bag, arts and crafts materials, special daily events and supervised athletic activities. Extra 1/2 day is \$48.00 and extra full day is \$75.00. Fees do not include snacks, trips, Monday Hot Dog Day or Thursday Pizza Day.

SCHEDULE CHANGE:

Parent Initials _____

You are contracted to the number of days you originally sign up for. Any schedule changes made after June 4th are subject to an additional \$25.00 fee and availability. Written notice and subject to approval by OECC 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.

SUMMER CAMP WAIVER:

Parent

Initials _____

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.

BEFORE/AFTER CARE:

Parent Initials _____

Camp starts at 8:30am and ends at 4:00pm. If your child is dropped off before 8:30am or picked up after 4:00pm, you will be charged Before/After care rates, of \$7.00 per extension. If your child is not picked up by 6:00pm you will be charged \$1 per minute after.

DISCOUNTS:

Parent Initials _____

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.*

REGISTRATION REQUIREMENTS:

Parent

Initials _____

A \$50 Registration Fee plus two weeks tuition must accompany this application. Minimum enrollment is three weeks. Minimum enrollment is two days per week.

MEDICAL FORM:

Parent Initials _____

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.**

I have read and acknowledge the Shore Summer Camp policies and Waiver listed above. I acknowledge that I am contracted to the number of days selected and I cannot remove camp days under any circumstances.

Campers Name _____ Group _____

Parent/Guardian Signature _____ Parent/Guardian Print Name _____