

OFFICE USE ONLY

Application _____
Health Form _____
Letter _____
Attendance _____
Card _____
Tshirt _____



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

Group _____

CAMP REGISTRATION 2024

Camper's Name _____ DOB _____ Grade Attending 2023-2024 _____

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: XS S M L
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 _____

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 *Before Care Hours 7:00am-8:30am

* After Care Hours 4:00pm-6:00pm *

No Afternoon Sessions

DIRECTIONS: Please check the 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. AM only!

WEEK #	DATES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Office Use ONLY AMOUNT DUE
1	June 17 - 21	BC AC	BC AC	BC AC	BC AC	BC AC	\$
2	June 24 - 28	BC AC	BC AC	BC AC	BC AC	BC AC	\$
3	July 1 - 5	BC AC	BC AC	BC AC	NO CAMP	BC AC	\$
4	July 8 - 12	BC AC	BC AC	BC AC	BC AC	BC AC	\$
5	July 15- 19	BC AC	BC AC	BC AC	BC AC	BC AC	\$
6	July 22 - 26	BC AC	BC AC	BC AC	BC AC	BC AC	\$
7	July 29-Aug 2	BC AC	BC AC	BC AC	BC AC	BC AC	\$
8	August 5 - 9	BC AC	BC AC	BC AC	BC AC	BC AC	\$
9	August 12-16	BC AC	BC AC	BC AC	BC AC	BC AC	\$
10	August 19-21	BC AC	BC AC	BC AC	NO CAMP	NO CAMP	

TUITION AMOUNT \$ _____

Discount \$ _____

Registration Fee \$ **100.00**

Tuition Total \$ _____

Date received _____ Check # _____ Deposit \$ _____

Balance Due \$ _____

REQUIRED FIELD*

<u>Card Number</u> _____	<u>Exp Date</u> _____
<u>Signature</u> _____	<u>Security Code</u> _____

CAMPER 2 DAY FEES

\$160.00 Per Week ½ Day
 \$210.00 Per Week 8:30 – 4:00
 \$230.00 Per Week with 1 BC or AC – 2 Days
 \$250.00 Per Week with 2 BC/AC – 2 Days

CAMPER 3 DAY FEES

\$185.00 Per Week ½ Day
 \$265.00 Per Week 8:30 – 4:00
 \$295.00 Per Week with 1 BC or AC – 3 Days
 \$325.00 Per Week with 2 BC/AC – 3 Days

CAMPER 4 DAY FEES

\$205.00 Per Week ½ Day
 \$300.00 Per Week 8:30 – 4:00
 \$340.00 Per Week with 1 BC or AC – 4 Days
 \$380.00 Per Week with 2 BC/AC – 4 Days

CAMPER 5 DAY FEES

\$220.00 Per Week ½ Day
 \$335.00 Per Week 8:30 – 4:00
 \$385.00 Per Week with 1 BC or AC – 5 Days
 \$435.00 Per Week with 2 BC/AC – 5 Days

POLICY AGREEMENT

REGISTRATION REQUIREMENTS:

Parent Initials _____

A \$100 registration fee, one week's tuition, which will go towards your child's first week of camp, and a health form must accompany the registration packet. Minimum enrollment is three weeks. Minimum enrollment is two days per week.

FEES:

Parent Initials _____

Payments are due in 2 week increments, in ADVANCE of the two weeks your child is at camp, You will NOT be sent a bill and your credit card will NOT be charged. This rule will be strictly enforced and your child will not be permitted to attend camp if payment is not made in advance. There is a \$35 returned check fee. If payment is five days past due a \$25 fee will be added to balance. Every WEEK thereafter will incur a \$25 charge. Fees do not include snacks, trips, or lunches.

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.

TRIPS:

Parent Initials _____

Off site trips are extra and optional. All permission slips are available on our website and signing up for trips are on a first come first serve basis. The last day to sign up for a trip will be the Friday before the trip. NO OFFSITE permission slips will be accepted the day of the trip!

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 \$10.00 per extension. If this is not in your tuition, please pay THAT day. If your child is not picked up by 6:00pm you will be charged \$1 per minute after.

RULES/REGULATIONS

Parent Initials _____

I have read and understand all policies, rules and regulations of Shore Summer Camp.
I also understand that these policies, rules and regulations can be changed at any time with or without notice by the director or her designee.

MEDICAL FORM:

Parent Initials _____

A medical form is required by State Law and is due WITH registration packet. NO CHILD IS PERMITTED TO START CAMP WITHOUT THIS COMPLETED FORM.

Campers Name _____

Parent/Guardian Signature _____ Parent/Guardian Print Name _____

GROUP LIST

(attending grade during 2023-2024 school year)

GUPPIES - ATTENDING PRESCHOOL

PERCH - ATTENDING PRE K

BLUEFISH - ATTENDING KINDERGARTEN

SUNFISH - ATTENDING 1ST

DOLPHIN - ATTENDING 2ND

STARFISH - ATTENDING 3RD

STINGRAY - ATTENDING 4TH

SHARKS - ATTENDING 5TH