

2015 Demarest Summer Recreation Camp Registration Packet

TO ALL DEMAREST RESIDENTS – Due to the fact that last summer we hit the maximum number of children allowed to register at camp, we are having **EARLY REGISTRATION for Demarest residents ONLY from now until Friday, March 6th**. Please take advantage of this.

Dates of Camp: Monday, June 29th – Friday, August 7th .

Time of Camp: 9am – 1pm. Enrichment offerings from 1-2pm for 3 days a week (Mon, Wed, Thurs) at an additional low cost, more information to follow in your welcome packet.

Cost of Camp: \$450 per child for six weeks for Demarest residents, \$550 for non-Demarest residents, or \$150 per week (once week is chosen it is not subject to change). Field trips are separate, they are not included in the cost of camp. A t-shirt will be provided to be worn on field trips, but must be returned at the end of the camp session. **There are no refunds after June 1st. A \$100 late fee will apply for payments received after June 1st, no exceptions.**

Camp Calendar: Will be mailed out on or around June 1st to all registered campers.

Location of Camp: Luther Lee Emerson School. We will be attending the Demarest Swim Club on Tuesdays. On pool days, drop off at the Swim Club at 10am and pick up at the Swim Club at 1pm. Rain date is Wednesday.

Age of Campers: Children entering K to 6th grade as of Sept' 15.

Counselor: Must be 16 years old and selected through an interview process. Pay rate to be determined during the hiring process.

Registration and Payment Instructions:

Please mail the Registration Form, the Carpool Form, and the Medical Release form, as well as a check made payable to “Borough of Demarest” to :

Demarest Summer Recreation
118 Serpentine Road
Demarest, NJ 07627
ATT: Phil Moore

Questions: Please e-mail Jackie Sicheri, the Camp Director, at demarestreccamp@gmail.com

PLEASE WELCOME BACK OUR EXPERIENCED STAFF OF DIRECTORS:

Andrea Slowikowski, Chairperson
Jackie Sicheri, Camp Director
Adam Sidrow, Sports Director (grades 3-6)
Doug Stokes, Sports Director (grades K-2)
Malisa DeSantis, Art Director
Christina Cohen, Field trip/Lunch/Enrichment Director

Stay tuned for our new and exciting calendar, new special events in house, enrichment opportunities, a FIVE day optional lunch program, ICE CREAM every Friday, and a variety of field trip offerings for a summer filled with fun!!!!!!!

REGISTRATION FORM

Child's Name _____ Date of Birth _____

Male _____ Female _____

Grade Entering **September 2015** _____

T-shirt Size (circle one) Youth S M L

Adult S M L

Only if paying by the week, please indicate the week or weeks that you will be sending your child:

June 29- July 3 _____ July 6- July 10 _____ July 13- July 17 _____

July 20- July 24 _____ July 27- July 31 _____ Aug 3- Aug 7 _____

Parent's Name _____

Home Address _____ City _____ Zip _____

Home phone _____ Cell phone _____ Work phone _____

E-mail address (**PLEASE PRINT LEGIBLY**) _____

Emergency contact if you are not available (required):

Name _____ Phone _____

Doctor's name _____ Phone _____

Any medical problem(s) or special needs which we should be aware of: _____

List any allergies that your child has: _____

Parent or Guardian's Signature _____

CARPOOL FORM

Children will only be released to the people listed below. If your child is to go home with someone other than who is listed below, please send a note with your child stating the name and phone number of the person picking up your child that day.

During the Demarest Summer Recreation Program, the following people will pick up my child. Please list self.

1. _____ Phone # _____

2. _____ Phone# _____

3. _____ Phone# _____

4. _____ Phone# _____

Please sign your child in late and sign out early when necessary. The sign in/out book will be located at my desk in the cafeteria.

**If you are allowing your child to come and go unescorted, please complete the following:

I _____ allow my child _____
to arrive at the Demarest Summer Recreation Program at 9am and leave at 1pm (or 2pm) everyday unescorted.

MEDICAL RELEASE FORM

Demarest Recreation Authorization for Pediatric Emergency Medical and/or Surgical Treatment
Explanation.

In the event of an emergency, where neither of the child's parents can be contacted, this form serves as authorization to provide emergency medical treatment and/or surgery. It is the sincere hope of the Demarest Recreation Program that the authorization on the form will not be needed.

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities. I hereby give permission to the medical personnel selected by the Recreation Director to order X-ray's, routine tests, treatment and necessary related transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Recreation Director to secure and administer treatment, including hospitalization for my child as named below. The completed forms may be photocopied for trips out of Demarest.

Child's name _____

Parent/Guardian's Signature _____ Date _____