



## New Community Corporation

### Summer Camp 2009 Registration Form

Please chose one location:

- Summer Recreation Program, 56-68 Hayes Street Newark, N.J.
- St. Rose of Lima School, 540 Orange Street Newark, N.J.

Please check if applies:

- Before care
- Aftercare
- PFP (Program for Parents)

#### I. Camper #1 info

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Apt/flr \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Male or  Female      DOB \_\_\_/\_\_\_/\_\_\_\_\_

Name of school child is attending? \_\_\_\_\_

What grade will student be attending in September? \_\_\_\_\_

#### Camper # 2 info

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Apt/flr \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Male or  Female      DOB \_\_\_/\_\_\_/\_\_\_\_\_

Name of school child is attending? \_\_\_\_\_

What grade will student be attending in September \_\_\_\_\_

#### II. Parent/Guardian info

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alt Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Emergency Contact Information Other Than Parent or Guardian

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Wrk# \_\_\_\_\_

Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Wrk# \_\_\_\_\_

Cell# \_\_\_\_\_

IV. Has your child been before? Yes or No If yes, when? \_\_\_\_\_

## Parent Authorization and Consents

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

### A. Photo/Video Consent

I hereby give consent to have my child's photo taken by the program staff or media, for occasional publicity needs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### B. Authorization for Release of child

I hereby authorize this program to release my child to the following individual(s), if I am not available for pick up:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

### C. Consent of Emergency Care

I hereby authorize and give consent to any NCC staff member to render first-aid emergency to my child this authorization is valid for the duration of my child's attendance in the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### D. Field Trip Consent

I hereby authorize and give consent for the program to take my child on field trips. I understand that some of the trips will require my child to walk within the center's neighborhood, if weather permit. A list of the field trips is available upon request

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

E. Consent to walk home

I hereby authorize and give consent for my child to leave the premises of the program in order to walk home. I understand that my child will be walking home UNSUPERVISED.\*\*

Time my child may leave the program to walk home \_\_\_:\_\_\_ am/pm

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* Does your child have allergies or any special diets? Please list below. \*\*

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Other miscellaneous info

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For office use only

Registration Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Payment Type: \_\_\_\_\_

# Summer Camp 2009

My child will be attending the summer program the following weeks:

June 29<sup>th</sup> – July 3<sup>rd</sup> \_\_\_\_\_

July 6<sup>th</sup> – July 10<sup>th</sup> \_\_\_\_\_

July 13<sup>th</sup> – July 17<sup>th</sup> \_\_\_\_\_

July 20<sup>th</sup> – July 24<sup>th</sup> \_\_\_\_\_

July 27<sup>th</sup> – July 31<sup>st</sup> \_\_\_\_\_

Aug 3<sup>rd</sup> – Aug 7<sup>th</sup> \_\_\_\_\_

Aug 10<sup>th</sup> – Aug 14<sup>th</sup> \_\_\_\_\_

## Additional Services Needed

Before care (7:00am – 8:30am) Yes\_\_\_ No\_\_\_

Aftercare (4:30pm – 6:00pm) Yes\_\_\_ No\_\_\_

Before and Aftercare Yes\_\_\_ No\_\_\_

None of the above \_\_\_\_\_

# Summer Camp 2009 Information Sheet

## Camp Locations:

1. NCC Recreation Center- 56-68 Hayes Street, Newark, NJ
2. St. Rose of Lima School- 540 Orange Street, Newark, NJ

Camp Dates: June 29, 2009 – August 14, 2009

Ages: 5 – 13 (child must have completed kindergarten)

Camp Times: 7:00 am – 8:30 am Before Care  
8:30 am – 4:30 pm Regular Camp Hours  
4:30 pm – 6:00 pm After Care

Camp Schedule: 8:30 am – 9:00 am Breakfast  
9:00 am – 12:00 noon Academic Enrichment  
12:00 noon – 1:00 pm Lunch  
1:00 pm – 4:30 pm Afternoon Activities

Meals: Camp participants will receive breakfast, lunch and snack daily at no additional cost.

Trips: Trips will be scheduled weekly, most are included in the camp fee. However; some will require an additional charge. Trip schedule will be available May 1, 2009

Camp Fees: Registration fee - \$30.00 per child (non-refundable)

### Weekly Fees:

1 child - \$80.00  
2 children - \$150.00  
3 children - \$220.00  
4 children - \$290.00

Before or After care - \$5.00 weekly per service

\*No slot will be held unless registration fee is paid\*

Applications should be mailed or delivered to:  
NCC Department of Youth Services  
56-68 Hayes Street Newark, NJ

For more information contact (973) 242-7934