

**2011 HARDING TOWNSHIP CAMP
ENROLLMENT FORM (Form must be filled out completely)**

Child's Name _____
 Child's Age _____ Child's Date of Birth _____
 Grade Child Will Enter in September _____
 Parent's Names _____
 Street Address _____
 Mailing Address _____
 Town _____ ZIP Code _____
 Home Phone _____
 Cell Phone (mom) _____ Cell Phone (dad) _____
 e-mail address _____

EMERGENCY CONTACT (other than Parent- MUST BE COMPLETED)

Name _____
 Street Address _____
 Town _____ Phone _____

FEES → Weeks 1, 3 & 4 (Please indicate category)

Resident:	K-6, Ext. Day	\$215/Week	<input type="checkbox"/>	Polliwog	\$125/Week	<input type="checkbox"/>
Non-Resident:	K-6, Ext. Day	\$245/Week	<input type="checkbox"/>	Polliwog	\$150/Week	<input type="checkbox"/>

Week 2 Fees – July 6 -July 9

Resident:	K-6, Ext. Day	\$172/Week	<input type="checkbox"/>	Polliwog	\$100/Week	<input type="checkbox"/>
Non-Resident:	K-6, Ext. Day	\$196/Week	<input type="checkbox"/>	Polliwog	\$120/Week	<input type="checkbox"/>

Family Discount Deduct \$10.00 per week for each additional child enrolled in the same week.

I understand that a **Non-Refundable** \$25 deposit **per camper / per week** must be received with the application. The deposit will then be applied to the camp fee. Applications will not be processed without the deposit. There will be a \$10.00 fee to change weeks (depending on availability). If no space is available your deposit will be returned in full.

Signature

ENROLLMENT → Please indicate week(s) of enrollment

<input type="checkbox"/> Week 1: 6/27-7/1	<input type="checkbox"/> Week 2: 7/5-7/8	<input type="checkbox"/> Week 3: 7/11-7/15	<input type="checkbox"/> Week 4: 7/18-7/22
---	--	--	--

SPECIAL COURSES

Swimming Lessons – Students entering Kindergarten & Grade 1 only. Additional fee of \$100.00 for any three weeks of swimming lessons:

Week 1 Week 2 Week 3 Week 4

Science Enrichment - Students grades 1, 2, 3 & 4 only. Additional fee of \$30.00/Week.

Week 2 Week 3

All fees must be paid by May 28th. A late fee of \$35.00 per child/per week will be assessed for all fees and registrations received after May 28, 2011.

Please make checks payable to: **HTRA Day Camp** and write child's name on the check. Return enrollment form, medical form, immunization record, T-shirt form and check to:

HTRA Day Camp
 LuAnn Romano
 PO Box 753, 61 Lee's Hill Road
 New Vernon, NJ 07976

2011 HARDING TOWNSHIP CAMP

MEDICAL FORM (Form must be filled out completely and returned with a copy of your child's Immunization Record issued by their pediatrician)

Child's Name _____

Child's Age _____ Child's Date of Birth _____

Grade Child Will Enter in September _____

List any allergies or health problems: _____

List any activity restrictions: _____

Is camper up-to-date on immunizations against diphtheria, poliomyelitis, measles, mumps and rubella? _____

List any current medications: _____

**** Date of last tetanus vaccination (DPT)
(Required by the State Board of Health): _____
(Month/Day/Year)**

The HTRA Day Camp does not accept responsibility for injuries sustained while playing or participating in Day Camp activities.

In as much as we can only administer first aid and in the event your child is in need of emergency treatment by a doctor or at a hospital, it is necessary that we have the following information and your signature to authorize the same.

In the event that I cannot be reached, the HTRA Day Camp has my permission to see that full emergency treatment is given to my child, (named above). My child is to be taken to Morristown Memorial Hospital by the New Vernon First Aid Squad. I hereby authorize both the following mentioned doctor and/or the hospital to administer full emergency treatment.

(Doctor's Name) (Phone)

(Office Address)

(Print Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)

This form may be copied for additional registrations

T-Shirt Order Form

Name_____

Phone #_____

Color Group_____

Circle first week attending:

1 2 3 4

Circle size:

YS(4-6) YM(8-10) YL(12-14)

AS AM AL AXL

of shirts_____X \$10.00

Total enclosed: \$_____

*Please return order with application