



105 Summerhill Road, Spotswood, NJ 08884
Tel: 732-723-2200 Fax: 732-251-7666 Email: ghull@spsd.us mdempsey@spsd.us

Thank you for your interest in our Spotswood STEAM camp. Please find attached the forms required for registration. Please make sure all items on the checklist have been completed when registering a child for camp.

All forms and Tuition Payment Due by Friday, May 25th.

If the number of registered campers does not reach a minimum level, a cancellation notice will be sent out and all fees will be refunded.

Registration Checklist:

- Completed Registration Form for each camper.
- Provided custodial documentation for each camper if appropriate.
- Completed Pick-Up Authorization Form for each camper.
- Provided copy of health benefits card for each camper.
- Completed Camper Medical Form and indicated allergies/emergency contacts for each camper.
- Initialed and signed Tuition Contract Agreement Form for each camper.
- Dropped off registration forms at Spotswood High School, c/o Gary Hull or mailed to: Spotswood STEAM Summer Camp, 105 Summerhill Rd, Spotswood, NJ 08884. Included a check for camp tuition made out to **Spotswood B.O.E.**

For additional information and or questions contact
ghull@spsd.us or mdempsey@spsd.us



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2018 REGISTRATION FORM

PLEASE PRINT NEATLY AND COMPLETE ENTIRELY. COMPLETE ONE FORM FOR EACH CAMPER.

Camper Name: _____ Date of Birth: ____/____/____

Street: _____ City: _____ Zip: _____

Grade in Sept. 2018: _____

	Mother/Guardian	Father/Guardian
Name		
Home Phone		
Work Phone		
Cell Phone		
Email		
Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2018 Spotswood STEAM Camp runs from August 20 to August 24.

Normal camp operating hours are from 9 a.m. – 3 p.m., and the tuition is \$250 per child.

For Office Use Only
 Check #: _____
 Date: _____
 Amt: _____

For additional information and or questions contact
ghull@spsd.us or mdempsey@spsd.us

PICK UP AUTHORIZATION FORM
PHOTO ID REQUIRED UPON REQUEST

Child's Name:

Address:

Grade Sept. 2018:

School Sept. 2018:

The following individuals are authorized to pick up my child from summer camp.

Authorized Person's Name including parents/guardians	Relationship to Child	Phone Number

Name of person's **NOT allowed** to pick up child (please provide appropriate custody papers if a parent is not allowed to pick up their own child).

Person's Name	Relationship to Child

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name Printed: _____

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**SPOTSWOOD STEAM SUMMER CAMP
CAMPER MEDICAL FORM**

Child's Name: _____ Grade in Sept. 2018: _____

Name: _____ Emergency Contact #: _____

Name: _____ Emergency Contact #: _____

Additional Contact Person (in the event parent/guardian cannot be reached):

Name: _____ Emergency Contact #: _____

Doctor's Name: _____ Phone #: _____

Please list all medicine and food allergies:

Please note any important medical information we should know about your child.
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Hospital Preference: _____

If at any time, the above information must be changed, I will notify the camp director in writing. I hereby give permission to Spotswood Public Schools' personnel to obtain medical treatment for my child in the event of an emergency when I cannot be contacted. This permission authorizes medical personnel to perform emergency treatment including the administration of drugs, blood transfusions or other medically necessary procedures. In addition, this permission authorizes medical personnel to perform emergency treatment.

Please Provide a Copy of Your Child's Health Benefits Card with this registration form

Parent/Guardian Signature _____ Date _____

For additional information and or questions contact
mdempsey@spsd.us or ghull@spsd.us

Tuition Contract Agreement
Spotswood STEAM Summer Camp 2018
Please initial each item and sign at the bottom

This is a contract between Mr./Mrs. _____ and the Spotswood STEAM Summer Camp program for the care of their child _____. Please read and sign the agreement.

- _____ 1. Full tuition must be paid prior to the child entering the program. Payments must be made by check or money order only. There will be a \$25.00 fee for returned checks. Please drop off registration forms at Spotswood High School, c/o Gary Hull or mail to: Spotswood STEAM Summer Camp, 105 Summerhill Rd, Spotswood, NJ 08884. All checks should be made payable to the Spotswood B.O.E.
- _____ 2. I understand that in the event that a child is withdrawn from attending camp prior to the week registered, camp fees will be refunded minus a \$25 processing fee. I agree that once camp is in session, there will be absolutely NO REFUNDS. There will be no refunds or substitute days for any reason. The dates that you register your child will be the only dates he or she may attend the program.
- _____ 3. Lunch is not provided by the camp unless otherwise noted. Campers should brown-bag their lunch. Refrigerators will be available.
- _____ 4. I agree that the camp is not responsible for the clothing or personal belongings lost on the premises. I will label my child's items that he or she brings to camp.
- _____ 5. Permission is hereby granted for photographs/videos to be taken on the premises, and the Spotswood STEAM Summer Camp has the right to utilize these photographs/videos in camp website, brochures, displayed photography, and/or promotional materials.
- _____ 6. In the event that you or your family physician cannot be contacted in an emergency, I hereby grant permission for the Spotswood STEAM Summer Camp to bring my child to the emergency room.
- _____ 7. Only the names given on the emergency forms should be the ones other than me to sign out my child/children. I will keep all emergency contacts and information up to date. ID will be checked upon pick up.
- _____ 8. I understand the late pick-up fees for day campers begin at 3:05 p.m. Each additional 15 minutes is an additional \$15.00 per child. I agree to pay late fees on the evening that I am late.
- _____ 9. The Spotswood STEAM Summer Camp staff will assume full responsibility for my child from the time he/she arrives at the program until dismissal time. Each child is checked in and must be signed out by an authorized person.

Signature _____ Date _____

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