

Summer Camp 2025
Registration Checklist

- Fee Agreement
Complete both sides and return to Center.
- Universal Health Record
Must be turned in before Child starts camp
Complete section I before sending to child's physician
Please have physician attach immunization records. Children cannot start camp without a physical
Note: Last physical must be after July 1, 2024
- Permission Slip
Complete and return to Center.
- Emergency Form
Complete entire form. The signatures of those individuals you are authorizing to pick up your child are not required at this time. The first time they pick up your child, they will be required to show identification and their signature will be obtained.
- Medical Release
Complete entire form and return to center.
- Receipt of Information Statement
Complete entire form and return to center.
- Payment
Send 2 weeks tuition that will be held as a deposit. This payment will be applied to your last two weeks of camp. Deposit due with packet, first week of tuition due on the first day of camp. To register for camp you must have a zero balance in your current program. All prior balances must be paid before your child can attend camp.

Important Summer Camp Information

Please read the following information to help make your child's camp adventure a success: This form does not have to be returned.

- Summer Camp will be at Stanlick School (Lake Hopatcong). If you need directions, please call the office at 663-2704.
- Camp will open at 7:00 a.m. and close at 6:00 p.m.
- All children must be at the school by 9:00 a.m.
- Please advise the Center of any special needs that your child may have (i.e. asthma, Summer School, Bee Sting allergies, etc.)
- Individual medication forms will be available on the first day of camp to those parents whose children require medications on a daily basis.
- **All Universal Health forms and immunization records must be returned before your child can start camp.**
- The first day of camp- Wednesday June 25th
- The last day of camp –Friday, August 22nd
- Please send your child everyday with a bathing suit, towel and a lunch clearly marked with their names. **For safety reasons children must wear sneakers. No sandals please!**
- Tee shirts will be given out on the first day of camp. **Children must wear camp Tee-shirts on day of trip.** (Those children who are not wearing a Camp Tee Shirt will not be permitted to attend!!)
- Send a spare change of clothes with your child's name clearly marked on each item.

Thank you in advance for your cooperation. We are looking forward to having a happy and safe summer.



Check# _____ Cash _____ Credit Card _____ Grade _____

SUMMER CAMP 2025 Program Contract

Agreement between _____ and the JEFFERSON CHILD CARE AND EDUCATION CENTER for the provision of service to _____
(Parent or Guardian) (Child's Name/Date of Birth)

Weekly tuition includes tee shirt, activities and trips.

Check One: 2 days \$110 (T/Th) _____ 3 days \$165 (M/W/F) _____ 5 days \$275 (M-F) _____

Newly enrolled families registration fee \$40 _____

Tuition assistance may be available to eligible families.

I agree to pay a fee of \$ _____ for each week that my child is enrolled. I agree to pay two weeks tuition in advance that will be held for the last two weeks of camp. Fees are due one week in advance of camp services. A negative balance on any Friday may result in my child being refused admittance into the camp program on the following Monday morning. I understand that there will be no reduction in fees for Holidays and Emergency closings.

initial

Contracted weeks of service – No changes after May 1st

The first day of camp is Wednesday June 25, 2025

Signature of Parent or Guardian

Week of:

June 25, 2025

June 30, 2025

July 7, 2025

July 14, 2025

July 21, 2025

July 28, 2025

August 4, 2025

August 11, 2025

August 18, 2025

The last day of camp will be Friday August 22, 2025

CONTRACT CHANGES

I agree to sign up for the specific weeks my child will be attending Summer Camp.

Changes in this contracted time will be accepted by the Child Care Office, ONLY, before May 1, 2025

initial

I understand that I will be required to withdraw my child from camp if after a one-week period for adjustment my child either through behavior, attitude or verbalization is constantly disruptive to the children, staff or Camp Program.

Initial

RIGHT TO APPEAL

I understand that I have the right to appeal directly to the Jefferson Child Care and Education Board of Trustees if I disagree with any of the provisions within this contract and the policies as outlined in the Parent Handbook.

Initial

LATE PICK UP FEE

In addition to the assessed fee, I agree to pay a late charge of \$1.00 per minute. Hours of operation are 7am - 6:00pm. I understand that my child will not be readmitted to the Center if the late fee is not paid within one week.

Initial

Address of Child:

Street

City State Home Phone

Parent's place of Business:

Mother _____
Name

Company Work # cell #

Father _____
Name

Company Work # cell #

Tee Shirt Size

Child Size: 10-12____ 14-16____ **Youth Small:** 7-8____
Adult: S____ M____ L____ XL____

Parent Signature or Guardian

Date

Center Representative Signature

Date

EMERGENCY FORM

Child's Name _____ Birthdate _____
 Last First Middle

Address of child _____ Phone _____

City _____ State _____ Zip _____

Child Living With: Both Parents ____ Mother Only ____ Father Only ____ Other ____

(Drop-off or Pick -up restrictions/court orders require Legal Documents)

Mother
Name

Father
Name

Address

Address

Phone

Phone

Cell#

Cell#

E-Mail:

E-Mail:

Place of Business or School

Name

Name

Address

Address

Phone

Hrs.

Phone

Hrs.

Physician

Name _____

Phone _____

Address _____

Insurance Co./# _____

Emergency & Sign Out Names (please print name, signature not required at this time.)

Emergency contacts (an adult that must be available within 30 minutes of calling in case of parent or guardian unavailability)

1. Name
Address
Signature
Phone

2. Name
Address
Signature
Phone

3. Name
Address
Signature
Phone

4. Name
Address
Signature
Phone

Note here any medical problem or allergy _____

I give my permission to Jefferson Childcare & Education Center for the following:

1. To give medical treatment to my child if necessary.
2. For my child to be photographed, taped or filmed and use his./her work for display and publication.

Parent Signature _____

Date _____



I (We) _____
Name(s)

Of _____ do hereby state _____
City County State

That I am (we are) the parents/guardians, having legal custody of _____

Child's Name
A minor, age _____, born _____ who resides with me (us) at _____
Address

I (We) authorize Jefferson Child Care and Education Center, P.O. Box 527: 29 Nolan's Point Rd., Lake Hopatcong, NJ 07849, to consent to an X-Ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general supervision of a licensed Physician or Surgeon.

Dated this _____ day of _____

Signature of Parent (s) or Guardian (s)

Witness _____ Date _____

Existing medical problems of child, in any _____

Existing allergies, if any _____

Child's Doctor _____ Doctor's phone # _____

Specialist _____ Parent's Doctor _____

Medications that child is taking _____

Insurance Company _____ Group _____

** Please attach a copy of your child's medical insurance card **

Identification # _____ Last tetanus shot _____

Provided as a Public Service by
Northwest Covenant Medical Center
Sponsored by the Sisters of Sorrowful Mother

Department of Emergency Medicine:
Dover General Campus, Dover 973-989-3200
St. Clare's, Denville 973-625-6063

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER	
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Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)
	Height (must be taken within 30 days for WIC)
	Head Circumference (if <2 Years)
	Blood Pressure (if ≥3 Years)

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
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MEDICAL CONDITIONS		
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Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
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Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	



RECEIPT OF INFORMATION STATEMENT

I hereby certify that I have received and read a copy of the Jefferson Child Care and Education Center Parent's Manual which includes the information to parent's statement, as published by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children And Families in addition to the Center policies below:

- Policy on the Release of Children
- Policy on Dispensing Medication
- Policy on Parent Participation
- Philosophy on Child Discipline
- Policy on Management of Communicable Diseases
- Expulsion from program

Child's Name _____

Parent's Name _____

Date _____

My child _____ is in good health and can participate in the normal activities of the program.

Please list below any conditions or special needs that may require special accommodations for your child.

Signature of Parent or Guardian



Social Media Release

Social Media is a great way to stay connected! Throughout the year, we will be posting pictures of students during various learning experiences and activities. Personal information will NEVER be shared.

_____ I give permission for my child to be photographed for Jefferson Child Care and Education Center's social media pages.

_____ I DO NOT give permission for my child to be photographed for Jefferson Child Care and Education Center's social media pages.

Student Name

Parent Signature