



TMC - Madison Community House
BASCC Summer Camp 2020
25 Cook Ave. * Madison, NJ 07940
973-377-3105

Full Day 8am - 4pm
4 - 8 Yrs. old

Summer Camp Schedule – June 22, 2020 – August 14, 2020

NO Camp Friday, July 3rd

Usual daily schedule due to change according to weather.

DURING SUMMER CAMP - Please call 973-377-3105 or 973-714-6048 for all phone messages. If your child will not be attending please call us.

8:00 – 9:00 - Sign in / Breakfast / free play/ individual projects

9:00 – 10:00 – Crafts/ Group activities

10:00 – 12:00 – Theme activities

12:00 – 12:30 – Lunch

12:30 – 1:00 – Clean up/Free play

1:00 – 3:00 – Playground / Gym Time/ Walking Trips

3:00 – 4:00 - Snack/ free play/ individual projects

Child should have the following every day:

Water bottle (with name on it)

Hat (with name on it)

Bag lunch (with name on it) disposable drink box

Comfortable shoes, preferably sneakers, no sandals, we walk everywhere

Weekly Themes: Kids in the Kitchen

Full Steam Ahead

Surf's Up

Crafty Kids

Simple Steam

Under the Sea

Awesome Art

Snack Attack



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BASCC SUMMER CAMP 2020

FULL DAY REGISTRATION FORM 8:00 AM – 4:00 PM

Child's Name: _____

Child's Name: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Work #: _____ Cell # _____

Father's Name: _____ Work #: _____ Cell # _____

Additional Contact Names & Phone Numbers:

1) _____ Phone: _____

2) _____ Phone: _____

Person(s) who may **NEVER** pick up my child(ren).

Name _____ Relationship _____

Name _____ Relationship _____

Please check off which weeks your child will attend at \$325/week or \$75/day
(day campers write in the days you choose for the week).

8:00 AM – 4:00 PM (Light breakfast available at 8:00AM)

Kids in the Kitchen: Week of June 22 - 26 _____

Simple Steam: Week of July 20– Jul 24 _____

Full Steam Ahead: Week of June 29 – July 2 _____

Under the Sea: Week of July 27 – Jul 31 _____

Surf's Up: Week of July 6 – July 10 _____

Awesome Art: Week of Aug 3 – Aug 7 _____

Crafty Kids Week July 13 – July 17 _____

Snack Attack: Week of Aug 10 – Aug 14 _____

\$325.00 per week / per child x # weeks _____ - *\$200.00* (if applicable) = Total _____

\$200.00 discount per child if child attends camp for 8 weeks and paid in full in one lump sum

Please return your registration form with weeks or days chosen. All payments are due a week in advance either \$325.00/week or a daily rate of \$75.00/day. NO Drop In's allowed, you must be scheduled.

Due to N.J. State mandated staffing requirements, children MUST be registered prior to attending camp.

Please charge my credit card that you have on file _____ Check Enclosed _____

BASCC Photography Release Form

During the BASCC Summer Camp we take photos of the children participating in special events or camp activities.

_____ I **GIVE** the BASCC program permission to use my child's photo for news articles, website or promotional displays.

_____ I **DO NOT** give the BASCC program permission to use my child's photo for news articles, website or promotional displays.

I give my child(ren) permission to participate in all activities during the time he/she is in Summer Camp. I am aware that I need to bring a bag lunch with beverage for my child. Morning & afternoon snacks are provided. I give permission for the Summer Camp staff to treat my child in case of a medical emergency. I understand that if it is a serious condition, I will be contacted at the above number I have listed above as soon as possible. Also, I give my child permission to participate in walks, swimming & trips to local facilities such as Madison Library, movie theatre & other local businesses. Every precaution will be taken while walking, as the Summer Camp staff will supervise the children. In case of inclement weather children will be driven by staff members 18 years and older.

Parent / Guardian Signature

Date

Health Information for Summer Camp

1. Child's Name _____

Height _____ Weight _____ Eye / Hair Color _____ / _____ Birth Date _____

2. Child's Name _____

Height _____ Weight _____ Eye / Hair Color _____ / _____ Birth Date _____

Child's Doctor _____ Doctor's Phone _____

Doctor's Address _____

Primary Health Insurance Carrier _____ Policy # _____

Does your child:

Have any physical or health conditions we should be aware of? (Circle) YES NO (If yes, explain in detail)

Have any diagnosed allergies – food, drug, insect, other? (Circle) YES NO (If yes, describe symptoms & Medications if applicable)

Take any medications on a regular basis? (Circle) YES NO (If yes, state medication & condition)

Is your child in good health and able to participate in Madison BASCC activities? (Circle) YES NO (If no, please indicate reason)

My child may participate in walks around Madison to local facilities and parks. (Circle) YES NO (If no, please indicate reason)

In case of emergency, please circle your hospital preference:

Morristown Memorial – Morristown St. Barnabas – Livingston Overlook – Summit

Medical Release Form: In the event that my child _____ should have a sudden illness or accident at the Madison BASCC Program, I understand that the staff will attempt to reach me immediately. If I cannot be reached immediately and if the staff members in charge view the situation as critical, the Madison Rescue Squad will be called. I hereby give permission for my child to be transported by emergency vehicle to a nearby hospital emergency room and given whatever aid is necessary. It is also understood that I will be responsible for all costs involved in the treatment of this minor child.

Parent / Guardian Signature

Date