



TMC – Madison Community House
25 Cook Ave. * Madison, NJ 07940 * 973-377-3105

BASCC SUMMER CAMP 2021

HALF DAY REGISTRATION FORM 9:00 AM – 1:00 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 \$225/week

Let's Get Moving: Week of June 21 - 25 _____ Nature Wonders: Week of July 19– Jul 23 _____

Crafty Kids: Week of June 28 – July 2 _____ Under the Sea: Week of July 26 – July 30 _____

Surf's Up: Week of July 6 – July 9 _____ Awesome Art: Week of Aug 2 – Aug 6 _____

Full Steam Ahead: Week of July 12 – July 16 _____ Simple Science: Week of Aug 9 – Aug 13 _____

\$225.00 per week / per child x # weeks _____

Please return your registration form with weeks or days chosen. All payments are due a week in advance.

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