



25 Cook Ave. Madison, NJ 07940
973-377-0244
mchpreschool@tmcmch.org

Adventure Camp 2022

Dear Parents,

We are beginning to plan for our Preschool Adventure Camp Program. The camp will run for 12 days from May 31 through June 16 from 9:00am – 12:00pm or Stay and Play Extended Camp from 9:00am -2:45pm. All campers will be served a mid-morning snack, and full day campers will bring a brown bag lunch daily.

If you are interested in joining our Adventure Camp, please fill out the attached paperwork. The camp fee is \$450.00 for half day 9:00am – 12:00pm and \$675.00 for full day 9:00am – 2:45pm. Total amount is due at registration made payable to ***TMC-Madison Community House.***

You must also send in a copy of your child's birth certificate. If your child is not due for a physical before camp starts, you may send in a copy of their health form from your child's current school.

We anticipate a few openings so please tell your friends and neighbors about the program.

Sincerely,
Patricia Driscoll, Director



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Child's Name _____ Birth Date _____ / _____ / _____
Month / Day / Year

Home Address _____ Town _____ Zip _____

Home Phone _____

Mother's Name _____ Place of Business _____

Business Address _____ Business Phone _____

Father's Name _____ Place of Business _____

Business Address _____ Business Phone _____

Father's Cell # _____ Mother's Cell # _____

E-mail Address _____

IN CASE OF EMERGENCY: Persons authorized to pick up your child and / or contact in case of an emergency if neither parent is available:

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Doctor's Name _____ Phone _____

Address _____

Hospital Preference: Morristown _____ Overlook _____ St. Barnabas _____

Any Diagnosed Allergies _____

Allergic Reaction Protocol: Please fill out the Allergy Action Plan form.

Brothers And / Or Sisters: List Names and D.O.B. (MM/DD/YY)

Registering for: **Half Day** 9am-12pm _____ \$450.00
Stay & Play 9am-2:45pm _____ \$675.00

Parent's Signature _____ Date _____



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Permission For Emergency Assistance / Hospital Preference

The Madison Community House Preschool is authorized to act in case of an emergency situation to secure an ambulance or other appropriate emergency medical care for my child as deemed necessary by the Director.

If necessary I would prefer my child be transported to the following hospital:

Morristown Memorial Hospital – Morristown _____

Overlook Hospital – Summit _____

St. Barnabas Hospital – Livingston _____

Parent Signature: _____ Date: _____



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General Walking Permission Slip

_____ has my permission to participate in walking trips within the center's neighborhood. I understand these walks involve entrance into local facilities and to the playground facilities at the Dodge Field playground; and the route of any trip involves no safety hazards. The preschool staff while walking will supervise the children.

Parent Signature