

MCH SUMMER CAMP 2023

at The Madison Community House

9:00 AM – 1:00 PM

Ages 4-7

REGISTRATION FORM



Child's Name: _____

Child's Name: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Cell # _____ Email Address _____

Father's Name: _____ Cell # _____ Email Address _____

Additional Contact Names & Phone Numbers:

1) _____ Phone: _____

2) _____ Phone: _____

Please check off which weeks your child will attend at \$225/week

Kids in the Kitchen: Week of June 19-23 _____

Full Steam Ahead: Week of July 24– Jul 28 _____

Nuts About Nature: Week of June 26 – June 30 _____

Under the Sea : Week of July 31 – Aug 4 _____

Let's Explore Dinosaurs: Week of July 10 – July 14 _____

Awesome Art: Week of Aug 7 – Aug 11 _____

Shore is Fun: Week of July 17 - July 21 _____

Under the Big Top : Week of Aug 14 - Aug 18 _____

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

All payments are due a week in advance.

All invoices will be emailed weekly and are to be paid online ONLY through the link in the email.

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.

MCH Summer Camp Photography Release Form

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

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

_____ I **DO NOT** give the MCH summer camp 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. 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 to the Central Avenue School playground,

Parent / Guardian Signature

Date

Health Information for MCH 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 MCH Summer Camp 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



25 Cook Ave., Madison
973-377-3105