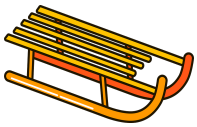
2026 Winter Extravaganzza Application

Full day- 9:00 AM - 4:00 PM

Before Care begins 8:00 AM

Half day- 9:00 AM - 1:00 PM

After Care until 6:00 PM



MINIMUM AGE FOR CAMP IS 5 YEARS OLD

ACTIVITIES INCLUDE:

Instructed Gymnastics • Open Play • Inflatables • Visitors • Hot Chocolate • Projected Movie • Games • Themed Days • Crafts

Full Day

$80 per Day





$10 Before care

$20 After care

Half Day

$60 per Day



A $50 deposit is requred/child to reserve your spot. The balance is due by your child's first day of camp.

Special Guest Monday December 28th: Chef it Up $25

Please keep in mind there are NO REFUNDS OR MAKE-UPS allowed for camp!

Please circle: **Full** **Half**

	M	T	W	TH	F
December	28th	29th			

Check if needed: **Before care:** ☐ **After care:** ☐



Camper Name:

Camper Name:

Camper Name:

Contact #:

Email:

Current Student ☐ New Student ☐

An online account must be created in order to register for summer camp. Please visit tinyurl.com/2j4z263k to create your family profile or **scan here**:

Office use only: Total Days:

B/A care total: Visitor Total:

Total Due:

RANDOLPH GYMNASTICS
3 Middlebury Blvd.
Randolph NJ 07869
(973) 584-4111

RANDOLPH GYMNASTICS WINTER CAMP
ADDITIONAL FEES AND EXPENSES



BEFORE/AFTER CARE-

B/C- $10 per day. A/C $20 per day

Before/After Care must be scheduled/paid for in advance. Any child dropped off before 8:50 AM or picked up after 4:10 PM will be considered before/after care and their parent will be responsible for payment. Children must be picked up by 6:00 PM at the latest!

PIZZA MONDAY $4 for first slice (drink included), $3 each additional slice (CASH ONLY)

Monday a pizza lunch will be available for purchase!

You must place your pizza order with the front desk Monday & Friday mornings when signing in your child(ren).

Visitor Extras- payment for "visitors" must be paid at time of registration.

$25 Chef It Up 12/28

RANDOLPH GYMNASTICS WINTER CAMP 2026

3 Middlebury Blvd. Randolph, NJ 07869

P. (973) 584-4111

MEDICAL PERMISSION FORM & INDIVIDUAL MEDICATION RECORD

(Only hand in IF your child takes medication that we will need to administer.)

Child Name _____

Medication _____

Prescription _____ Non Prescription _____ Dr's Approval Required _____

Condition _____

Amount to be Administered _____

Frequency of Medication _____

Refrigeration Required _____ Yes _____ No

Possible Adverse Reaction (s) _____

_____

SIGNATURE OF PARENT / GUARDIAN

_____ Date _____

Staff Member(s) authorized to administer medication:

Name _____ Signature _____

Name _____ Signature _____