



2025 Winter Camp 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 required/child to reserve your spot. The balance is due by your child's first day of camp.

Special Guest Monday December 29th: Mad Science Show !!!!!

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

Please circle:

Full Half

	M	T	W	TH	F
December	22nd	23rd			
	29th	30th			
January					2nd

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: _____

Happy Holidays



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 MONDAYS & FRIDAYS \$4 for first slice (drink included), \$3 each additional slice (CASH ONLY)

Every Monday & Friday 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.

\$20 Mad Science 12/29

Winter Camp 2025

Planned Activities

December 22nd (Monday)

Hot Chocolate



December 23rd (Tuesday)



Pajama Day

December 29th (Monday)

A visit from Mad Science



December 30th (Tuesday)



Movie Day & Talent Show

January 2nd (Friday)

New Years Party



Randolph Gymnastics Winter Camp

Emergency Form

Child Name	_____	Birthdate	_____	Grade just completed	_____
Child Name	_____	Birthdate	_____	Grade just completed	_____
Child Name	_____	Birthdate	_____	Grade just completed	_____
Parent Name	_____	Phone	_____		
Address	_____				

Father (Guardian) Name/ Cell Number _____

Mother (Guardian) Name/ Cell Number _____

Please list three relatives or friends who can be reached in case of illness or emergency if the individuals above cannot be contacted:

Name	Relationship	City	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION FOR PEDIATRIC / EMERGENCY / MEDICAL / SURGICAL TREATMENT

Explanation; It is the firm hope that the authorization granted in this form will never be needed. For the safety of the children, however, sound medical practice calls for such authorization. The authorization granted by this form will be used only when absolutely necessary.

AUTHORIZATION

I authorize Randolph Gymnastics Summer Camp to call an emergency ambulance or vehicle in case of accident or acute illness (the determination thereof shall rest solely with Randolph Gymnastics Summer Camp). In case of emergency requiring medical attention, I hereby give permission to have my child, _____ taken to _____ (Hospital Choice) or other nearby medical facilities for medical care under _____ (Doctor Choice) Dr. Phone _____ or other qualified physicians.

Family Insurance Company _____
Hospitalization Policy # _____

I also authorize Randolph Gymnastics Staff to take a temperature reading if necessary. I understand that armpit or ear thermometer will be used.

Please list allergies or indicate none _____

Please list Medical concerns or indicate none _____

Parent Signature _____

Date _____

RANDOLPH GYMNASTICS
3 MIDDLEBURY BLVD.
RANDOLPH, NJ 07869
(973)584-4111

MEDICAL PERMISSION FORM & INDIVIDUAL MEDICATION RECORD

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 authorized to administer medication

Name _____ Signature _____

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