

2023 Summer Camp Application June 26th- August 25th

* **Full day-** 9:00-4:00



* <u>Half day</u>- 9:00-1:00

*After Care until 6:00



MINIMUM AGE FOR CAMP IS 5 YEARS OLD ACTIVITIES INCLUDE:



*Instructed gymnastics *open play *inflatables *visitors *out of house trip*outside play *games *themed days *crafts

The more days you come the more you save!!



Full Day

\$80 per day



Half Day

\$60 per day



10-14 days- 10% off= \$72 per day

15-24 days- 15% off= \$68 per day

25-34 days- 20% off= \$64 per day

35+ days- 25% off= \$60 per day

10-14 days- 10% off= \$54 per day

15-24 days- 15% off= \$51 per day

25-34 days- 20% off= \$48 per day

35+ days- 25% off= \$45 per day

A \$100 deposit is requred/child to reserve your spot. The balance is due by your child's first day of camp.

*10% sibling discount offered *Please see "Additional Fees and Expenses" page for more pricing info

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

| Please ci | | Full | Half | | |
|---|------|------|------|------|------|
| | М | Т | W | TH | F |
| Week 1 | 6/26 | 6/27 | 6/28 | 6/29 | 6/30 |
| Week 2 | X | X | Χ | 7/6 | 7/7 |
| Week 3 | 7/10 | 7/11 | 7/12 | 7/13 | 7/14 |
| Week 4 | 7/17 | 7/18 | 7/19 | 7/20 | 7/21 |
| Week 5 | 7/24 | 7/25 | 7/26 | 7/27 | 7/28 |
| Week 6 | 7/31 | 8/1 | 8/2 | 8/3 | 8/4 |
| Week 7 | 8/7 | 8/8 | 8/9 | 8/10 | 8/11 |
| Week 8 | 8/14 | 8/15 | 8/16 | 8/17 | 8/18 |
| Week 9 | 8/21 | 8/22 | 8/23 | 8/24 | 8/25 |
| | | | | | |
| Check if needed: Before care: After care: | | | | | re: |

| 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 Duo: | | | | | | |

WELCOME TO SUMMER



Randolph Symnastics

Full Day: 9:00-4:00

Half Day: 9:00-1:00

Before Care: 8:00am - 9:00am

After Care: 4:00pm- 6:00pm

Thank you for choosing Randolph Gymnastics Summer Camp. An online profile must be created for all campers. Please visit our website to sign up. After registration paperwork is handed into the office, please view/print the remainder of this welcome packet. This will need to get filled out and turned in ON/BEFORE your child's first day of camp. Partial packets will not be accepted.

**A PARENT MUST SIGN CHILDREN IN AND OUT EVERY DAY! PLEASE DO NOT DROP YOUR CHILD OFF OR PICK THEM UP WITHOUT COMING IN **

Please send children with a labeled backpack to keep all of their belongings organized and together. Remember to send with them the following items every day:

SNACK & LUNCH SUNSCREEN* *SOCKS & SNEAKERS*

Attire: Campers can either wear a leotard or shorts and a T-shirt. Long hair MUST be tied back. Jeans or clothes with buttons should not be worn. Absolutely NO JEWELRY! All students go barefoot into the gym.

Weekly Camp Activities: We will have gymnastics lessons every day as well as organized games, sport games, arts & crafts, and supervised free play time which should keep your children occupied and having fun all day long! Children will spend time both inside and outside every day, if weather permits!



Camp Visitors/Outing

Each themed week will have a different visitor coming to the gym as well as field trips. The "additional fees" page in this packet will outline who is coming and what the extra costs will be.

Randolph Gymnastics

RANDOLPH GYMNASTICS

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

RANDOLPH GYMNASTICS SUMMER 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.

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|------|-------|
| \$20 | Nerf |
| いとい | INCII |

\$8 Kona Ice Truck

\$10 Zumba

\$50 Funplex

\$25 Game Truck

\$10 Yoga

\$15 Lizard Guy

\$15 Magician

\$10 Aspen Ice OPTIONAL 6/27, 7/11,7/25, 8/8, 8/22

Randolph Gymnastics Summer Camp 2023 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 N | umbe <u>r</u> | | |
| Mother (Guardian) Name/ Cell N | lumber | | |
| Please list three relatives or frier above cannot be contacted: | nds who can be reached in case o | of illness or emerge | ncy if the individuals |
| above carmer be contacted. | | | |
| Name | Relationship | City | Phone |
| | · | • | |
| | | | |
| | | | |
| | | | - |
| AUTHORIZATION FOR PEDIATRIC | / EMERGENCY / MEDICAL / SUR | GICAL TREATMENT | |
| Evolunation: It is the firm hone that | the authorization granted in this form | will never he needed | I For the safety of |
| • | cal practice calls for such authorization | | - |
| will be used only when absolutely n | · · · · · | on. The authorization | granted by this form |
| will be used only when absolutely if | • | | |
| | AUTHORIZATION | | |
| I authorize Randolph Gymnastics S | Summer Camp to call an emergency | ambulance or vehicle | in case of accident |
| | hereof shall rest solely with Randolp | | |
| of emergency requiring medical atte | ention, I hereby give permission to ha | ave my child, | • • |
| taken to | (Hospital Choice) | or other nearby medi | cal facilities for |
| medical care under | (Doctor Choice) | Dr. Phone | |
| or other qualified physicians. | (= ================================ | | |
| , | | | |
| Family Insurance Company | | | |
| Hospitalization Policy # | | | |
| - Incophanization I clied " | | | |
| I also authorize Randolph Gymnast | ics Staff to take a temperature readi | ng if necessary. I und | erstand that |
| armpit or ear thermometer will be u | | g | |
| , | | | |
| Please list allergies or indicate non- | e | | |
| Trouble mot anotypied of maleute from | | | |
| Please list Medical concerns or ind | licate none | | |
| | | | |
| | | | |
| | | | |
| | | | _ |
| Parent Signature | Date | e | |

A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS <u>WITH THE</u> <u>DOCOTOR'S STAMP</u> CAN BE SUBMITTED <u>INSTEAD</u> OF THIS FORM

| | | HEALT | H HISTORY | /IMMUNIZ | ATION FO | RM | | |
|-------------------------|---------------------------|---------------------|-----------------------|---------------------|------------------|------------------|----------------|-------------------|
| (completed by Physi | cian) | | | | | | | |
| Child Name | | | DOB | | Age | Sex | <u> </u> | Grade just |
| Parent (s) / Guardia | n (s) Name | | | | | | | completed |
| Address | | | | | | | | |
| PHYSICAL EXAM | MINATION | | | | | | | |
| Height | Weight | | Heart | Lunge | | ENT | | Extrem |
| rieigiit | child is found to b | _ ve healthy and | | | | | | Extrem |
| | child has the follo | - | - | participate in a | all Carrip activ | ilico. | | |
| which will / will not a | affect participation as | | Concern | | | | | |
| Comments | incot participation as | Ollows | | | | | | |
| | | | | | | | | |
| HEALTH HISTOR | | | | | | | | |
| Previous Communio | cable Diseases and [| Dates | | | | | | |
| Other Ilnesses, Acc | idents or Operations | and Dates _ | | | | | | |
| Existing Allergies or | Chronic Conditions | | | | | | | |
| Medications | | | | | | | | |
| Special Needs, Indi | vidual Limitations | | | | | | | |
| Previous Screening | s, Evaluations, Dates | s and Results | | | | | | |
| IMMUNIZATION I | RECORD (a copy | signed by tl | ne doctor can | be submitted | <u>d)</u> | | | |
| VACCIA | NE TYPE | DISEASE DATE | 1ST DOSE | 2ND DOSE | 3RD DOSE | 4TH DOSE | 5TH DOSE | |
| VACCII | VE TIPE | MO/DAY/YR | MO/DAY/YR | MO/D/YR | MO/D/YR | MO/D/YR | MO/D/YR | |
| DIPTHERIA, TETANU | S, PERTUSSIS | xxxxxxxx | | | | | | |
| (DTaP) If (Td or DT(1) | Indicate | 70000000 | | | | | | |
| POLIO-INACTIVATED | POLIO VACCINE | | | | | | | |
| (IPV) If Oral, Indicate | | XXXXXXXX | | | | | | |
| | | | | | | | | |
| MEASLES, MUMPS, I | RUBELLA (MMR) | | | | | | | Titer / Date (5): |
| HAEMOPHILUS B (HI | B) (2) | XXXXXXXX | | | | | | |
| | | | | | | | | |
| HEPATITIS B (3) | | | | | | | | Titer / Date (5): |
| VARICELLA (4) | | | | | | | | Titer / Date (5): |
| | | | | | | | | (1) |
| PNEUMOCOCCAL CO | ONJUGATE | | | | | | | |
| (not required) | | | | | | | | |
| OTHER SPECIFY: | | | | | | | | |
| | | | | | | | | |
| LEAD SCREENING (r | not required) | Test Date: | | Result: | | _ | | |
| Provisional Admission | Attached | | Medical Exami | nation Attached | | Religious | Exemption Atta | ached |
| Date Grante | | | * Requires Medic | | T | i tongious | | |
| | | | | | | | | |
| (1) Requires Medical | . , , | • | ld Care Enrollees (| | | | | |
| . , | ade 1 (whichever is first | , | • | • | | 0.4.0: | | |
| | Child care enrollees (19 | | | · | | | | |
| (5) MMK single antige | n receipt requires mont | tn/day/year, serd | ologies require titer | , and varicella dis | sease history re | equires month/ye | ear. | |
| Physician Name | | | | | | | | |
| Physician Address | | | | | | | | |
| Physician Signature | | | | | | | | |

RANDOLPH GYMNASTICS SUMMER CAMP 2023

3 Middlebury Boulevard, Randolph, New Jersey 07869 P. (973) 584-4111 F. (973) 584-4111

| MEDICAL PERMISSION FORM & | | | | | | | | |
|--|--------------|------------|-------------|----------|-----------|---------------------------|--|--|
| INDIVIDUAL MEDICATION RECORD | | | | | | | | |
| If not applicable, please write your child's name, write N/A under all other fields, and sign below. | | | | | | | | |
| Child Name | | | | | | | | |
| Child Name | | | | | | | | |
| Medication | | | | | | | | |
| | | | | | | | | |
| Duogonintion | | | Man Duaga | | | Dr's Approval Required | | |
| Prescription | | | Non Presc | | | Required | | |
| Condition | | | | | | | | |
| Amount to be | A desimiata | mad | | | | | | |
| Amount to be | Administe | rea | | | | | | |
| Frequency of | Medication | 1 | | | | | | |
| • | | | | | | | | |
| Refrigeration | Required | | | Yes | | No | | |
| Possible Adve | erse Reactio | on (s) | | | | | | |
| | | (5) | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| SIGNATURE C | OF PARFNT | / CHAPDIA | N | | | | | |
| DIGITATIONE | JI IIIKLIII | / GO/IKDII | M 1 | | | | | |
| | | | | | Date | | | |
| | | | | | | | | |
| Staff Member | (s) authoria | zed to adm | inister med | ication: | | | | |
| Stair Welliot | (b) uumon | ed to dam | | loution. | | | | |
| Name | | | | | Signature | | | |
| Name | | | | | Cionatura | | | |
| name | | | | | Signature | | | |
| | | | | | | | | |



Field Trip Permission Slip Form 2023

| i give permission for my chila _ | , to go to <mark>NJ Battle Zones</mark> |
|----------------------------------|---|
| on 06/28/2023 with Randolph | Gymnastics Summer Camp. I can be reached at |
| in | case of an emergency. |
| Parents/Guardian Full Name: _ | |
| Parent/Guardian Signature: | |
| I give permission for my child _ | , to go to <mark>The Funplex o</mark> n |
| | mnastics Summer Camp. I can be reached at |
| Parents/Guardian Full Name: | |
| Parent/Guardian Signature: | |
| Optional Event | |
| | , to go to Aspen Ice on sale of the control of |
| - | ned at in case of an emergency. |
| Parents/Guardian Full Name: _ | |
| Parent/Guardian Signature: | |
| In the event you are unable t | to contact me, please contact: |
| Emergency Contact Name: _ | |
| Emergency Contact Phone N | Number: |
| Parent/Guardian Signature:_ | |
| Date: | |



2023 Themed Weeks For Summer Camp

(Please note, this is a TENTATIVE schedule and can change at any point)

WEEK 1 (June 26th - June 30th): Olympic Week





* WEEK 2 (July 6th- July 7th): Patriotic Week

A Visit from Kona Ice Truck: 7/7

A Trip to NJ Battle Zones: 6/28

WEEK 3 (July 10th- July 14th): Wild World Of Sports
A visit from Zumba: 7/14 *FULL DAY ONLY*





WEEK 4 (July 17th- July 21st): Hawaiian Week
A Trip to Funplex: 7/19

WEEK 5 (July 24th - July 28th): Superhero Week

A visit from the Game Truck: 7/26





WEEK 6 (July 31st-August 4th): Disney Week

A visit from Yoga: 8/3

WEEK 7 (August 7th- August 11th): The Great Outdoors

A visit from The Lizard Guy: 8/10





WEEK 8 (August 14th - August 18th): Carnival Week
A visit from a Magician: 8/15 *FULL DAY ONLY*

WEEK 9 (August 21st - August 25th): Wacky Week

Campers will have the option to tie-dye! A visit from Zumba: 8/25 *FULL DAY ONLY*



June/July 2023

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------------|------------|--|---|---|-------------------------------------|
| WEEK 1 | 26 | 27 | 28 | 29 | 30 |
| Olympics Week | Water Play | Aspen Ice Rock Climbing | Trip to NJ Battle Zones Outdoor Lunch | Rock Climbing | Olympic Day |
| WEEK 2 | 3 | 4 | 5 | 6 | 7 |
| Patriotic Week | CLOSED | CLOSED | CLOSED | 4 th of July Scavenger Hunt | Visit from Kona Ice Truck |
| WEEK 3 | 10 | 11 | 12 | 13 | 14 |
| Wild World of Sports | Water Play | Aspen Ice Rock Climbing Randolph Ninja Warrior | Water Play | Rock Climbing Wear your favorite sports jersey! | A Visit from Zumba! *Full Day ONLY* |
| WEEK 4 | 17 | 18 | 19 | 20 | 21 |
| Hawaiian Week | Water Play | Rock Climbing | A Trip to Funplex! *NO HALF DAY* | Rock Climbing Hula Hoop Contest | Inflatables Day |
| WEEK 5 | 24 | 25 | 26 | 27 | 28 |
| Superhero Week | Water Play | Aspen Ice Rock Climbing | A visit from the Game Truck! Dress as your favorite superhero | Rock Climbing | Nature Hike |

^{*}All activities are tentative. Schedule may change at any time.*

August/September 2023

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|------------------------------|---|---------------------------------|---|--|
| WEEK 6 | 7/31 | 1 | 2 | 3 | 4 |
| Disney Week | Water Play | Rock Climbing Dress as your favorite Disney Character | Water Play Disney Sing-Along | A Visit from Yoga! Rock Climbing | Disney Drive-in movie |
| WEEK 7 | 7 | 8 | 9 | 10 | 11 |
| The Great Outdoors | Water Play | Aspen Ice | Water Play | Visit from the Lizard Guy Scavenger Hunt | Build your own fort |
| WEEK 8 | 14 | 15 | 16 | 17 | 18 |
| Carnival Week | Water Play Carnival Games | Rock Climbing Visit from a Magician *Full Day only* | Water Play Carnival Games | Rock Climbing | Inflatables |
| WEEK 9 | 21 | 22 | 23 | 24 | 25 |
| Wacky Week * One tie dye will take place all week* | Water Play Crazy Sock Day | PJ Day Aspen Ice/Rock Climbing | Water Play Crazy Hair Day | Hat Day Rock Climbing | Ice Cream Party Mismatched Day Zumba *Full Day ONLY* |
| WEEK 10 | 28 | 29 | 30 | 31 | 1 |
| | | | | | |

^{*}All activities are tentative. Schedule may change at any time.*