



2024 Summer Camp Application

June 19th- August 23rd

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



* **Half day**- 9:00-1:00

* Before Care begins 8:00

* 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 required/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 circle:

Full Half

	M	T	W	TH	F
Week 1			6/19	6/20	6/21
Week 2	6/24	6/25	6/26	6/27	6/28
Week 3	7/1	7/2	7/3	X	X
Week 4	7/8	7/9	7/10	7/11	7/12
Week 5	7/15	7/16	7/17	7/18	7/19
Week 6	7/22	7/23	7/24	7/25	7/27
Week 7	7/29	7/30	7/31	8/1	8/2
Week 8	8/5	8/6	8/7	8/8	8/9
Week 9	8/12	8/13	8/14	8/15	8/16
Week 10	8/19	8/20	8/21	8/22	8/23

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:**

T-shirt Size:



Office use only: Total Days:

B/A care total: Visitor Total:

Total Due:

WELCOME TO SUMMER CAMP 2024



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

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.

\$20	Nerf
\$15	Game Show
\$8	Rita's Ice Truck
\$35	Crayola
\$25	Game Truck
\$15	Magician
\$25	Color Me Mine
\$35	Bowling and Laser Tag
\$45	Liberty Science
\$15	Mad Science
\$10	Aspen Ice OPTIONAL 7/17, 7/31, 8/14

RANDOLPH GYMNASTICS SUMMER CAMP 2024

3 MIDDLEBURY BLVD RANDOLPH, NJ 07869 P. (973) 584-4111 F. (973) 584-9967

EMERGENCY FORM

Child Name	<input type="text"/>	Date of Birth	<input type="text"/>
Child Name	<input type="text"/>	Date of Birth	<input type="text"/>
Child Name	<input type="text"/>	Date of Birth	<input type="text"/>
Parent Name	<input type="text"/>	Phone (Home)	<input type="text"/>
Address	<input type="text"/>	Phone (Cell)	<input type="text"/>
	<input type="text"/>	Phone (Bus)	<input type="text"/>
Guardian	<input type="text"/>		
Guardian	<input type="text"/>		

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 of emergency requiring medical attention, I hereby give permission to have my child, 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 an armpit or ear thermometer will be used.

Please list allergies or indicate none:

Please list medical problems or indicate none:

Parent Signature Date

**A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS WITH THE
DOCOTOR'S STAMP CAN BE SUBMITTED *INSTEAD* OF THIS FORM**

HEALTH HISTORY/IMMUNIZATION FORM

(completed by Physician)

Child Name _____ DOB _____ Age _____ Sex _____ Grade just
Parent (s) / Guardian (s) Name _____ completed _____
Address _____

PHYSICAL EXAMINATION

Height _____ Weight _____ Heart _____ Lungs _____ ENT _____ Extrem _____

_____ child is found to be healthy and normal and may participate in all Camp activities.

_____ child has the following areas of concern _____

which will / will not affect participation as follows _____

Comments _____

HEALTH HISTORY

Previous Communicable Diseases and Dates _____

Other Illnesses, Accidents or Operations and Dates _____

Existing Allergies or Chronic Conditions _____

Medications _____

Special Needs, Individual Limitations _____

Previous Screenings, Evaluations, Dates and Results _____

IMMUNIZATION RECORD (a copy signed by the doctor can be submitted)

VACCINE TYPE	DISEASE	1ST DOSE	2ND DOSE	3RD DOSE	4TH DOSE	5TH DOSE	
	DATE						
	MO/DAY/YR	MO/DAY/YR	MO/D/YR	MO/D/YR	MO/D/YR	MO/D/YR	
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) If (Td or DT(1) Indicate	xxxxxxxx	_____	_____	_____	_____	_____	
POLIO-INACTIVATED POLIO VACCINE (IPV) If Oral, Indicate OPV	xxxxxxxx	_____	_____	_____	_____	_____	
MEASLES, MUMPS, RUBELLA (MMR)	_____	_____	_____	_____	_____	_____	Titer / Date (5):
HAEMOPHILUS B (HIB) (2)	xxxxxxxx	_____	_____	_____	_____	_____	
HEPATITIS B (3)	_____	_____	_____	_____	_____	_____	Titer / Date (5):
VARICELLA (4)	_____	_____	_____	_____	_____	_____	Titer / Date (5):
PNEUMOCOCCAL CONJUGATE (not required)	_____	_____	_____	_____	_____	_____	
OTHER SPECIFY:	_____	_____	_____	_____	_____	_____	

LEAD SCREENING (not required) Test Date: _____ Result: _____

Provisional Admission Attached _____ Medical Examination Attached _____ Religious Exemption Attached _____
Date Granted: _____ * Requires Medical Exemption

- (1) Requires Medical Exemption. (2) Required for Day/Child Care Enrollees (2 months - 5th birthday only)
- (3) Required for K-grade 1 (whichever is first). Grade 6 beginning 9-1-01, and grades 9-12, effective 9-1-04.
- (4) Required for Day/Child care enrollees (19 months and older) and grade K-grade 1 (whichever is first) effective 9-1-04.
- (5) MMR single antigen receipt requires month/day/year, serologies require titer, and varicella disease history requires month/year.

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

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

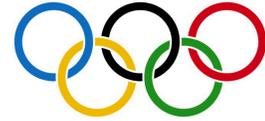


2024 Themed Weeks For Summer Camp

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

WEEK 1 (June 19th – June 21st): Olympic Week

A Trip to NJ Battle Zones: 6/21



WEEK 2 (June 24th- June 28th): Winter Wonderland Week

A Visit from The Game Show: 6/27

WEEK 3 (July 1st- July 3rd): Patriotic Week

A visit from Rita's Ice: 7/2



WEEK 4 (July 8th- July 12th): Ninja Week

A Trip to The Crayola Factory: 7/11 *FULL DAY*

WEEK 5 (July 15th- July 19th): Superhero Week

A visit from the Game Truck: 7/19



WEEK 6 (July 22nd- July 26th) : Carnival Week

A visit from the Magician: 7/26 *FULL DAY*

WEEK 7 (July 29th- August 2nd): Disney Week

A visit from Color Me Mine: 7/30



WEEK 8 (August 5th- August 9th): Hawaiian Week

A trip to Circle Bowl: 8/6

WEEK 9 (August 12th – August 16th): The Great Outdoors Week

A trip to Liberty Science Center: 8/15 *FULL DAY ONLY*



WEEK 10 (August 19th – August 23rd): Wacky Week

Campers will have the option to tie-dye!

A visit from Mad Science: 8/22 *FULL DAY ONLY*





Field Trip Permission Slip Form 2024

Child(ren) Name(s)

I give permission for my child , to go to **NJ Battle Zones** on **06/21/2024** 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 **The Crayola Factory on 07/11/2024** 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 **Liberty Science** on **08/15/2024** with Randolph Gymnastics Summer Camp. I can be reached at in case of an emergency.

Parents/Guardian Full Name:

Parent/Guardian Signature:

Optional Event

I give permission for my child , to go to **Aspen Ice on 7/17/2024, 7/31/2024, &/ or 8/14/2024** with Randolph Gymnastics Summer Camp. I can be reached at in case of an emergency.

Parents/Guardian Full Name:

Parent/Guardian Signature:

Child(ren) Name(s)

In the event you are unable to contact me, please contact:

Emergency Contact Name:

Emergency Contact Phone Number:

Parent/Guardian Signature:

Date: