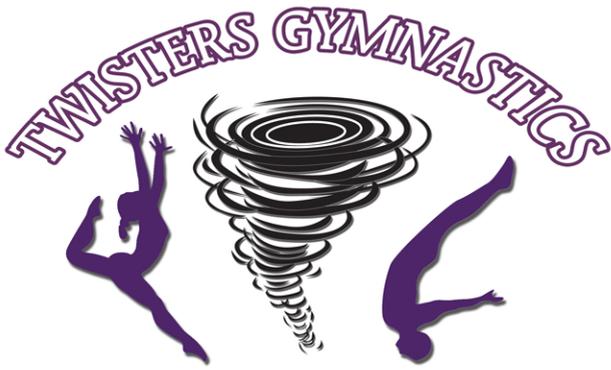


# Welcome to Summer Camp 2022!



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 Twisters 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 \*\***

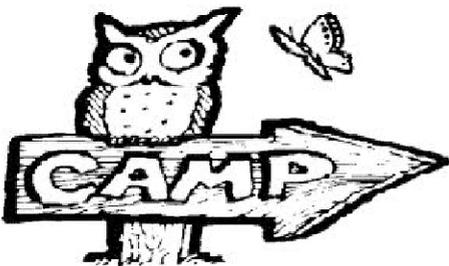
Please send children with a labeled backpack to keep all of their belongings organized and together. Remember to send with them the following items every day:

**\*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 at least two hours of 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- FULL DAY CAMPERS\***  
Each themed week will have a different visitor coming to the gym. The "additional fees" page in this packet will outline who is coming and what the extra costs will be.



# 2022 Summer Camp Application

## June 27th- September 2nd



\* **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 \* outside play \* games \* themed days \* crafts



The more days you come the more you save!!



**Full Day**

**Half Day**

\$75 per day



\$55 per day

10-14 days- 10% off= \$67.50 per day

10-14 days- 10% off= \$49.50 per day

15-24 days- 15% off= \$63.75 per day

15-24 days- 15% off= \$46.75 per day

25-34 days- 20% off= \$60 per day

25-34 days- 20% off= \$44 per day

35+ days- 25% off= \$56.25 per day

35+ days- 25% off= \$41.25 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  | 6/27 | 6/28 | 6/29 | 6/30 | 7/1  |
| Week 2  | X    | 7/5  | 7/6  | 7/7  | 7/8  |
| Week 3  | 7/11 | 7/12 | 7/13 | 7/14 | 7/15 |
| Week 4  | 7/18 | 7/19 | 7/20 | 7/21 | 7/22 |
| Week 5  | 7/25 | 7/26 | 7/27 | 7/28 | 7/29 |
| Week 6  | 8/1  | 8/2  | 8/3  | 8/4  | 8/5  |
| Week 7  | 8/8  | 8/9  | 8/10 | 8/11 | 8/12 |
| Week 8  | 8/15 | 8/16 | 8/17 | 8/18 | 8/19 |
| Week 9  | 8/22 | 8/23 | 8/24 | 8/25 | 8/26 |
| Week 10 | 8/29 | 8/30 | 8/31 | 9/1  | 9/2  |

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 <https://app.thestudiodirector.com/twistersnjgymnastics/portal.sd> to create your family profile and add your child as a student.

Scan Here:



Office use only: Total Days:

B/A care total: Visitor Total:

Total Due:



# TWISTERS GYMNASTICS

385-A Franklin Ave

Rockaway NJ 07866

P. (973) 627-3276 F. (973) 627-3255

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## TWISTERS GYMNASTICS SUMMER CAMP ADDITIONAL FEES AND EXPENSES

### **BEFORE/AFTER CARE-**

B/C- \$7 per day. A/C \$14 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 FRIDAYS** \$4 for first slice (drink included), \$3 each additional slice (CASH ONLY)

Every Friday a pizza lunch will be available for purchase!

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

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

- \$6 Zumba- 6/29
- \$22 Mad Science- 7/7
- \$22 Color Me Mine- 7/18
- \$16 Laser Tag Team- 7/25
- \$18 The Lizard Guy- 8/1
- \$22 Game Truck- 8/9
- \$7 Kona Ice Truck- 8/17
- \$15 Water Tag Team- 8/25

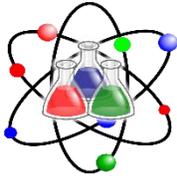


# 2022 Themed Weeks For Summer Camp

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

## WEEK 1 (June 27<sup>th</sup> – July 1<sup>st</sup>): Sports & Games

A Visit from Zumba!: 6/29



## WEEK 2 (July 5<sup>th</sup>- July 8<sup>th</sup>): Science Week

A visit from Mad Science: 7/7

## WEEK 3 (July 11<sup>th</sup>- July 15<sup>th</sup>): Wacky Week

Campers will have the opportunity to tie-dye this week



## WEEK 4 (July 18<sup>th</sup>- July 22<sup>nd</sup>): Disney Week

A Visit from Color Me Mine: 7/18

## WEEK 5 (July 25<sup>th</sup>- July 29<sup>th</sup>): Western Week

A visit from the Laser Tag team: 7/25



## WEEK 6 (August 1<sup>st</sup>- August 5<sup>th</sup>) : The Great Outdoors

A visit from The Lizard Guys: 8/1

## WEEK 7 (August 8<sup>th</sup>- August 12<sup>th</sup>): Superhero Week

A visit from the Game Truck: 8/9



## WEEK 8 (August 15<sup>th</sup>- August 19<sup>th</sup>): Hawaiian Week

A visit from the Kona Ice truck: 8/17

## WEEK 9 (August 22<sup>nd</sup> – August 26<sup>th</sup>): Wet and Wild Week

A visit from the water tag team: 8/25



## Week 10 (August 29<sup>th</sup>- September 2<sup>nd</sup>): Farewell Week

# June/July 2022

|  | Monday                          | Tuesday             | Wednesday                   | Thursday   | Friday                                |
|--|---------------------------------|---------------------|-----------------------------|--|---------------------------------------|
| <b>WEEK 1</b><br><b>Sports and Games Week</b>  | 27                              | 28<br>Olympics Day  | 29<br>Visit from Zumba!     | 30<br><b>Wear your favorite sports team jersey</b> | 1<br>Twisters Ninja Warrior           |
| <b>WEEK 2</b><br><b>Science Week</b>   | 4<br><b>CLOSED</b>              | 5                   | 6                           | 7<br>Visit from Mad Science                        | 8                                     |
| <b>WEEK 3</b><br><b>Wacky Week</b><br><small>* One tie dye will take place all week*</small> | 11<br><b>Crazy Sock Day</b>     | 12<br><b>PJ Day</b> | 13<br><b>Crazy Hair Day</b> | 14<br><b>Hat Day</b>                               | 15<br><b>Mismatched Day</b>           |
| <b>WEEK 4</b><br><b>Disney Week</b>  | 18<br>Visit from Color Me Mine  | 19                  | 20                          | 21<br>"Drive In" Disney Movie                      | 22                                    |
| <b>WEEK 5</b><br><b>Western Week</b>   | 25<br>Visit from Laser Tag Team | 26                  | 27                          | 28   | 29<br><b>Dress like a cowboy/girl</b> |

\*All activities are tentative. Schedule may change at any time.\*

# August/September 2022

|   | Monday                          | Tuesday                        | Wednesday                           | Thursday                            | Friday  |
|---|---------------------------------|--------------------------------|-------------------------------------|-------------------------------------|---|
| <b>WEEK 6</b><br><b>The Great Outdoors</b>                                    | 1<br>Visit from The Lizard Guys | 2                              | 3                                   | 4<br>Nature Hike                    | 5<br>Build your own fort                        |
| <b>WEEK 7</b><br><b>Superhero Week</b>  | 8                               | 9<br>Visit from the Game Truck | 10                                  | 11                                  | 12<br><b>Dress like your favorite Superhero</b> |
| <b>WEEK 8</b><br><b>Hawaiian Week</b>   | 15<br>Hula Dancing              | 16                             | 17<br>Visit from the Kona Ice Truck | 18                                  | 19<br>Hula Hoop Contest                         |
| <b>WEEK 9</b><br><b>Wet &amp; Wild Week</b><br>(bring bathing suits all week) | 22<br>Outdoor water games       | 23<br>Outdoor water games      | 24<br>Outdoor water games           | 25<br>Visit from the Water Tag Team | 26<br>Outdoor water games                       |
| <b>WEEK 10</b><br><b>Farewell Week</b>  | 29                              | 30                             | 31                                  | 1<br>Carnival day                   | 2<br>Ice cream party                            |

\*All activities are tentative. Schedule may change at any time.\*

# COVID-19 SAFETY & HEALTH POLICIES 2022

In order to slow, prevent, and limit COVID-19 exposure and spread, Twisters Gymnastics will be adhering to the following policies and procedures (subject to change):

Please keep alert for signs of illness in your children. **Symptoms** related to COVID-19 include:

- Fever or Chills
- Cough
- Shortness of Breath
- Difficulty Breathing
- Fatigue
- Muscle/Body aches
- Headache
- Loss of Taste/Smell
- Sore Throat
- Congestion/Runny Nose
- Nausea or Vomiting
- Diarrhea

**\*\* PLEASE KEEP YOUR CHILD(REN) HOME WHEN SICK \*\***

Any staff, children, and family members residing in the same household that have exposure to persons known to have COVID-19 must notify Twisters Gymnastics and follow all recommendations from the CDC.

## DAILY HEALTH SURVEILLANCE

- A daily health surveillance screening will be conducted for your child.
- Any person with signs of COVID-19 illness will be sent home for the day
- If your child is ill or showing any signs or symptoms listed above, please keep them home.

## DROP-OFF AND PICK-UP

- Please be prepared for a quick and smooth drop off process.
- One (1) parent must come into the building to sign in for camp.
- After being signed in, your child will join the camp and you (the parent) will exit the building.
- One (1) parent must come into the building to sign out at the end of the day.
- Please remember to keep social distance from each other while in common areas.

## MASK WEARING

- Masks are optional.
- If you would like your child to wear a mask, please provide them with 2 masks each day.

## CLEANING AND DISINFECTING

- Campers and staff will sanitize or wash hands in between activities.
- Hand sanitizer stations will be provided in numerous areas around the facility.
- Throughout the facility, cleaning supplies will be positioned for frequent cleaning between groups and structured activities.
- We have enhanced cleaning and disinfection procedures in place, using EPA approved disinfectants.

## INDOOR/OUTDOOR ACTIVITIES

- In addition to our indoor activities, campers will also have the opportunity to get fresh air outside. We have a multitude of outdoors games and activities for the campers as well as water activities available on-site.

Twisters Gymnastics will closely monitor the rules set forth by the CDC and will comply with all current guidelines and regulations. The COVID-19 Safety and Health Policies outlined above are subject to change.

**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<br>DATE<br>MO/DAY/Y | 1ST DOSE<br>MO/DAY/YR | 2ND DOSE<br>MO/D/YR | 3RD DOSE<br>MO/D/YR | 4TH DOSE<br>MO/D/YR | 5TH DOSE<br>MO/D/YR |                   |
|---|-----------------------------|-----------------------|---------------------|---------------------|---------------------|---------------------|-------------------|
| DIPHTHERIA, TETANUS, PERTUSSIS<br>(DTaP) If (Td or DT(1) Indicate | xxxxxxxx                    | _____                 | _____               | _____               | _____               | _____               |                   |
| POLIO-INACTIVATED POLIO VACCIN<br>(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<br>(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 \_\_\_\_\_ Phone \_\_\_\_\_  
 Physician Address \_\_\_\_\_  
 Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**TWISTERS GYMNASTICS SUMMER CAMP 2022**  
**385-A FRANKLIN AVE ROCKAWAY NJ 07866**  
**P. (973) 627-3276 F. (973) 627-3255**

**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 \_\_\_\_\_

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 \_\_\_\_\_

=====