



# 2024 Summer Camp Application

## June 24th- August 23rd

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



\* Before Care Begins 8:00 AM

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

\*After Care Until 6:00 PM

**MINIMUM AGE FOR CAMP IS 5 YEARS OLD**

Activities include:

\*Instructed Gymnastics \*Open Play \*Inflatables \*Visitors/Field Trips \*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

10-14 Days- 10% Off= \$54 per Day

15-24 Days- 15% Off= \$68 per Day

15-24 Days- 15% Off= \$51 per Day

25-34 Days- 20% Off= \$64 per Day

25-34 Days- 20% Off= \$48 per Day

35+ Days- 25% Off= \$60 per Day

35+ Days- 25% Off= \$45 per Day

**A \$100 deposit is required/child to reserve your spot. A registration fee of \$25/child is due for all new students.**

***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 information.*

**There are no REFUNDS, MAKE-UPS or SWITCHING OF DAYS allowed for camp!**

**Please check:**

Full

Half

M

T

W

TH

F

Week 1 6/24  6/25  6/26  6/27  6/28

Week 2 7/1  7/2  7/3  X X

Week 3 7/8  7/9  7/10  7/11  7/12

Week 4 7/15  7/16  7/17  7/18  7/19

Week 5 7/22  7/23  7/24  7/25  7/26

Week 6 7/29  7/30  7/31  8/1  8/2

Week 7 8/5  8/6  8/7  8/8  8/9

Week 8 8/12  8/13  8/14  8/15  8/16

Week 9 8/19  8/20  8/21  8/22  8/23

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

If different dates are needed for multiple children, please fill out 2 applications.

Camper Name:

Camper Name:

Camper Name:

Contact #:

Email:

Current Student  New Student

A Family Portal account is needed to register for summer camp. Registration paperwork will not be accepted without a family portal account. Please visit our website [twistersnjgymnastics.com](http://twistersnjgymnastics.com) to create an account for your family.

**Or Scan Here:**



(Registration can NOT be completed thru the portal.)

**OFFICE USE ONLY**

Total Days:

B/A care total:

Visitor Total:

Total Due:

**Office use only:**

Roster:  Immunizations:  Payment loaded:

Emailed:  In SD class:

# WELCOME TO

TWISTERS GYMNASTICS



# 2024 SUMMER CAMP

## FULL DAY

9:00 AM- 4:00 PM

## HALF DAY

9:00 AM- 1:00 PM

## BEFORE CARE

8:00 AM - 9:00 AM

## AFTER CARE

4:00 PM- 6:00 PM



## THANK YOU FOR CHOOSING TWISTERS GYMNASTICS SUMMER CAMP!

A Family Portal account is required to register for summer camp. (Student waivers and parent contact information is collected via the Family Portal.) Registration paperwork will not be accepted without a Family Portal account.

After creating your account and handing in your application paperwork, please view/print the remainder of this welcome packet.

This will need to be filled out and turned in ON or BEFORE your child's first day of camp. Partial packets will not be accepted!

### DROP-OFF & PICK-UP

A parent must sign their child(ren) in and out every day!

**Please do not drop your child off or pick them up without coming in.**



### ATTIRE

Campers can either wear a leotard or shorts and a T-shirt. Jeans or clothes with buttons should **not** be worn. Long hair MUST be tied back. Absolutely **NO JEWELRY!** All students go barefoot into the gym. On Fridays, a bathing suit, towel, and sandals are needed for water play.

### CAMP GEAR

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

**Snack & Lunch • Sunscreen • Socks & Sneakers (for outside play)**



### 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!

Fridays are water play days! Please remember to pack your child with the following on Fridays: **Bathing suit • Towel • Sunscreen • Sandals**

### CAMP VISITORS/ TRIPS- FULL DAY CAMPERS ONLY

Each themed week will have a different visitor coming to the gym or a trip outside of the gym. The "Additional Fees" page in this packet will outline the visitors and trips and what the extra costs will be. Please note, visitors and trips are **mandatory** for FULL DAY campers attending on the days they are scheduled.



**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 2024**  
**ADDITIONAL FEES AND EXPENSES**

**NEW STUDENTS**

\$25 Registration fee due at time of registration.

**BEFORE/AFTER CARE-**

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

Before/After Care must be scheduled/paid for at registration time. 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 \$5 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).**

**SNACKS FOR PURCHASE**

**Snacks- \$1.50 Drinks- \$1.25-\$2.00 Ice Cream- \$2.00**

Snacks & Drinks can be purchased by students from our vending machines for (and during) snack/lunch time. Ice cream from our competition team's summer fundraiser can be purchased during lunch time.

**Visitor/Trip Extras-** Payment must be paid at time of registration.

- \$8 Rita's Ice
- \$20 Water Tag Team
- \$22 Mad Science
- \$22 Game Truck
- \$25 Dinosaurs Rock
- \$25 Ice Skating TRAVEL field trip- SportsCare Arena
- \$25 Brush Crushh
- \$15 Genopalooza Productions

# 2024 Themed Weeks For Summer Camp

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

Check out our camp calendar for more information!

## WEEK 1 (June 24<sup>th</sup> – June 28<sup>th</sup>): Hawaiian Week

-A visit from Rita's Water Ice!

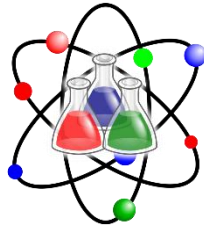


## WEEK 2 (July 1<sup>st</sup> - July 3<sup>rd</sup>): Wacky Week

-A whole week of wacky hair, clothes and tie-dying!

## WEEK 3 (July 8<sup>th</sup>- July 12<sup>th</sup>): Wet and Wild Week

-Water play all week and a visit from The Water Tag Team!



## WEEK 4 (July 15<sup>th</sup>- July 19<sup>st</sup>): Science Week

-A visit from Mad Science!

## WEEK 5 (July 22<sup>nd</sup> - July 26<sup>th</sup>): Superhero Week

-A visit from the Game Truck!

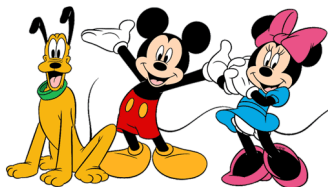


## WEEK 6 (July 29<sup>th</sup> - August 2<sup>nd</sup>): The Great Outdoors

-A visit from Dinosaurs Rock!

## WEEK 7 (August 5<sup>th</sup>- August 9<sup>th</sup>): Winter Wonderland

-A field trip to SportsCare Arena for ice skating!



## WEEK 8 (August 12<sup>th</sup>- August 16<sup>th</sup>): Disney Week

-A visit from Brush Crushh!

## WEEK 9 (August 19<sup>th</sup> – August 23<sup>rd</sup>): Carnival Week

-A visit from Genopalooza Productions & an ice cream party!



# JUNE

WEEK'S THEME	MON	TUE	WED	THU	FRI
<b>WEEK 1</b> <b><u>HAWAIIAN WEEK</u></b>	24 FIRST DAY OF CAMP	25	26	27 <b>A VISIT FROM RITA'S!</b>	28 WATER PLAY

# JULY

WEEK'S THEME	MON	TUE	WED	THU	FRI
<b>WEEK 2</b> <b><u>WACKY WEEK</u></b>  (TIE DYING ALL WEEK)	1 <b>CRAZY HAIR DAY</b>	2 <b>CRAZY SOCK DAY</b>	3 <b>PJ DAY</b>	4 CLOSED	5 CLOSED
<b>WEEK 3</b> <b><u>WET AND WILD</u></b> <b><u>WEEK</u></b> <small>PACK BATHING SUIT, TOWEL AND SANDALS EVERYDAY</small>	8 WATER PLAY	9 WATER PLAY	10 WATER PLAY	11 <b>VISIT FROM THE WATER TAG TEAM</b>	12 WATER PLAY
<b>WEEK 4</b> <b><u>SCIENCE WEEK</u></b>	15 <b>VISIT FROM MAD SCIENCE</b>	16	17	18	19 WATER PLAY
<b>WEEK 5</b> <b><u>SUPERHERO</u></b> <b><u>WEEK</u></b>	22	23 <b>VISIT FROM THE GAME TRUCK</b>	24	25	26 WATER PLAY
<b>WEEK 6</b> <b><u>THE GREAT</u></b> <b><u>OUTDOORS</u></b>	29	30 <b>VISIT FROM DINOSAURS ROCK!</b>	31	8/1	8/2 WATER PLAY

# AUGUST

WEEK'S THEME	MON	TUE	WED	THU	FRI
<b>WEEK 7</b> <b><u>WINTER</u></b> <b><u>WONDERLAND</u></b>	5	6	7 <b>TRAVEL FIELD TRIP</b> SPORTSCARE ARENA ICE SKATING	8	9 WATER PLAY
<b>WEEK 8</b> <b><u>DISNEY WEEK</u></b>	12	13	14	15 <b>VISIT FROM BRUSH CRUSHH</b>	16 WATER PLAY
<b>WEEK 9</b> <b><u>CARNIVAL WEEK</u></b>	19	20	21 <b>VISIT FROM GENOPALOOZA PRODUCTIONS</b>	22	23 LAST DAY OF CAMP ICE CREAM PARTY

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**385-A FRANKLIN AVE ROCKAWAY NJ 07866**  
**P. (973) 627-3276 F. (973) 627-3255**

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

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 \_\_\_\_\_

=====

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