



155 Parkway Harrington Park NJ 07640

## SUMMER CAMP PROGRAM

### June 28<sup>th</sup> – August 20<sup>th</sup>

#### Child Information

Please type or print legibly.

Last Name: \_\_\_\_\_

Gender: ☐ Female ☐ Male

First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Grade attended 2020-2021 School Year: \_\_\_\_\_

Camp Start Date: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

I give my permission for my child's picture to be taken. Yes No

I give my permission for my child to participate in outdoor exploration and nature walks. Yes No

*I have received a copy of the VECC Family Guide, Expulsion Policy, Tuition agreement, Receipt of Information, and the New Jersey Information to Parents Document.*

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Parent Information

Please type or print legibly.

Parent's Name: \_\_\_\_\_ Parent email: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent email: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

## DISMISSAL RELEASE

Persons Authorized to pick up child: (Please provide a copy of their ID)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## **EMERGENCY DISMISSAL PROCEDURES**

*Our policy in the event of an emergency is first to keep all of the children in our care safe. Second, a parent/legal guardian will be called and expected to arrive within the hour to pick up their child. If this is not possible, YOU must reach the emergency contact. If no one arrives to pick up your child, they will be brought to the local police department.*

*Please list Two Emergency Contacts (other than parents)*

**Emergency Contact\*:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact\*:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## **Emergency Medical Authorization**

### **REQUIRES PARENTS' SIGNATURES:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat our child \_\_\_\_\_, as they may deem advisable.

**Parent/Legal Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Allergies:** \_\_\_\_\_

**Student Medical Problems:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Insurance carrier:** \_\_\_\_\_



Please list below any pertinent information you believe will help us in providing your child with a positive and fun experience while at VECC Camp: