



155 Parkway Harrington Park NJ 07640

SUMMER CAMP PROGRAM

July 6th - August 26th

Child Information

Please type or print legibly.

Last Name: _____

First Name: _____

Gender: Female Male

Birthdate: _____ Age: _____

School and grade attended 2021-2022 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 PARENT SIGNATURE:

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: