

GRADES K-8
SUMMER RECREATION REGISTRATION FORM ~ 2015
5 week DAY CAMP; 8am – 12pm daily; (Dates: 6/29 – 7/31)

Registration Deadline: June 1st

**(Please complete one form per child).*

Child's Last Name _____ Child's First Name _____
 Address _____
 Town: _____ Zip _____
 Birth Date: _____
 Male _____ Female _____

Grade (Fall 2015) _____
 (Open to children entering grades K-8 in the fall)

	Mother/Guardian	Father/Guardian
Name		
Home Phone #		
Work Phone#		
Cell Phone #		
Email		

Please provide information for 2 emergency contacts (other than parents) who are in close proximity to the program and can be reached during the day. We will always attempt to contact the parent(s) first.

	Emergency Contact #1	Emergency Contact # 2
Name		
Home Phone #		
Work Phone#		
Cell Phone #		
Email		

The following individuals (in addition to parent/guardian and emergency contacts listed above) are allowed to sign-in/out my child from the program. Please include car pools.

	Name	Home Phone	Work Phone	Cell Phone
1				
2				
3				
4				

Place in Group with: (Max: 2 names permitted) _____

Any medical, physical, or behavioral conditions we should be aware of:

List Allergies: _____

Epi-Pen Required: _____ Yes _____ No (Must be given to the Site Supervisor with instructions for use)

I hereby give permission for my child to attend this program and give permission for the staff to provide emergency care as necessary for the well being of my child until such time as I may be contacted. I give permission for those individuals listed on this form to sign my child in or out of the program. I understand that by signing this waiver I agree not to hold Long Hill Township, their employees and advisors, the Recreation Dept staff responsible for any accidents, injury, damage or loss incurred in this activity or any part of the program. I understand that there are no refunds issued unless this program is canceled.

Parent/Guardian Signature _____ Date _____

Fee: \$257 per Long Hill resident child; \$502 for non-resident child

To register and pay online, go to <https://register.communitypass.net/longhill> (select "summer 2015")

Make checks payable to: Long Hill Township

Mail to: Long Hill Recreation Dept. - 915 Valley Rd. Gillette, NJ 07933

**NO CHANGES WILL BE MADE AFTER PROGRAM STARTS*

Applications/Registrations are non-transferrable* **FOR MORE INFORMATION, E:mail us at recreation@longhillnj.us, Call 908. 647.8000 x219, or visit Website at www.longhillnj.us (Parks & Recreation)