Camper's Information

First Name:		Las	t Name:		Grade:	
					Upcoming	School Year (2024-2025)
Date of Birth:						
Address:				 City	State	Zip
						,p
			Program			
	[] 5-7 Years Old	[] 8-10 Yea	ars Old [] 11-1	2 years old	
			Schedule			
	[] Mond	day [] Tuesday	[] Wedneso	day [] Thursday	[] Friday	
		[] 5 Full Days	s []4 Full Da	ys []3 Full Days		
			Parent's Info			
		[] Parent 1	[] Parent 2 [] Other:		
First Name:			Last Name	:		
Home Address:						
*Same as child []						
Cell Phone: (1		\\/.	ork Phone: ()		
Email:						
			Parent's Infor			
		[] Parent 1 [] Parent 2[] C	Other:		
First Name:			Last Name	:		
Home Address:						
*Same as child []						
Cell Phone: ()		Wo	ork Phone: ()		
Email:						
						
Persons, other than p	arents, aut	horized to pick up (child and/or wh	o can assume respoi	nsibility in case o	of emergency:
1.Name:		•		Relatio	-	
2 Name				Relatio		

Metuchen Friends Summer Camp

Registration **Camp Schedule & Pricing**

All Checks made payable to Callicorp, LLC.

Pricing is for Full Time hours 8:00am – 4:00pm Before and aftercare available for an extra charge

# Of Days a Week	Price
5	\$370.00 (\$350 before May 1 st)
4	\$300.00 (\$280 before May 1 st)
3	\$230.00. (\$210 before May 1 st)

Registration Fee:

\$125.00

For all campers who are new to FOTF!

Our 2024 full 10-week session runs from June 24th to August 30th

Your weekly rates include breakfast, and 2 snacks. Lunch is not included and will need to be packed daily. Friday is Pizza day for an additional \$5 weekly, which includes a drink. Please initial the weeks your child will be attending camp. Week 1 June 24th – June 28th Color Wars Week 2 July 1st – July 3th Color Me Creative (Closed July 4th & 5th) **Tuition \$230** Week 3 July 8th – July 12th Camp Carnival Week 4 July 15th – July 19th Mighty Builders Week 5 July 22nd – July 26th Cooking Mania Week 6 July 29th – August 2nd Summer Scientists Week 7 August 5th – August 9th Wide World of Sports Week 8 August 12th – August 16th Fairytales, Superhero & Stories _____ Week 9 August 19th – August 23rd Animal Planet Week 10 August 26th – August 30th Camp Finale parent of the above weeks. I am aware that there are no refunds for money already paid. Weeks cannot be changed later than June 24th. After June 24th I am responsible for payment for the reserved weeks at the higher rate.

2

^{**} If not able to pay in full, \$50 per week deposit must be given at time of registration prior to May 1st!**

MFSC 2024

Metuchen Friends Summer Camp Registration

Permission for Medical Treatment

1 (11111331011	Tor Medical Treatment
Medical Insurance Carrier Plan:	
Policy Number:	Group Number:
Child's Physician:	Phone :
Preferred Hospital:	
	-
I (Parent's Name),	Parent of (Child's Name)
Authorize Metuchen Friends Summer Camp responsibility for services rendered.	to obtain medical care and I/we will assume full financial
damage to my/our child, not caused by the ne employees. We agree to hold the center harm	nds Summer Camp from any claim of any injury or egligence of willful misconduct of the center or their less from any claim or suit arising from or relating to igence of Metuchen Friends Summer Camp or their
Med	ical Conditions
Does your child have any medical conditions that sta	aff should be aware of? No [] Yes []
If yes please describe here:	
Does your child take any medications? No []	Yes []
If yes, please list them here:	
, , ,	Yes [] If you answered yes please submit a Doctor's note
If yes, please list here:	

MFSC 2024

Metuchen Friends Summer Camp

Registration

Informed Consent

Name of Child:	Date:	
Please initial below as you read and unde	erstand each statement:	
	Program	
	program will consist of planned group and indoor and on the playground. Pictures of	
	on short walking trips in the area to parks, st be accompanied by sufficient adult supervision	·
	Staff	
I understand that qualified staff regulations.	will be always present and in ratios requ	ired by the state and federal
	Transportation	
program. It is my understanding driver will have a current drive	y child to participate in field trips with the Me that my child will be transported in a saf r's license. I understand that the child in any time. My child will be transported eight, age.	e, registered vehicle, and the the vehicle shall not be left
E	Emergency and Medical Procedures	
I have been informed and agree t	to the following medical procedures:	
1. In case of illness, I will be called	d and required to pick up my child immediate	ely.
	s scrapes, splinters etc.) I understand the cen ng wounds and applying band aids.	nter's staff will perform routine
or the listed emergency contacts	of a physician (for stitches and x-ray) I unde cannot be reached, I give permission for provide necessary treatment. I agree to ass	
will also be called. The center's s hospitalization is required, I give	y, I will be called immediately. If circumstan taff will respond as necessary until the Rescong permission for my child to be hospitalistical responsibility for such treatment.	cue Squad arrives. In the event
Parent Name (PRINT) Additional comments:	Signature	Date
	4	

Informed Consent Continued

Expulsion & Discipline Policy	
I have read and understand the center's expulsion ar	nd discipline policy.
Lockdown & Evacuation Procedures	
I have read and understand the center's evacuation	and lockdown procedures.
Sunscreen	
I give permission for sunscreen that I provide to be a	pplied to my child when needed.
Class List Release	
Does your child have any limitations that would not allow th	nem to participate in daily camp activities?
[] Yes [] No If yes explain,	
Information to Parents Document	
I have read and understand the centers Information	to Parents Document
Photos and Videos	
Children are photographed or videotaped at summer children's portfolios, recording activities for events and post and other children. External uses include news reports on the We also like to have some photographs on our website. All the for staff approved applications only. Please read below, the pictures to be shared, make any special comments and staff approved.	ters, photo albums for the center, staff, students, ne Center by local newspapers or television stations. release of Center photographs and videotapes will check off the areas in which you give permission for
[] Portfolios, activities, and events	
[] Photo albums	
[] Posters to decorate center	
[] Facebook (Private Parent Page)	
[] Advertisements in Newspapers and Magazines, Public Fa	acebook, Website
Additional Comments:	
I give permission for my child,videotaped for the reasons checked above.	to be photographed or
Parent Signature:	Date:

Swimming Permission

Dear Parents,

Metuchen Friends Summer Camp will be going to the Metuchen Municipal Pool located at: **50 Lake Avenue, Metuchen NJ 08840**. We <u>are scheduled to go twice a week; every Tuesday and Thursday</u> and campers will walk to the pool. In order for your child to participate in swimming and pool activities, we must have your permission.

Child's ı	name:		
	I give permission fo	or my child to participate in swimming.	
	I <u>DO NOT</u> give permission for my child to participate in swimming and pool activities while attending Metuchen Friends Summer Camp during the 2023 summer season.		
	I understand they	will not be able to attend those days.	
Parent I	Name (PRINT):		
Parent Signature: Date:			e:
		*All Camper's will be given a swim test.	
		My Child's swimming ability is:	
		[] Beginner	
		[] Advanced Beginner	
		[] Intermediate	
		[] Advanced	
		All children will be given a swim test on their first day of swimming.	

Trips

A Note on Trips:

Metuchen Friends Summer Camp will be going on trips this year! The scheduled trips are tentative as we await final approval and pricing from our bus company. Trips are open for children 5 and up. Please note if we are not able to go on a trip each week, we will bring in specials to our school.

Please initial for each:	
1. I understand the campers will be transported to these location	ns in a licensed
bus. The bus company is Villani bus company. Seat belts	must be used
properly. They will be closely supervised by Metuchen Friends	Summer Camp
staff.	
2. I understand buses will leave Metuchen Friends Summer Cam	p no later than the
time indicated for each trip. The bus CANNOT wait for lat	e arrivals. The trip
schedule is also included in the registration form.	
3. I understand my camper must wear socks and sneakers on th	ese trips. No one
will be permitted to board the bus wearing open toe shoes or	r flip flops.
4. Campers are not to bring cell phones, iPad, or other electronic	al devices of any kind.
5. I fully understand Metuchen Friends Summer Camp will not be	responsible for any lost
or stolen items.	
6. I will read the "Trip Message" for each upcoming trip. These	e informational
pages will detail each individual trip and include items to bring	, what to wear,
what to leave home, etc. These pages will be available via em	ail/Procare the
first day of each week prior to the actual trip.	
Parent Signature	Date



Weekly Activities!

* Monday's: Yogarate

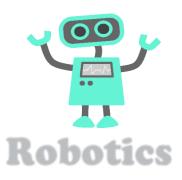
* Tuesday's & Thursdays: Metuchen Pool 10:30am

* Wednesdays: Trip Day

* Thursday: Clicks and Bricks Robotics

Schedule may change depending on availability, weather, etc.

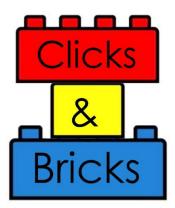






Magic Shows





Summer Camp Before and After Care Pricing 2023

Just Before Care Drop off any time before 8:00am	\$25.00 additional per week
Just After Care Anytime between 4:00pm – 7:00pm	\$40.00 additional per week
Before & Aftercare combined	\$55.00 additional per week

Before Care: Children who arrive before 8:00am will receive breakfast.

After Care: Children who are still at our center after 5:30pm will receive a late-night snack.

Please write if you will need Before & Aftercare and which would you need:			