

REGISTER



ON MYREC

SUMMER PLAYGROUND

WHO: Children currently in grades K-5

WHEN: Monday - Friday, 9AM-Noon, June 26th–August 5th

WHERE: Mountain View Park

ENTIRE SUMMER FEE: \$250 per child

OR

WEEKLY FEE: \$60 per week per child

ARTS AND CRAFTS, THEMED DAYS, GAMES, FREE PLAY, SCIENCE EXPERIMENTS, TRIPS AND EDUCATIONAL ACTIVITIES!
NEW THIS YEAR– KINDERGARTEN AND FIRST GRADERS WILL HAVE DEDICATED COUNSELORS AND ACTIVITIES.

NO REFUNDS WILL BE ISSUED AFTER JUNE 16, 2023. YOU WILL RECEIVE A CONFIRMATION LETTER WITH CAMP RULES AND REGULATIONS AFTER THE DEADLINE HAS PASSED. TO REGISTER PLEASE COMPLETE THE FORM IN INK AND RETURN TO THE RECREATION DEPT.

WITH PAYMENT OR REGISTER AND PAY ONLINE THROUGH MYREC. PROGRAM IS OPEN TO MIDDLESEX BOROUGH RESIDENTS ONLY.

DEADLINE TO REGISTER IS JUNE 09 2023



(PLEASE CHECK OFF) FULL SUMMER: _____ WEEKS: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

NAME _____ DOB ____/____/____ GRADE COMPLETED IN 2023 _____

ADDRESS _____ CITY/STATE/ZIP _____

CONTACT PHONE # _____

EMERGENCY TREATMENT RELEASE: DATES DURING WHICH RELEASE IS GRANTED – FROM: JUNE 26, 2023 2TO: AUGUST 4, 2023

TO WHOM IT MAY CONCERN: AS A PARENT AND/OR GUARDIAN OF THE CHILD NAMED ABOVE, I HEREWITH AUTHORIZE THE TREATMENT BY A QUALIFIED AND LICENSED MEDICAL DOCTOR IN THE EVENT OF A MEDICAL EMERGENCY WHICH, IN THE OPINION OF THE ATTENDING PHYSICIAN, MAY ENDANGER HIS OR HER LIFE, CAUSE DISFIGUREMENT, PHYSICAL IMPAIRMENT OR UNDUE DISCOMFORT IF DELAYED. THIS AUTHORITY IS GRANTED ONLY AFTER A REASONABLE EFFORT HAS BEEN MADE TO REACH ME.

PARENT(S)/GUARDIAN INFO:

PARENT NAME ADDRESS (IF DIFFERENT THAN ABOVE) CELL _____ WORK _____

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CONTACT EMAIL: _____

OTHER CONTACT IN CASE OF EMERGENCY (REQUIRED):

NAME _____ PHONE _____ H / W / C RELATION TO CHILD _____

SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESS OR OTHER MEDICAL CONDITIONS THE STAFF SHOULD BE AWARE OF (ATTACH OR USE BACK IF NECESSARY) _____

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE. I CONFIRM THAT MY CHILD IS UP TO DATE ON ALL IMMUNIZATIONS AS REQUIRED BY THE NJ DEPT. OF HEALTH AND SENIOR SERVICES ANNUAL IMMUNIZATIONS REPORT. I ALSO AGREE THAT ALL INFORMATION PROVIDED IS CORRECT AND FACTUAL. IF INFORMATION IS FOUND TO BE FALSE I UNDERSTAND THAT MY CHILD WILL BE EXPELLED FROM THE PROGRAM WITHOUT REIMBURSEMENT OF FEES PAID.

PARENT SIGNATURE _____ DATE ____/____/____