

2010 SUMMER RECREATION REGISTRATION

FOR CHILDREN ENTERING K-6th GRADES IN SEPT. 2010

Please check here if you do not want to be include in our Electronic Recreation Newsletter _____

Registration Deadline is May 7, 2010 or until filled. Space is limited.

This year camp will offer (5) 1 week sessions.

Please check each session your child(ren) will attend and whether they will be attending half or full day.

___ SESSION 1 June 28th – July 2nd

___ SESSION 4 July 19th – July 23rd

___ SESSION 2 July 6th - July 9th

___ SESSION 5 July 26th – July 30th

___ SESSION 3 July 12th – July 16th

Fees: ___ Half Day: 8:30 – 12:30 pm, fee is \$65.00. Fee for each additional child will be \$55.00

___ Full Day: 8:30 – 3:00 pm, fee is \$106.00. Fee for each additional child will be \$90.00

Early Drop off: 7:00am _____ weeks @ \$ 10.00 per week, per child \$ _____

List early drop off weeks here:

Due to staffing concerns, there will be *NO REFUNDS* for this program. Total Due \$ _____

Child's Name: _____

Parent/Guardian Name(s): _____

Complete Mailing Address: _____

Email address: _____ **Birth Date:** _____ **Age:** _____

Boy or Girl: _____ **Grade going into September 2010** _____

Home Telephone: _____ **Work Telephone:** _____

Cell Phone: _____

Child's Physician: _____ **Phone Number:** _____

Please list emergency contact: _____ **Phone:** _____

List any concerns, challenges, allergies and/or restrictions related to above child: _____

Pictures from our programs may appear on our web site, newsletter and or channel 19 (RVTV).

If you DO NOT wish to participate, please sign here _____

PARENT/GUARDIAN – READ & SIGN: _____ has my permission to participate in all activities of the above registered program, including field trips. In case of an emergency, I authorize the program's assigned personnel to administer first aid treatment, transport the participant to nearest hospital if necessary, and notify me as quickly as possible. I understand that proper supervision is provided for all programs. However, in the event of any emergency due to accidents beyond their control, I hereby release Lumberton Department of Recreation, its supervisors, employees, sponsors and program volunteers, from all liability.

Parent/Guardian Signature

Date

Date Pd _____

Check# _____

Amt\$ _____

Grade _____ Color _____ Do not write in this box!
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Summer Recreation – 2010

General Description

The Summer Recreation program is open to children going into K through 6th Grade in September 2010. The program will offer (5) one week sessions.

Session 1	June 28th - July 02nd	Session 4	July 19th – July 23rd
Session 2	July 06th - July 09th	Session 5	July 26th – July 30th
Session 3	July 12th – July 16th		

Option 1 8:30am -12:30pm. (**20 hours** per session) The fee for the program is \$65.00 per child per session. The fee for each child thereafter will be \$55.00.

Option 2: 8:30am – 3:00pm. (**32.5 hours** per session) The fee for the program is \$106.00 per session per child. The fee for each child thereafter will be \$90.00.

Early Drop Off Program - The program begins at 7:00am, you will still have to sign your child in. They will report to the all-purpose room. The fee is \$10.00 per session, per child.

Due to staffing concerns, there will be *NO REFUNDS* for this program.

Regular Daily Schedule

Arrival: Arrival will be from 8:30am - 8:40am. Children must not be dropped off or arrive prior to this time unless they are participating in the early drop off program. Parents should bring their children to the all purpose room for attendance. Attendance time will be from 8:30 – 8:45 a.m. Children arriving after 8:45 are to go to the Coordinators Office to find out where their group is located (first program starts at 8:45).

Parents, you should sign-in your child during the first week, until the counselors get to know you. If you bring your child after 8:45am, please go to the Coordinator's Office to find out where your child's group is located, as the first class will start at 8:45am. **Children who arrive prior to this time and who are NOT enrolled in the early drop off program are expected to be supervised by their parent or the person who is dropping them off.**

Grouping: Children will be grouped based on their grade level and grouped into color categories: You will be emailed your child's grouping.

Counselors: Each group will be assigned to two counselors. The groups will have the same counselors for the entire session.

Program Content: Program includes art, nature and environmental studies, games, dance, tennis, karate, physical education, and educational demonstrations.

Dismissal: Students are to be picked up from 12:15 – 12:30pm or 2:45-3:00pm and must be signed out. Children who have permission to walk or ride their bikes will be dismissed at 12:15 or 2:45pm. There will be permission slips in the Parent Handbooks for children to walk or ride their bikes. These slips should be completed and given to your child's counselor the first day of the program. **There will be a \$5.00 late fee for any child who is not picked by 12:30pm or 3:00pm.**

Discipline Policy

There is a discipline policy that must be followed by the children as well as the staff. The policy is included in the more specific, descriptive parent handbook.

Please complete the pick up authorization form and authorization to administer medication form (if needed) when you submit your registration form.

AUTHORIZATION FOR ADMINISTERING MEDICATION & INHALERS
Release and Indemnification Agreement

To be completed by the Parent/Guardian

Please turn in with registration form.

The Lumberton Township Recreation Department discourages the use of medication during program hours. IF POSSIBLE, PLEASE HAVE YOUR CHILD TAKE MEDICATIONS BEFORE OR AFTER PROGRAM HOURS. I hereby authorize Lumberton Recreation personnel to facilitate the use of medications by my child as stated on this authorization. I agree to release, indemnify, and hold harmless the Lumberton Recreation personnel from lawsuit, claims, expense, demand or action against them for assisting my child with medication use, provided the staff comply with the authorized orders established below.

Child's Name _____

Date of Birth _____ **Age** _____ **Sex** _____

Emergency Phone Number _____

Name of person at emergency phone number _____

Check One:

- _____ Authorization for an antibiotic
- _____ Authorization for an over-the-counter medication
- _____ Authorization for other medications & Prescriptions
- _____ Authorization for Inhaler

Name of Medication _____

Date of first dosage _____ **Effective From** _____ **To** _____

Dosage amount to administer during program hours _____

Date(s) & times to administer _____

Side Effects _____

If your child will be taking more than one medication at a time, list the sequence in which medication should be administered _____

Parent/Guardian Signature

Date

LUMBERTON TOWNSHIP SUMMER RECREATION

PICK UP AUTHORIZATION FORM

Please turn in with registration form.

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD FROM THE LUMBERTON SUMMER RECREATION PROGRAM. I UNDERSTAND MY CHILD WILL BE ALLOWED TO LEAVE WITH THESE INDIVIDUALS ONLY.

Child's Name _____ Group _____

(Parents/Guardians, please include yourselves)

Authorized Person #1 _____

Phone _____ Relationship _____

Authorized Person #2 _____

Phone _____ Relationship _____

Authorized Person #3 _____

Phone _____ Relationship _____

Authorized Person #4 _____

Phone _____ Relationship _____

Authorized Person #5 _____

Phone _____ Relationship _____

Name of person NOT allowed to pick up my child: _____

Parent/Guardian Signature _____ Date _____

Credit Card Authorization Form

This form must be turned in with your registration form

Participant's Name _____ Program _____

Participant's Name _____ Program _____

Participant's Name _____ Program _____

Participant's Name _____ Program _____

Parent/Guardian Name _____

Name and Address that appears on the credit card

Name _____ Address _____

City _____ State _____ Zip _____

E-mail Address _____

Phone Number _____

Payment: Visa Expiration Date _____ MasterCard Expiration Date _____

Account#: _____ - _____ - _____ Security Code _____

Signature _____

On back Of card

Total Amount Charged \$ _____

Please note: No Refunds Will Be Given For This Program.