



SECAUCUS RECREATION



REGISTRATION

CHECKLIST

Please return the following to the Secaucus Recreation Center on Koelle Blvd:

- Completed Application
- Check(s) made payable to **Secaucus Recreation**
- Copy of child's current immunization records
- Copy of child's health insurance card **(Front and back)**
- Copy of current proof of residency
- Initial and sign General Guidelines
- Initial and sign Parent Guidelines
- Initial and sign Medical Authorization **(EpiPen/Allergy Care)**
- Initial and sign Medical Authorization **(Diabetes/Blood Sugar Care)**
- Keep last 3 pages for your personal records

SUMMER CAMP PROGRAM PRICING

Pee Wee Camp (Grades K-2)

Junior Camp (Grades 3-4)

Senior Camp (Grades 5-9)

Full Program

7 Weeks - \$1,190.00

7 Weeks + Daily Extended Care - \$1,365.00

Weekly Pricing

Summer Day Camp Only (8:30 pm-4:00 pm)

Week (1) - \$140.00

(Closed Wednesday, July 4th)

Week (2) - \$175.00

Week (3) - \$175.00

Week (4) - \$175.00

Week (5) - \$175.00

Week (6) - \$175.00

Week (7) - \$175.00

Summer Day Camp+Daily Extended Care (4:00 pm-6:00 pm)

Week (1) - \$165.00

(Closed Wednesday, July 4th)

Week (2) - \$200.00

Week (3) - \$200.00

Week (4) - \$200.00

Week (5) - \$200.00

Week (6) - \$200.00

Week (7) - \$200.00

Payments

Payments may be made via credit card or eCheck on **Community Pass**.

- Payment for first week of camp must be received by **Wednesday, June 27th**.
- Weekly payments must be received by the **Wednesday before** the following camp week (i.e. payment for week (2) must be received by July 9th).

******All field trips are included in price******

SECAUCUS RECREATION CAMP PROGRAM APPLICATION

Please indicate which program your child is enrolling in

Pee-Wee Camp (Grades K-12)

Junior Camp (Grades 3-4)

Senior Camp (Grades 5-9)

Name of Child _____

Child's Date of Birth ____/____/____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number (____) _____

RELEASE OF LIABILITY I hereby release and hold harmless Secaucus Recreation Summer Camp Program, the Town of Secaucus and its officers, employees, agents, representatives, volunteers, staff and assigns harmless and indemnify them from and against any liability, claims, judgments or expenses that may arise out of or from participation in the in this Camp Program and any travel/transportation related to this Camp Program, including but not limited to, injury, accidents, loss of property, death, sickness or exposure other illnesses, whether or not such is caused by negligence of the Secaucus Recreation Summer Camp Program, the Town of Secaucus and its officers, employees, agents, representatives, volunteers, staff and assigns.

P a r e n t / G u a r d i a n
Signature: _____ **Date:** _____

EMERGENCY CONTACT INFORMATION

1. Primary Contact

Name _____ Relationship to Camper _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone # (____) _____ Secondary Phone (____) _____

E-mail _____

2. Secondary Contact (In the event primary contact is not available)

Name _____ Relationship to Camper _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone # (____) _____ Secondary Phone (____) _____

E-mail _____

INSURANCE INFORMATION

Does the child have health insurance coverage?

No

Yes

If yes, please provide plan name _____ Group # _____

Does your child know how to swim?

Yes

No

*****Campers may bring life vest or inflatable arm floaties with them to camp daily*****

MEDICAL CONDITION INFORMATION

Does the child have any allergies?

No

Yes, please specify (medications, food, reaction to bee stings, etc.)

Does the child carry an EpiPen? Yes No

******If yes, please make sure child has EpiPen with them daily.
Camp Counselors DO NOT have extra EpiPens on hand.**

Does the child carry an inhaler? Yes No

Any dietary restrictions? (Vegetarian, vegan, etc.)

Please check any medical conditions your child may have:

- | | | |
|------------------|------------------------------|-----------------------------|
| 1. Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Wears Glasses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Seizures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Other | | |

If yes to any of the above medical conditions, please specify (i.e. Type of seizures, type of insulin taken for diabetes, etc.)

Please specify any additional information the camp counselors may need to know while Camper is attending the program

Parent/Guardian Signature: _____ **Date:** _____

ALL ABILITIES CAMP PARTICIPANTS

*******Please fill out this form if the child is an All Abilities Camp Participant, if not, please skip to the next section.***

Does the Camper require any special accommodations while attending the program?

No

Yes, please specify (wheelchair accessibility, etc.)

Please specify any general mobility and/or coordination considerations with which the Camper may need assistance (i.e. toileting, stairs, pool, etc.):

Please specify any other information camp counselors should be aware of while your child is taking part in the Summer Camp Program including social interactions, peer relations, etc.

Does the Camper have an **Individualized Education Program** (IEP)?

Yes

No

***** An All Abilities Camp Coordinator will call you to make accommodations for your child to maximize their camp experience.**

Parent/Guardian Signature: _____ **Date:** _____

GENERAL GUIDELINES

The Secaucus Summer Day Camp Program is designed to provide each child with a variety of activities; we want the children to enjoy their camp experience. To ensure the well-being and safety of every child, the below guidelines are to be followed. Please review with your child.

Summer Camp

Starts Monday, July 2nd and ends Friday, August 17th

8:30 AM to 4:00 PM (M-F only)

****Closed Wednesday, July 4th****

Extended Care Program

Starts Monday, July 2nd and ends Friday, August 17th

4:00 PM to 6:00 PM (M-F only)

****Closed Wednesday, July 4th****

Daily drop-off and pickup location: Clarendon Elementary School

Rules for all Campers

1. All Campers must obey and follow directions given by the camp counselors and supervisors.
2. All Campers are prohibited from bringing any dangerous objects/weapons to camp.
3. All Campers must bring at least 2 snacks, a lunch and beverages each day.
4. All Campers must be able to independently dress themselves (unless otherwise specified) and be solely responsible for all their belongings.
5. Campers will be removed from camp immediately if they engage in any type of inappropriate behavior or use foul language.

****Any violation of the written guidelines, verbal guidelines or a counselor's direction may result in the camper being permanently removed from summer camp. **No refunds** will be given if a camper is removed from the summer camp program due to any violation of the above guidelines.*

For Parents/Guardians

1. If the child is absent on any given day, no substitutions will be permitted.
2. Please advise counselors if your child has any allergies or takes any medications.
3. Please apply sunscreen daily prior to child arriving at camp
4. Summer Camp begins **8:30 am at Clarendon School**. Please **DO NOT** drop off your child before 8:30 am. Please walk your child into the school and sign in.
5. Campers **not participating** in the Extended Care program must be picked up no later than **4:00 pm at Clarendon School**. An additional \$25 late fee will be charged each week for any campers picked up after 4:00 pm.
6. The counselors reserve the right to suspend/expel any camper who displays inappropriate behavior or overt violent tendencies.
7. Campers must wear their Secaucus Recreation Camp shirt on Field Trip Days.

Parent/Guardian Signature: _____ Date: _____

PARENT GUIDELINES

Please initial each section

1. **Behavior Agreement:** My signature below indicates that I am ready and willing to support camp staff who may be working through behavioral, emotional or other challenges my child may experience while at camp. I understand that the Director reserves the right to terminate my child's participation in camp if his/her safety or the safety of other campers and staff cannot be ensured, or his/her behavior has become disruptive (i.e. biting, smacking, hitting, aggressions, self-injury, eloping, etc.) to the point of precluding other campers from enjoying a successful summer experience. If my child's termination is deemed necessary, I or my designee will pick up my child from camp within 1 hour of notification. I understand that dismissal from camp is non-negotiable and I will honor the request of the Director to pick up my child.

Parent/Guardian Initials: _____

2. **Contact Information:** I understand that I must notify the Camp of any changes in my contact information (address, home or work number, cell number) between the time of the application and the end of camper attendance, so that I can always be reached for information or in case of an emergency. If for some reason I will be unavailable, I will contact the camp with contact information of a person who will be available and has permission to act in my place on behalf of my child.

Parent/Guardian Initials: _____

3. I certify that my child is physically fit and able to participate in the Summer Camp Program, events and activities and that I or my child has not been advised otherwise by a medical professional.

Parent/Guardian Initials: _____

4. **Medical Emergencies:** In the event of a medical emergency, you will be notified immediately and/or if not available, the staff will make reasonable efforts to reach an emergency contact. While all reasonable efforts will be used to reach an emergency contact, failure to reach such shall not prevent the rendering of emergency care in the best interest of the health, safety and welfare of the Camper. I grant permission to the Program Representative or their designee to furnish and arrange any emergency hospital or medical care that might be required in the event of a sickness, injury or accident to the Camper.

Parent/Guardian Initials: _____

5. I understand that the following injury/medical policies are also in place:
In the event the camper sustains a minor injury (e.g. small scrape), you will be notified by camp staff when your child is picked up. Camp staff will provide necessary first aid. For more severe injuries, you will be notified immediately in accordance with #4 above.

Parent/Guardian Initials: _____

6. In the event of a camper illness, you will be notified immediately and asked to come pick up your child.

Parent/Guardian Initials: _____

7. **Personal Property:** I understand the Secaucus Recreation Summer Camp, Staff, and Directors will not be liable for damage, theft, loss or other issues with personal belongings, valuables or electronic devices brought to camp. I understand that if my child attends camp with any electronic devices, money or other items of value, they do so at their own risk.

Parent/Guardian Initials: _____

8. I consent to the transportation of my child to and from any activities off site.

Parent/Guardian Initials: _____

9. I understand that I/my child may be photographed during participation in Summer Camp Program, and that the photos may be used for promotional purposes, newspaper releases or placed on the Town's public website.

Parent/Guardian Initials: _____

I have read the above guidelines for the Secaucus Summer Camp. I fully and completely understand the above Guidelines, and am agreeing to such freely and voluntarily.

Parent/Guardian Signature: _____ **Date:** _____



**TOWN OF SECAUCUS SUMMER PROGRAMS
MEDICAL AUTHORIZATION & WAIVER
(EpiPen/Allergy Care)**

****ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY***

Name of Program: _____
Participant Name: _____
Home Address: _____
Home Phone: (____) _____
Participant Date of Birth: ____/____/____
Parent/Guardian Name: _____
Parent/Guardian E-mail: _____ Cell Phone: (____) _____
Emergency Contact Name: _____ Cell Phone: (____) _____

PLEASE READ AND ACKNOWLEDGE YOUR ACCEPTANCE OF THE BELOW TERMS BY INITIALING NEXT TO EACH ITEM AND SIGNING AT THE END

I understand that the Town of Secaucus and its Summer Program staff will inform me of policies and guidelines that my child and I will need to be familiar with. In addition to the Parent Guidelines and other documents and/or waivers completed for my child's enrollment in the Secaucus Summer Programs, I fully and completely understand the following pertaining to my child's allergy management and care:

1. I hereby give permission to the Program Director and any other Program staff who has received training on the administration of an Epinephrine (EpiPen) injection, to administer such treatment to my child if deemed necessary based on their training. I understand that staff members are not licensed medical professionals. I further hold harmless the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns from any and all liability, claims, judgments, or damages as it relates to any treatment, intervention or procedure they may undertake in an effort to assist my child with his/her medical needs, including but not limited to, the use of the EpiPen.

Parent/Guardian Initials _____

2. I certify that I have provided written orders from my child's medical professional relevant to my child's participation in programming and the administration of any treatment, intervention or procedures.

Parent/Guardian Initials _____

3. I have supplied any medication or emergency treatment in a sealed original container labeled appropriately from my pharmacy or medical professional with my child's name identified.

Parent/Guardian Initials _____

4. I consent to the release of my child's allergy management needs and plan to all staff members who may need to know this information to maintain my child's safety and health.

Parent/Guardian Initials _____

Can participant self-administer their own medications or injections?

Yes

No

5. **If YES**, I authorize my child to carry and self-administer, as medically necessary, his/her prescribed injections/use of the EpiPen. I confirm that my child has the knowledge and the skills to safely carry, handle and self-administer injections in the Summer Program. I understand that I am responsible for my child's actions and agree to release, indemnify, and hold harmless the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns from any and all liability, claims, judgments, or damages as it relates to my child carrying, handling and using his/her own EpiPen injections.

Parent/Guardian Initials _____

6. Medical Emergencies: In the event of a medical emergency, you will be notified immediately and/or if not available, the staff will make reasonable efforts to reach an emergency contact. While all reasonable efforts will be used to reach an emergency contact, failure to reach such shall not prevent the rendering of emergency care in the best interest of the healthy, safety and welfare of my child. I grant permission to the Program Representative or their designee to furnish and arrange any emergency hospital or medical care that might be required in the event of a sickness, injury or accident to my child.

Parent/Guardian Initials _____

7. I understand the Program Director or other Program Staff shall will inform a parent or guardian if any treatment, intervention or procedures are administered, and the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns shall not be held liable for any injury resulting from any treatment, intervention or procedure.

Parent/Guardian Initials _____

I have read the above medical management and care Authorization and Waiver for the Secaucus Summer Camp. I fully and completely understand the above, and am agreeing to such freely and voluntarily.

Signature of Parent/Guardian _____ Date _____



**TOWN OF SECAUCUS SUMMER PROGRAMS
MEDICAL AUTHORIZATION & WAIVER
(Diabetes/Blood Sugar Care)**

**ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY*

Name of Program: _____
Participant Name: _____
Home Address: _____
Home Phone: (____) _____
Participant Date of Birth: ____/____/____
Parent/Guardian Name: _____
Parent/Guardian E-mail: _____ Cell Phone: (____) _____
Emergency Contact Name: _____ Cell Phone: (____) _____

PLEASE READ AND ACKNOWLEDGE YOUR ACCEPTANCE OF THE BELOW TERMS BY INITIALING NEXT TO EACH ITEM AND SIGNING AT THE END

I understand that the Town of Secaucus and its Summer Program staff will inform me of policies and guidelines that my child and I will need to be familiar with. In addition to the Parent Guidelines and other documents and/or waivers completed for my child's enrollment in the Secaucus Summer Programs, I fully and completely understand the following pertaining to my child's diabetes management and care:

1. I hereby give permission to the Program Director and any other Program staff who has received training on diabetic care tasks and the administration of a glucagon injection to administer treatment to my child, including but not limited to a glucagon injection, if deemed necessary based on their training. I understand that staff members are not licensed medical professionals. I also give permission to the Program Director

and any other Program staff to take other reasonable steps in an effort to assist my child as have been discussed with staff and written out and provided to the Program, which includes the provision of food or snack items. I further hold harmless the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns from any and all liability, claims, judgments, or damages as it relates to any treatment, intervention or procedure they may undertake in an effort to assist my child with his/her medical needs.

Parent/Guardian Initials _____

2. I certify that I have provided written orders from my child's medical professional relevant to my child's participation in programming and the administration of any treatment, intervention or procedures.

Parent/Guardian Initials _____

3. I have supplied any medication or emergency treatment in a sealed original container labeled appropriately from my pharmacy or medical professional with my child's name identified.

Parent/Guardian Initials _____

4. I consent to the release of my child's diabetic medical management needs and plan to all staff members who may need to know this information to maintain my child's safety and health.

Parent/Guardian Initials _____

Can participant self-administer their own insulin/injections?

Yes No

5. **If YES**, I authorize my child to carry and self-administer, as medically necessary, his/her prescribed insulin/injections. I confirm that my child has the knowledge and the skills to safely carry, handle and self-administer insulin/injections in the Summer Program throughout the day. I understand that I am responsible for my child's actions and agree to release, indemnify, and hold harmless the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns from any and all any liability, claims, judgments, or damages as it relates to my child carrying, handling and using his/her own insulin/injections.

Parent/Guardian Initials _____

6. **Medical Emergencies:** In the event of a medical emergency, you will be notified immediately and/or if not available, the staff will make reasonable efforts to reach an emergency contact. While all reasonable efforts will be used to reach an emergency contact, failure to reach such shall not prevent the rendering of emergency care in the best interest of the healthy, safety and welfare of my child. I grant permission to the Program Representative or their designee to furnish and arrange any emergency hospital or medical care that might be required in the event of a sickness, injury or accident to my child.

Parent/Guardian Initials _____

7. I understand the Program Director or other Program Staff shall will inform a parent or guardian if any treatment, intervention or procedures are administered, and the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns shall not be held liable for any injury resulting from any treatment, intervention or procedure.

Parent/Guardian Initials _____

I have read the above medical management and care Authorization and Waiver for the Secaucus Summer Camp. I fully and completely understand the above, and am agreeing to such freely and voluntarily.

Signature of Parent/Guardian _____ **Date** _____

PLEASE RETAIN THE FOLLOWING

PAGES FOR YOUR RECORDS

Summer Camp

Starts Monday, July 2nd and ends Friday, August 17th

8:30 AM to 4:00 PM (M-F only)

****Closed Wednesday, July 4th****

Extended Care Program

Starts Monday, July 2nd and ends Friday, August 17th

4:00 PM to 6:00 PM (M-F only)

****Closed Wednesday, July 4th****

Daily drop-off and pickup location: Clarendon Elementary School

***** Campers not participating in the Extended Care program must be picked up no later than **4:00 pm at Clarendon School**. An additional \$25 late fee will be charged each week for any campers picked up after 4:00 pm.*

REMINDERS:

1. Campers must bring lunch, 2 snacks and drinks every day.
2. On Pool days, campers must come to camp with their bathing suit under their clothes and with sunscreen already applied. (**No sunscreen will be applied by counselors at camp**).
3. In a bag, Campers must bring a change of clothes (including underwear) and a towel. They must be able to dress themselves.
4. If your Camper cannot swim, arm floats (blown up) or a life jacket with the Camper's name on it should be brought daily.
5. Camp Shirts are required to be worn on Field Trip Days.

Pool days are Monday through Friday on any day that there is not a field trip (not including movie trips). We look forward to having a fun, safe and active Secaucus Summer Camp experience for your children to enjoy!

General Questions Contact

Toni Salvatore
Summer Programs Director
TSalvatore@secaucus.net



Important Contacts

Michael Pero
Secaucus Recreation Superintendent
(201) 330-2078
MPero@secaucus.net

Toni Salvatore
Summer Programs Director
TSalvatore@secaucus.net

Denise Imperato
Pee Wee Patriot Camp Coordinator
(201) 376-0773

Jeanette Rodriguez
Junior Patriot Camp Coordinator
(201) 978-9521

Kathy O'Connell
Senior Camp Coordinator
(201) 852-2221

Lorie Garofalo
Kerry Goldsack
All Abilities Camp Coordinators
(551) 247-1602



Abby Gonzales
All Abilities Parent Liaison
(201) 870-7975

Bus Schedule

*Campers can be picked daily and bussed to the Summer Programs from the following locations at no additional charge. Morning pickup only, buses **will not drop campers back off** at the end of the day, parents must pick up campers from Clarendon Elementary School.*

Pickup Locations

Secaucus Swim Center 2000 Koelle Boulevard (Main Entrance)	7:00 am
Riverside Court Condominiums Meadowlands Parkway (Main Entrance)	7:15 am
Osprey Cove West Apartments 45 Meadowlands Parkway	7:25 am
Harmon Cove Recreation Building	7:35 am
Harmon Cove Towers (School pickup location)	7:45 am
Xchange Place (School pickup location)	8:15 am
Charles Street Park	8:25 am
Roosevelt Avenue & Paterson Plank Road (In front of St. Matthew's Church)	8:35 am

***Do not leave your child unattended at the bus stop.
Please allow 10 minutes before and after pickups times.***

