

Camp Blue Star Registration Form

Name of Child _____ Date _____

School Child Attends _____ Grade Level (in Sept. 2018) _____

Date of Birth _____ Sex: Male _____ Female _____

E-mail Address _____

Parent or Guardian:

Name of Mother _____ Home Phone _____

Password _____ Cell Phone _____

Home Address _____

Employed By _____ Work Phone _____

Name of Father _____ Home Phone _____

Password _____ Cell Phone _____

Home Address _____

Employed By _____ Work Phone _____

Child lives with: Father _____ Mother _____ Both _____ Other _____

EMERGENCY CONTACTS and Others who may pick up my child(ren):

1. Name _____ Phone # _____

Address _____ Relationship _____

2. Name _____ Phone # _____

Address _____ Relationship _____

3. Name _____ Phone # _____

Address _____ Relationship _____

****NOTE: Your password is necessary for security – to identify that you are the parent when you call for your child.**

Please share any additional information that you feel would be useful in providing for your child's needs/health concerns

Camp Blue Star Emergency Medical Information

Child's Name: _____

Child's Medical Condition:

Child's Physician: _____

Address _____

Office Number _____ Other # _____

Health Insurance Info:

Insurance Co. _____ Policy ID # _____

Policy Holder _____

Please be advised that during Camp Blue Star hours of operation there may not be a nurse in the building. Camp Blue Star personnel can not administer medications to any student. In case of a serious emergency Camp Blue Star personnel will call 911. If emergency medical care is deemed necessary and I cannot be contacted I authorize the program staff to act on my behalf in granting permission for my child to receive emergency treatment. I understand that in a severe emergency, my Child will be taken by ambulance to the nearest hospital.

Parent's Signature

Date

Please share any additional information that you feel would be useful in providing for your child's needs _____

Camp Reservation 2018

Name _____ Phone _____

Age _____ D.O.B. _____ Grade child will be attending in September _____

Camp Blue Star will be open from June 26 to August 17 for the 2018 summer season.

Campers can register for one to eight weeks

Please Check Weeks Requested:

_____ Week 1 June 26 thru June 29 Tuition \$150.00

_____ Week 2 July 2 thru July 6 Tuition \$150.00

_____ Week 3 July 9 thru July 13 Tuition \$190.00

_____ Week 4 July 16 thru July 20 Tuition \$190.00

_____ Week 5 July 23 thru July 27 Tuition \$190.00

_____ Week 6 July 30 thru August 3 Tuition \$190.00

_____ Week 7 August 6 thru August 10 Tuition \$190.00

_____ Week 8 August 13 thru August 17 Tuition \$190.00

Registration Fee _____ \$25.00

Sub Total _____

Less Non Refundable Deposit _____

Make Checks Payable: Camp Blue Star Balance Due By
June 15th, 2018 _____

Discount for Second Child in Family is \$10.00 Per Week

Deposit to be \$25 per week of attendance non-refundable

T-shirt Size for Camper Youth- ___XS___ S___ Med. ___ Lg. ___XL
(check appropriate size)

Adult- ___XS___ S___ Med. ___ Lg. ___XL

Return to: Camp Blue Star, 1876 Dr. Foreman Drive, Mays Landing NJ 08330



Cliff Melder
Director of Community Education

Telephone: (609) 476-6311
Fax: (609) 625-4847

Dear Camp Blue Star:

I realize that my child will be getting the best possible adult supervision from certified teachers and aides. I also realize that a school administrator may or may not be available during the hours of Camp Blue Star operation. Camp Blue Star can and does remain in full operation whether or not an administrator is present.

I will trust the Camp Blue Star employees to carry out to the best of their ability any emergency measures (or procedures) regarding my child, which may occur in an out of school care situation. This includes calling 911 if an extreme emergency arises.

I also understand that if my child attends Camp Blue Star in the afternoon, it is my responsibility to have him/her picked up by me or by my designee, (who is known by the Camp employees as my designee) no later than 6:00 p.m. **Failure to do so will result in a \$25.00 fine.** Students will not be able to continue in the program after three (3) late pick-ups. Failure to pick up my child by 6:45 p.m. may also result in my child not being able to continue in Camp Blue Star.

I understand that from time to time, camp will have remote location field trips. It is understood that by bringing my child to camp on the announced travel day that permission is granted for my child/children, to participate on the trip. Parents not wishing their child to go on field trip must not bring child to camp that day.

I _____ have read and understand the information
Name of Parent/Guardian

in this disclaimer and agree to abide by the information.

*****No child will be admitted to the program unless this form has been signed.**

Parent/Guardian Signature

Date