

# Camp Blue Star Registration Form

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

School Child Attends \_\_\_\_\_ Grade Level (in Sept. 2019) \_\_\_\_\_

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

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# 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 2019

Name \_\_\_\_\_

Phone \_\_\_\_\_

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

Camp Blue Star will be open from June 24 to August 16 for the 2019 summer season.

Campers can register for one to eight weeks

Please Check Weeks Requested:

_____ Week 1	June 24 thru June 28	\$190.00	Full week	<input type="checkbox"/>
		\$135	M+W+F	<input type="checkbox"/>
		\$100	T+Th	<input type="checkbox"/>
_____ Week 2	July 1 thru July 3	\$120.00		<input type="checkbox"/>
_____ Week 3	July 8 thru July 12	\$190.00	Full week	<input type="checkbox"/>
		\$135	M+W+F	<input type="checkbox"/>
		\$100	T+Th	<input type="checkbox"/>
_____ Week 4	July 15 thru July 19	\$190.00	Full week	<input type="checkbox"/>
		\$135	M+W+F	<input type="checkbox"/>
		\$100	T+Th	<input type="checkbox"/>
_____ Week 5	July 22 thru July 26	\$190.00	Full week	<input type="checkbox"/>
		\$135	M+W+F	<input type="checkbox"/>
		\$100	T+Th	<input type="checkbox"/>
_____ Week 6	July 29 thru August 2	\$190.00	Full week	<input type="checkbox"/>
		\$135	M+W+F	<input type="checkbox"/>
		\$100	T+Th	<input type="checkbox"/>
_____ Week 7	August 5 thru August 9	\$190.00	Full week	<input type="checkbox"/>
		\$135	M+W+F	<input type="checkbox"/>
		\$100	T+Th	<input type="checkbox"/>
_____ Week 8	August 12 thru August 16	\$190.00	Full week	<input type="checkbox"/>
		\$135	M+W+F	<input type="checkbox"/>
		\$100	T+Th	<input type="checkbox"/>

Registration Fee \_\_\_\_\_ \$25.00 \_\_\_\_\_

Sub Total \_\_\_\_\_

Less Non Refundable Deposit \_\_\_\_\_

Balance Due By \_\_\_\_\_

Make Checks Payable: Camp Blue Star June 14<sup>th</sup>, 2019 \_\_\_\_\_

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