



Tommy's Summer Camp



Registration Form

Get ready for an extraordinary summer filled with excitement, exploration, and endless fun!

DATE OF REGISTRATION

/ /

Choose which camp your child will attend:

Kindercamp (Prek-4 "fully potty trained")

Wild Spirit Club 5th-6th grade

Fun Club 1st grade

Teen Spirit Club 7th-8th grade

Fun Club 2nd grade

CIT "counselor in training"

Adventure Club 3rd grade

Explorer Club 4th grade

Sessions attending (circle only those attending) :

July 1st-5th

July 8th-12

July 15th-19th

July 22nd-26

July 29th- Aug 2nd

August 5th-9th

August 12th-16th

August 19th-23rd

FULL TIME :

PART TIME :

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Tommy's Summer Camp
269 Hwy 34, Matawan, NJ, 07747
(732) 209 4343
aradaycare.org
tommycamp.ara@gmail.com



Tommy's Summer Camp



Personal Information:

Full name of child:	<input type="text"/>	Gender:	<input type="text"/>
Name Child Respond To:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>		
Mother's Name:	<input type="text"/>	Place Of Employment:	<input type="text"/>
Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
Email:	<input type="text"/>	Work email:	<input type="text"/>

Address (if different from child's):

<input type="text"/>
<input type="text"/>

Father's Name:	<input type="text"/>	Place of Employment:	<input type="text"/>
Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
Email:	<input type="text"/>	Work email:	<input type="text"/>

Address (if different from child's):

<input type="text"/>
<input type="text"/>

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Persons Authorized to Pick up Child (other than listed above)

1	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
2	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
3	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>

Persons NOT Authorized to Pick Up Your Child:

1	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
2	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>

Emergency Contact (other than parents listed above)

1	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
2	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>
3	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Phone Number:	<input type="text"/>	Work Number:	<input type="text"/>



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Emergency Health Information:

Doctor's Name/ Clinic: Phone Number:

Address:

Child's Insurance Card Name & Number:

Consent for Emergency Care:

I authorize the staff of Tommy's Summer Camp to call a medical emergency in the case of an accident or illness of my child, if the parents cannot be reached immediately.

Signature of Parent: Date:

Health Information (Please attach a separate sheet is necessary):

Regular medication and reasons for (please list):

Allergies/ Reactions and treatment (please list) :

Any concerns/ issues regarding your child's health (seizures, asthma, vision, hearing, etc.)
Please list and describe):



**“Policies And Agreement Contract”
(Please read and initial)**

I _____ understand that whenever I drop off or I pick up my child, I must enter the Day Camp site to sign the roll sheet and write down the time I dropped my child off or the time I picked my child up.

I _____ understand that the person picking up my child, including parents, may have to provide a photo ID if not recognized by staff.

I _____ understand that I will be required to pay tuition fully by May 15, 2024 for all sessions that i checked.

**Photo Release Consent
(Please read and initial)**

I _____ give my permission for Tommy’s Summer Camp to use without limitation or obligation, photographs, film footage, or tape recording which may include my children’s image or voice for the purpose of promotion or interpreting our programs.

I _____ DO NOT give my permission for Tommy’s Summer Camp to use without limitation or obligation, photographs, film footage, or tape recording which may include my children’s image or voice for the purpose of promotion or interpreting our programs.

Childs Name :

Parents Signature:

Date:

Staff Signature:

Date:



Refund Policy

We acknowledge that unforeseen circumstances may arise, necessitating changes to your session dates or cancellation altogether.

Before proceeding, please familiarize yourself with the following general guidelines:

- Cancellation with more than 30 days until the session start date will result in a refund of all money paid, less 20% deduction (excluding the non-refundable registration fee of \$50).
- Cancellation between 15 and 30 days until the session start date will result in a 50% refund (excluding the non-refundable registration fee of \$50).
- No refunds will be issued for cancellations made within 2 weeks prior to the start of the camp.
- Charges for Before/After care will be based on actual usage and billed at the end of each week.

Camp days can only be switched if you submit request 2 weeks in advance

ADDING DAYS OR SWITCHING DAYS IS BASED ON AVAILABILITY AND NOT GUARANTEED

I _____ accept and understand the refund policy for Tommy Summer Camp 2024

Parents Signature:

Date:

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