

Montvale Recreation

Summer Day Camp

June 30 - July 25
9:30 A.M. - 12:30 P.M.

SUMMER REC. 2014 IS BEING
OFFERED TO MONTVALE YOUNGSTERS
Entering grades 1-7 in September 2014
(2014-2015 school year)

REGISTRATION PROCEDURE

Attached to this flyer is a 2014 Summer Camp Registration form.
Parents must carefully complete **both sides** of this form prior to registration day.
If additional forms are needed, they may be obtained at the Borough Hall.

**Registration will be held at the Community Entrance of
Memorial School**

Wednesday, April 30th
Friday, May 2nd

Registration will take place between 3:10 P.M. - 4:00 P.M.

Registration fee:

\$200.00 per resident child / \$650.00 per resident family maximum
\$250.00 per non-resident child / \$800.00 per non-resident family maximum

Checks should be made payable to:
The Borough of Montvale

Late registration will be accepted at Borough Hall beginning May 5th.
The last day to register children will be Friday June 20, 2014.

Camp Activities include:

Swimming, *Bowling, Arts and Crafts
Special Daily Events, Guest Entertainers, Contests, and
MORE!!!

* An additional fee will be charged for this event on the day of the trip.

FOR FURTHER INFORMATION CONTACT:

MONTVALERECREATION@YMAIL.COM

**MONTVALE RECREATION SUMMER PLAYGROUND
REGISTRATION FORM**

Resident fee: \$200.00 per child / family maximum - \$650.00

Non resident fee: \$250 per child / family maximum - \$800

PLEASE COMPLETE ALL INFORMATION REQUESTED ON BOTH SIDES OF THIS FORM

Number of children to be registered: _____ Amount paid \$ _____

Name of Child	Male/ Female	Date of Birth	Grade (going into)	Present Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address: _____ Phone: _____

Parent/Guardian Information

Names: _____

Relationship: _____

Address: _____ Phone: _____

Work Phone Number: _____
(Please list if more than one available)

IN CASE OF AN EMERGENCY, IF PARENTS/GUARDIANS CANNOT BE REACHED, WE SHOULD CONTACT:

1) Name: _____ 2) Name: _____

Phone: _____ Phone: _____

Family Physician _____ Phone: _____

PLEASE NOTE: Registration fee is non-refundable

FOR BOROUGH USE ONLY

Amount Received \$ _____ Cash / Check # _____ Date Received: _____

PLEASE COMPLETE REVERSE SIDE

EMERGENCY CONSENT

In case of an emergency and you cannot be reached, we, or the Tri-Boro Ambulance Corp., may need to bring your child to Urgent Care or a local hospital emergency room for treatment. To assist you in obtaining treatment in such cases, we ask you to sign the consent statement below:

TO THE EMERGENCY PHYSICIAN ON DUTY:

This is to authorize any emergency treatment for our child in the event neither of us can be readily located to give permission to treat.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Please list any PHYSICAL LIMITATIONS AND/OR ALLERGIES your child/children may have, or any other pertinent information you feel the Camp Director or staff should know.

Can your child/children swim? (Please check)

Name _____ ☐ No, should not go in the water ☐ Somewhat ☐ Pretty well ☐ Very well

Name _____ ☐ No, should not go in the water ☐ Somewhat ☐ Pretty well ☐ Very well

Name _____ ☐ No, should not go in the water ☐ Somewhat ☐ Pretty well ☐ Very well

Name _____ ☐ No, should not go in the water ☐ Somewhat ☐ Pretty well ☐ Very well

Name _____ ☐ No, should not go in the water ☐ Somewhat ☐ Pretty well ☐ Very well

*If your child/children are unable to swim, please consider keeping them home on Swim Club days for their own safety.

Can your child/children go off the diving board? (Please check) Please note that 1st grade children will not be going off the diving board.

Name _____ ☐ No ☐ Yes

Name _____ ☐ No ☐ Yes

Name _____ ☐ No ☐ Yes

Name _____ ☐ No ☐ Yes

Name _____ ☐ No ☐ Yes

How will your child/children arrive and depart from playground? (Please check)

☐ Walk ☐ Bicycle ☐ Car/Car pool

PARENT OR GUARDIAN SIGNATURE: _____