

CAMPER'S NAME: _____

GRADE IN FALL 2019: _____

2019 Summer Camp

- SIBLING -

REGISTRATION

PACKET

COMPLETE ALL PAGES
- LIMITED ENROLLMENT -

****EARLY BIRD RATES - REGISTER BY MARCH 23RD****



AT GOODSPORTS USA

2903 HWY 138, WALL, NJ 07719 • TEL: 732-681-4651 • FAX: 732-749-3620

INFO@ALLAIRECOUNTRYDAY.COM • WWW.ALLAIRECOUNTRYDAY.COM



ALLAIRE COUNTRY DAY SUMMER CAMP SCHEDULE FORM

Camper's Full Name: (Please PRINT Clearly)

D.O.B.

Grade in Sept. 2019

2019 SUMMER CAMP SCHEDULE

Regular Camp Hours 9:00am - 4:00pm • Before Care Hours 7:00am - 9:00am • After Care Hours 4:00pm-6:00pm

SELECT A PACKAGE	TODDLER - 9TH GRADE CAMPERS		TODDLER/PRE-K - 1/2 DAY CAMPERS	
	<input type="checkbox"/> GOLD	35-54 Days	<input type="checkbox"/> GOLD	35-54 Days <i>Half Day Hours</i>
	<input type="checkbox"/> SILVER	20-34 Days	<input type="checkbox"/> SILVER	20-34 Days <i>9:00am-1:00pm</i>
	<input type="checkbox"/> BRONZE	10-19 Days	<input type="checkbox"/> BRONZE	10-19 Days

Please (✓) check each box for ALL camp days your child is attending. Circle Before Care (BC) and/or After Care (AC) on days that apply. Toddlers and Pre-K utilizing the half day program **MUST** write in "1/2 day" in each box to indicate what you are registering for.

WEEK #	DATES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Internal Use ONLY AMOUNT DUE
1	June 17-21	BC AC	BC AC	BC AC	BC AC	BC AC	\$
2	June 24-28	BC AC	BC AC	BC AC	BC AC	BC AC	\$
3	July 1-5	BC AC	BC AC	BC AC	CLOSED JULY 4TH	BC AC	\$
4	July 8-12	BC AC	BC AC	BC AC	BC AC	BC AC	\$
5	July 15-19	BC AC	BC AC	BC AC	BC AC	BC AC	\$
6	July 22-26	BC AC	BC AC	BC AC	BC AC	BC AC	\$
7	July 29-Aug 2	BC AC	BC AC	BC AC	BC AC	BC AC	\$
8	August 5-9	BC AC	BC AC	BC AC	BC AC	BC AC	\$
9	August 12-16	BC AC	BC AC	BC AC	BC AC	BC AC	\$
10	August 19-23	BC AC	BC AC	BC AC	BC AC	BC AC	\$
11	August 26-30	BC AC	BC AC	BC AC	BC AC	BC AC	\$

By submitting the above schedule, I acknowledge that I am contracted to the number of days selected and I cannot remove camp days under any circumstances. Camp days can be switched following our change of schedule policy (see pg. 3) and camp days can be added without penalty.

Signature: _____

Print Name: _____

Date: _____

Tuition Total	\$
Discount	\$
Registration Fees	\$
Field Trip Fees	\$
Elective Fees	\$
TOTAL	\$



ALLAIRE COUNTRY DAY SUMMER CAMP SIBLING REGISTRATION FORM

CAMPER'S NAME _____ M / F DOB: _____ GRADE IN SEPT. 2019 _____

T-SHIRT SIZE: YXS YS YM YL AS AM AL AXL SCHOOL ATTENDED '18/'19 _____

MEDICAL INFORMATION:

State any medical problems: (if none, check here) _____

Any allergies to medicine, food, insects, etc: (if none, check here) _____

List any and all medications your child is taking: (if none, check here) _____

Physician's name: _____ Phone # _____

Any additional information you feel is necessary:

I authorize that the **Parent Contacts** and **Authorized Pick Up** information listed on the original Registration Packet for Sibling 1 applies to any additional siblings. **Parent Initial:** _____

I authorize that the **Policy Agreement Page** completed on the original Registration Packet for Sibling 1 applies to any additional siblings. **Parent Initial:** _____



ALLAIRE COUNTRY DAY SUMMER CAMP HEALTH RELEASE FORM

This form **MUST** be completed by a licensed physician and returned by June 15th.

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth _____ / _____ / _____	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number () - _____		Work Telephone/Cell Phone Number () - _____	
Parent/Guardian Name _____		Home Telephone Number () - _____		Work Telephone/Cell Phone Number () - _____	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted: _____			Weight (must be taken within 30 days for WIC)		_____
			Height (must be taken within 30 days for WIC)		_____
			Head Circumference (if <2 Years)		_____
			Blood Pressure (if ≥3 Years)		_____
IMMUNIZATIONS			<input type="checkbox"/> Immunization Record Attached		
			<input type="checkbox"/> Date Next Immunization Due: _____		
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: 		
Signature/Date _____					



ALLAIRE COUNTRY DAY SUMMER CAMP

FIELD TRIPS

PRE-K thru 9th Grade Registration (Min. 4 years old)

CAMPER'S NAME _____ GRADE IN SEPT. 2019 _____

EVENT	LOCATION	DAY	DATE	GRADES	WAIVER	NOTES	FEE	TOTAL
BOWLING	SEA GIRT	MONDAY	6/24	PK-9TH		SNEAKERS REQ.	\$20.00	\$
JENKINSON'S AQUARIUM	POINT PLEASANT	WEDNESDAY	6/26	PK-9TH			\$30.00	\$
AMAZING ESCAPE ROOM	FREEHOLD	MONDAY	7/1	4TH-9TH			\$40.00	\$
BREAKWATER BEACH	SEASIDE	MONDAY	7/8	1ST-9TH			\$45.00	\$
MEDIEVAL TIMES	LYNDHURST	TUESDAY	7/9	3RD-9TH			\$55.00	\$
SKYZONE	OCEAN	WEDNESDAY	7/10	1ST-9TH	X	SNEAKERS REQ.	\$35.00	\$
GRAVITY VAULT	MIDDLETOWN	THURSDAY	7/11	1ST-9TH	X	SNEAKERS REQ.	\$40.00	\$
GET AIR	FREEHOLD	MONDAY	7/15	1ST-9TH	X	SOCKS REQ.	\$35.00	\$
SUMO HIBACHI	WALL	TUESDAY	7/16	1ST-9TH			\$25.00	\$
PIRATES ON THE MANASQUAN	BRICK	WEDNESDAY	7/17	K-3RD			\$35.00	\$
FUNPLEX	MOUNT LAUREL	THURSDAY	7/18	1ST-9TH		SEE DESCRIPTION	\$45.00	\$
FIREBALL MOUNTAIN	WRIGHTSTOWN	MONDAY	7/22	4TH-9TH	X	SNEAKERS REQ.	\$45.00	\$
DISCOVERY MUSEUM	CHERRY HILL	TUESDAY	7/23	K-3RD			\$35.00	\$
JERSEY SHORE ARENA	WALL	WEDNESDAY	7/24	1ST-9TH		SEE DESCRIPTION	\$40.00	\$
YOUNG CHEF'S ACADEMY	MORGANVILLE	THURSDAY	7/25	1ST-9TH			\$35.00	\$
BLUECLAWS	LAKEWOOD	MONDAY	7/29	1ST-9TH			\$25.00	\$
YESTERCADES	RED BANK	TUESDAY	7/30	4TH-9TH			\$30.00	\$
DIGGERLAND	WEST BERLIN	WEDNESDAY	7/31	1ST-9TH		MIN. HEIGHT 36"	\$45.00	\$
MOVIE THEATRE	T.B.D.	THURSDAY	8/1	1ST-9TH			\$35.00	\$
OCEAN ICE PALACE	BRICK	MONDAY	8/5	4TH-9TH		SEE DESCRIPTION	\$40.00	\$
SKYZONE	OCEAN	TUESDAY	8/6	1ST-9TH	X	SNEAKERS REQ.	\$35.00	\$
TOP GOLF	EDISON	WEDNESDAY	8/7	4TH-9TH		SNEAKERS REQ.	\$45.00	\$
MONSTER MINI GOLF	EATONTOWN	THURSDAY	8/8	PK-9TH		SNEAKERS REQ.	\$30.00	\$
NINJA WARRIOR BASECAMP	TOMS RIVER	MONDAY	8/12	1ST-9TH		SNEAKERS REQ.	\$45.00	\$
BREAKWATER BEACH	SEASIDE	TUESDAY	8/13	1ST-9TH			\$45.00	\$
ADVENTURE LOOKOUT ROPES COURSE	POINT PLEASANT	WEDNESDAY	8/14	4TH-9TH		SNEAKERS REQ.	\$40.00	\$
SAND CASTLE CONTEST	BELMAR	THURSDAY	8/15	PK-9TH			\$20.00	\$
GRAVITY VAULT	MIDDLETOWN	MONDAY	8/19	1ST-9TH	X	SNEAKERS REQ.	\$40.00	\$
AMAZING ESCAPE ROOM	FREEHOLD	TUESDAY	8/20	4TH-9TH			\$40.00	\$
GET AIR	FREEHOLD	WEDNESDAY	8/21	1ST-9TH	X	SOCKS REQ.	\$35.00	\$
BOWLING	SEA GIRT	THURSDAY	8/22	PK-9TH		SNEAKERS REQ.	\$20.00	\$

* Description of all events are provided in our information packet.

FIELD TRIP TOTAL \$ _____

ALLAIRE COUNTRY DAY SUMMER CAMP

FIELD TRIPS

PRE-K thru 9th Grade Registration (Min. 4 years old)



CAMPER'S NAME _____ AGE _____ GRADE IN SEPT. 2019 _____

ADDRESS _____

PHONE (EMERGENCY CONTACT) _____

- All field trips fees are in addition to existing regular camp fees
- Trip days/times subject to change
- Payment is due in full at time of registration.
- In order to participate in any field trip the camper(s) must be registered for camp on the date of the trip above and paid in full.
- Field trip fees listed are per camper/per trip. These are NOT included in regular camp fees.
- Field trip fees are non-refundable. No credits will be given for missed field trips.

PERMISSION/WAIVER I hereby give permission for the above-named child to participate in A.C.D. field trips. By signing below I hereby release and agree to hold harmless GoodSports USA and it's staff to the fullest extent allowed by law from any and all claims for personal or bodily injury and property damage occurring or resulting from the above named child's participation. I give permission for the above named child to ride on the bus/van to any event that is off-site from the GoodSports USA campus. I hereby authorize the GoodSports USA and Allaire Country Day staff to obtain any needed medical assistance for my child in case of an emergency, illness, or accident. I understand that any resulting expenses or charges are my responsibility and I will pay them immediately, either directly or through personal insurance.



Signature of Parent/Guardian

Date

LIMITED SPOTS AVAILABLE!!

2903 Highway 138 • Wall, NJ 07719 • 732-681-4651

www.allairecountryday.com



ALLAIRE COUNTRY DAY SUMMER CAMP

WEEKLY ELECTIVE CLASSES

CAMPER'S FULL NAME (Please PRINT clearly) _____ GRADE IN SEPT. 2019 _____

We are offering even MORE weekly elective classes on site here at Allaire Country Day Camp. Your child can choose a class of their interest for multiple sessions of extended fun!

Please see the Weekly Elective brochure for a full list of elective class descriptions and details.

I agree that my child MUST be signed up for the corresponding regular camp days to attend the weekly elective classes. I WILL NOT schedule my child for a Field Trip during the elective classes chosen.

(Initial)

Please place a check (✓) next to the weekly elective class/classes your child would like to attend.

ELECTIVE CLASS	GRADE	DAY	DATES	FEE*	CHECK HERE
Make Your 1st 3D Video Game	3rd-9th	Mon.	7/8, 7/15, 7/22, 7/29, 8/5, 8/12	\$150	
Make Your First Fortnite® Style Video Game	3rd-9th	Wed.	7/10, 7/17, 7/24, 7/31, 8/7, 8/14	\$150	
Minecraft® Modders	3rd-9th	Thurs.	7/11, 7/18, 7/25, 8/1, 8/8, 8/15	\$150	
Virtual Reality: The Future is Now	3rd-9th	Fri.	7/12, 7/19, 7/26, 8/2, 8/9, 8/16	\$160	
Jewelry Making 101: Session 1	K-9th	Mon.	7/8, 7/15, 7/22	\$50	
Jewelry Making 101: Session 2	K-9th	Mon.	7/29, 8/5, 8/12	\$50	
Reuse, Reprocess, and Recover Art!	K-9th	Tues.	7/9, 7/16, 7/23, 7/30, 8/6, 8/13	\$75	
Beginner Beats: DJ Academy	4th-9th	Wed.	7/10, 7/17, 7/24, 7/31, 8/7, 8/14	\$125	
Mad Science	1st-6th	Tues.	7/9, 7/16, 7/23, 7/30, 8/6, 8/13	\$120	
Dessert Decorators	1st-5th	Thurs	7/11, 7/18, 7/25, 8/1, 8/8, 8/15	\$120	
Mermaid 101	1st-5th	Week 10	8/19, 8/20, 8/21, 8/22 (Rain Date 8/23)	\$120	

*All classes must be paid for at time of registration.

TOTAL \$ _____

**Fees are in addition to daily camp tuition.

Classes will not be pro-rated for missed days. There are no makeups for missed classes.

Looking to get your child summer tutoring?
Email us at info@allairecountryday.com to set up private tutoring
with a certified teacher before, during, or after camp!

SPACE IS LIMITED FOR EACH CLASS! Registrations are first come, first serve!