

KEYPORT SUMMER RECREATION MISSION



It is our mission to provide children with a positive, enriching, and happy summer day camp experience, where they create wonderful memories and lasting friendships. We strive for all campers to have a safe and fun-filled experience. Our goal is to provide your child with a structured, camper-driven environment where campers will feel empowered to try new things, develop a sense of adventure and strengthen their interests.

Our program is a co-ed camp that serves children from 5 years to 13 years old. Our staff provides the support necessary to create an environment in which children can play, learn, and grow both socially and physically. Social skills and self-confidence are promoted through our activities by emphasizing good sportsmanship, teamwork, and responsibility. Overall, we hope to provide the best summer experience for our campers!

DAILY CAMP SCHEDULE

9:00-9:15- Drop off

9:15-9:30-Morning Announcements

9:45-10:30- Station 1 (Playground, Field, Gym, Arts & Craft Room/Board games)

10:30-11:45- Station 2 (Playground, Field, Gym, Arts & Craft Room/Board Games)

12:00-12:30- Lunch

12:35-1:15- Station 1 (Kids Choice)

1:15-1:45- Station 2 (Kids Choice)

1:45-2:00- Cleanup, pack up, Pick up!

July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	26 LET THE FUN BEGIN! FIRST DAY OF CAMP 	27	28	29	30 PIZZA 	1
2	3	4 CAMP CLOSED HAPPY 4th	5	6 Funtime America	7 PIZZA 	8
9	10	11 South Amboy Roller Rink	12	13 Chuck E Cheese	14 PIZZA 	15
16	17	18	19	20 Brunswick Zone	21 PIZZA 	22
23	24	25	26	27 Unique Creates	28 LAST DAY PARTY!	29

** SCHEDULE IS SUBJECT TO CHANGE**

Cost for Campers

\$150 – 1st Camper

\$200 – 1st and sibling

\$225 -Family of 3+ siblings

Cost For Summer Enrichment Campers

\$75.00 -Per Camper

**** TRIPS ARE NOT INCLUDED WITH THIS PAYMENT****

****LUNCH IS NOT INCLUDED ****

REGISTRATION DETAILS

DEADLINE: TUESDAY JUNE 16st 2017

- After deadline, parents must email Director, Stephanie Kaplan (Skaplan1120@gmail.com) for registration.
- Payments will be accepted at the Keyport Borough Municipal Building at any time during normal business hours.
 - Check only
- Registration will be every Tuesday starting May 2nd- May30th @4:00pm in front of the Central School
 - Cash and/or check accepted

TRIPS!

Payments for trips will only be accepted a week prior to the trip
(first come first serve basis)

- Funtime America- Thursday, July 6th
- South Amboy Roller Rink- Tuesday, July 11th
- Chuck E Cheese- Thursday, July 13th
- Brunswick Zone - Thursday, July 20th



Trips are subject to change

Please only return Registration form

Keyport Summer Recreation 2017 Registration Form

9:00am-2:00pm/ Monday-Friday

Ages: 5-13 years old

Child's name _____	Sex: __ M __ F	Age: _____	T-Shirt Size _____
Child's name _____	Sex: __ M __ F	Age: _____	T-Shirt Size _____
Child's name _____	Sex: __ M __ F	Age: _____	T-Shirt Size _____

Is your Child in the Summer Enrichment Program: YES OR NO

Parent/ Guardian Name: _____

Home Address: _____

City _____ **State:** _____ **Zip Code:** _____

Cell #: _____ **Home #:** _____

1.) **Emergency Contact Name:** _____

Relationship: _____

Phone Number: _____

2.) **Emergency contact name:** _____

Relationship: _____

Phone Number: _____

Sign in/Sign out. If someone other than you will be signing your child in or out, please list name (first & last) below.

- 1.
- 2.
- 3.

Please Check: My child will be picked up from camp _____

My child has permission to walk home after camp _____

Children walking will be released at 2:00pm

MY CHILD MAY BE PHOTOGRAPHED FOR KEYPORT RECREATION FACEBOOK PAGE/CAMP PURPOSES. __ YES __ NO

MEDICAL INFORMATION

**** PLEASE SPECIFY CHILD****

The following special health problems concerning my child should be noted-if none, please circle "none."

-HEART CONDITION -ALLERGY (specific below whether food, bee sting, etc.) -ASTHMA
-HEMOPHILIA -DIABETES -OTHER -NONE

Describe condition noted above with particularity, including any medications or other instructions:

If the event of a medical emergency, I hereby authorize the Keyport Recreation staff to obtain medical attention or hospitalization for my child.

Child's Physician: _____

Physician's phone number: _____

Parent/Guardian contact numbers:

(Home) _____

(Cell) _____

(Work) _____

Alternative emergency contact: _____

Emergency contact number: _____

Relationship to child: _____

I have read the information, verifying its accuracy, and agree to the statements made above:

Parent/Guardian Signature

Date