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Borough Of Keyport Recreation Department: Age 8 – 12

Registration For One Week Summer Camp Program 2025

Child's Name:_____ Age:_____ **Grade in Sept.:**_____ School:_____ DOB: _____

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Parent's Name:_____ Parent's Email:_____ Parent's Phone: _____

☐ Resident (April 15 @ 7 PM – In person)

Non-resident – Waiting list only (April 30 @ 9 am - Electronically)

Enrollment will be capped at 25 campers. First come, first serve. There will be a waiting list.

Week of August 18 through 22			9 am – 12 pm

TOTAL DUE: _____ 50% DEPOSIT (Minimum)_____ TOTAL PAID:_____via _____

INVOICE AND PAYMENT –

Electronic payment (50%) is due on the date of registration. Full payment due June 1, 2025. If payment is not received, you will forfeit your deposit and your child will be removed from the camp.

WHAT TO LEAVE HOME: We do not allow any toys brought in from home and no electronics. Cell phones are not permitted. If you need to contact your child throughout the day, please call the Director and we will have them contact you.

WHAT TO PACK: Please add your child's name to all of their belongings. Sandals/water shoes, hat, sunglasses, sunscreen, bug spray, water bottle.

MEDICATION: If your child needs medication throughout the day, please provide it to the nurse on-site with instructions. We do not carry over-the-counter medications.

SNACK/MEALS/:

We do not provide snacks. If you would like your child to have a snack, you must send one with them.

SAMPLE DAY: **Ocean Theme: Shell activity, sand dune activity, identification of local fish and craft**

Pond Theme: Freshwater aquatic macroinvertebrates, wetland learning how water and pollution moves through the environment, craft activity

Forest Theme: Animals and leaves are identified, craft activity

Seining at the Shore: Study living creatures that live in our bay collected in our seine nets. Craft activity to follow

Kayaking: Discover kayaking! Learn the basics of kayaking in our bay

KEYPORT RECREATION

Photo/Video/Interview/Website Consent

I certify that I am the parent or legal guardian of _____,
(Name of Child)

whose date of birth is _____.
(mm/dd/yyyy)

I understand that special events for the Keyport Historical Society may include media representatives, newspaper and television reporters, photographers, and public-relations personnel may also be present at these special events to record them. In some cases, they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote the Keyport Historical Society.

I give permission for my child to be photographed or otherwise recorded during events and activities. (Please check if you give permission).

☐ Photo/Video/Interview
☐ Website Consent

_____

Parent/Legal Guardian Signature Date

If you **DO NOT** wish for your child to participate in the activities described above, please review this section of this form.

I **DO NOT** give permission for my child to be photographed or otherwise recorded during after school events and activities. As a result, my child may not be able to participate in these events and activities. (Please check if you **DO NOT** give permission).

☐ Photo/Video/Interview
☐ Website Consent

_____

Parent/Legal Guardian Signature Date