



Essex Fells Recreation Department - Summer Recreation Program 2019

@ Essex Fells Elementary School (back building)

Tentative Dates- July 1 to August 2

**\*\*We will be closed on July 4<sup>th</sup> and July 5<sup>th</sup>\*\***

For Children Ages Three through Sixth Grade

*(Three Year Olds Must be Three by June 1, 2019- Fully Trained, Birth Certificates may be required)*

**Monday-Friday 9:00am-12:00noon Fee- \$475.00 Per Child/No Partial Payments/Fee Non-Refundable**

**\*\*Registration due by May 18** .Please fill out all information

asked for and send in as soon as possible. Applications received after this will be assessed a \$30.00 late fee. Checks payable to:

**Essex Fells Recreation Department, 255 Roseland Ave., Essex Fells, NJ 07021**

For questions, please contact Lauren Lombardy @ [LLombardy1@gmail.com](mailto:LLombardy1@gmail.com) or

[Recreation@essexfellsboro.com](mailto:Recreation@essexfellsboro.com)

Parent's Name \_\_\_\_\_

Phone(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_

Email-mandatory-(write legibly) \_\_\_\_\_

Please list each child's name attending camp on the lines below:

1. Child's Name \_\_\_\_\_ Age \_\_\_\_ Grade in for Sept.2019 \_\_\_\_\_

TShirt Size Circle One: YS    YM    YL    AS    AM    AL

2. Child's Name \_\_\_\_\_ Age \_\_\_\_ Grade in for Sept.2019 \_\_\_\_\_

TShirt Size Circle One: YS    YM    YL    AS    AM    AL

3. Child's Name \_\_\_\_\_ Age \_\_\_\_ Grade in for Sept.2019 \_\_\_\_\_

TShirt Size Circle One: YS    YM    YL    AS    AM    AL

Emergency Contact Name and Number- \_\_\_\_\_

Family Physician Name and Number- \_\_\_\_\_

Medical Ins Carrier and ID #- \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Allergies - \_\_\_\_\_

I/we, the parents of the above do hereby give approval to my/our child's participation the EFRD Summer Program. I/we will assume all responsibility for my/our child's transportation to and from the summer program. I/we agree to abide by all rules and regulations set down by the Essex Fells Recreation Department. I do hereby assume all risks, and on behalf of myself, my heirs, and personal representatives do hereby hold harmless, and waive all rights and action I may have, against the Borough of Essex Fells and the Essex Fells Recreation Dept., for any injury, loss or damages my/our child may suffer as a result of participation in the Summer Recreation Program or in optional extended day program. *If an emergency should arise and I cannot be reached immediately at home or at any emergency number listed, I hereby grant the hospital the authority to take whatever measures necessary to safeguard the welfare of my child.*

Parent(s) Signature- \_\_\_\_\_ Date \_\_\_\_\_

Throughout the camp season, photos of your child may be taken for future advertisements and the EF Magazine. I give permission to allow my child to be in photos. **Circle One: YES or NO**

