



Essex Fells Recreation Department - Summer Recreation Program 2017
@ Essex Fells Elementary School (back building)
Tentative Dates- Tuesday, June 27 to Wednesday, August 2

****We will be closed on Monday July 3rd and Tuesday July 4th ***

For Children Ages Three through Sixth Grade

(Three Year Olds Must be Three by June 1, 2017- Fully Trained, Birth Certificates may be required)

Monday-Friday 9:00am-12:00noon Fee- \$400.00 Per Child

Payable To Essex Fells Recreation Dept.- No Partial Payments/Fee Non-Refundable

****Early registration by May 18 is appreciated so we can plan on staffing. Please fill out all information asked for and send in as soon as possible. Checks payable to:**

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

For questions, please contact Lauren Lombardy @ LLombardy1@gmail.com/973-809-7998

PLEASE PRINT CLEARLY

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.2017 ____ TShirt Size Circle
 One: YS YM YL AS AM AL
2. Child's Name _____ Age ____ Grade in for Sept.2017 ____
 TShirt Size Circle One: YS YM YL AS AM AL
3. Child's Name _____ Age ____ Grade in for Sept.2017 ____
 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 _____ Health History- _____

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- _____

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

Parent(s) Signature- _____ Date _____

Office Use Only- Check #- _____ Date Received- _____