



## SUMMER CAMP 2025 PROGRAM FORM

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CURRENT SCHOOL: \_\_\_\_\_  
 PHONE(s): \_\_\_\_\_ GRADE ENTERING SEPT 2025: \_\_\_\_\_  
 PARENT'S EMAIL: Dad \_\_\_\_\_ Mom \_\_\_\_\_

I would like my child to: REST from 1:00 - 1:30 (  ) NAP from 1:00 - 3:00 (  ) OR Neither (  )

PLEASE SELECT T-SHIRT SIZE: (1 shirt is included with the activity fee)

(  ) X-SMALL 2-4 (  ) SMALL 6-8 (  ) MEDIUM 10-12 (  ) LARGE 14-16 (  ) ADULT SMALL 34-36

(X) THE HOURS, DAYS AND WEEKS DESIRED:

| HOURS  |
|--|
| ( <input type="checkbox"/> ) HALF DAY: 9:00am - 12:00pm    |
| ( <input type="checkbox"/> ) SCHOOL DAY: 9:00am - 3:45pm   |
| ( <input type="checkbox"/> ) EXTENDED DAY: 7:00am - 5:30pm |

| DAYS  |
|---|
| ( <input type="checkbox"/> ) 5 DAYS: MONDAY THROUGH FRIDAY      |
| ( <input type="checkbox"/> ) 4 DAYS: _____, _____, _____, _____ |
| ( <input type="checkbox"/> ) 3 DAYS: _____, _____, _____        |
| ( <input type="checkbox"/> ) 2 DAYS: _____, _____               |

| <u>Check (X)</u><br><u>Weeks</u> | <u>WEEKS</u>          |
|----------------------------------|-----------------------|
|                                  | JUNE 23 - JUNE 27     |
|                                  | *JUNE 30 - JULY 3     |
|                                  | JULY 7 - JULY 11      |
|                                  | JULY 14 - JULY 18     |
|                                  | JULY 21 - JULY 25     |
|                                  | JULY 28 - AUGUST 1    |
|                                  | AUGUST 4 - AUGUST 8   |
|                                  | AUGUST 11 - AUGUST 15 |
|                                  | AUGUST 18 - AUGUST 22 |

| <u>INDICATE SPECIFIC DAYS REQUESTING</u> |
|--|
| M T W Th F                               |
| M T W Th --                              |
| M T W Th F                               |
| M T W Th F                               |
| M T W Th F                               |
| M T W Th F                               |
| M T W Th F                               |
| M T W Th F                               |
| M T W Th F                               |



\* CLOSED July 4th in observance of Independence Day.





Please return this form with your activity fee & deposit upon registration.

Child's Name \_\_\_\_\_

Grade Entering in Sept. 2025 \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_

Home # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Persons Authorized (In addition to parents) To Pick Up Child In Case Of Emergency: REQUIRED

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Allergies: Please circle:

- Bee Stings            yes    no
- Insect Bites        yes    no
- Poison IVY          yes    no
- Penicillin           yes    no
- Aspirin              yes    no

Please list ANY medication(s) child is NOW taking:

Please list ANY illness for which child is under medical care:

Has child had ANY of the following?

- Epilepsy                            yes    no
- Heart Trouble                    yes    no
- Fainting Spells                  yes    no
- Convulsions                      yes    no
- Asthma / Wheezing              yes    no
- Heat Exhaustion/Heat Stroke    yes    no
- Frequent Stomach Upsets        yes    no
- Does Camper Wear Ear Plugs?    yes    no
- Does Camper Wear Glasses?    yes    no

Food Allergies: Please list: \_\_\_\_\_

Medication Allergies: Please list: \_\_\_\_\_

Please list ANY serious illnesses your child has had \_\_\_\_\_

Should Camper's activities be restricted in ANY way? \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

NOTE \* Any child needing prescription medication administered during camp must have forms filled out and signed by parent for dispensation of medication. These forms are available at the Les Enfants office.

\_\_\_\_ I attest that my child is in good health and can participate in all Summer Camp activities. Furthermore, he/she has been examined by a physician within one year prior to the date of registration. In the event that a medical emergency occurs, I authorize Les Enfants to seek emergency medical care for my child.

\_\_\_\_ I grant permission for my child to use all indoor and outdoor play equipment in the Les Enfants program and participate in all camp activities, including supervised neighborhood walks, walking field trips, and activities at local parks.

\_\_\_\_ I grant permission for my child and/or staff to apply and or reapply sunscreen as needed.

\_\_\_\_ My child has permission to use all the swimming and playground facilities at the Palisades Park Swim Club 200 Roosevelt Pl, Palisades Park as well as travel on a seat belted bus to and from Les Enfants Preschool to the Palisades Park Swim Club. Bussing will be provided by First Student 270 South Dean Street, Englewood, NJ.

\_\_\_\_ I have read, understand and agree to abide by the Summer Camp Payment Policies and policies set forth in the Les Enfants Handbook. These policies include the Information to Parents Document and the Les Enfants Discipline Policy.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

OVER

