



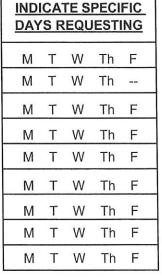


SUMMER CAMP 2025 PROGRAM FORM

| CHILD'S NA | ME: | DATE OF BIRTH: | | | | | | |
|---|--|---|--|--|--|--|--|--|
| | | CURRENT SCHOOL: | | | | | | |
| PHONE(s): | | GRADE ENTERING SEPT 2025: | | | | | | |
| PARENT'S E | MAIL: Dad | Mom | | | | | | |
| I would like my | child to: <u>REST from 1:00 - 1:30 (</u>) | 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 | DAYS | | | | | | |
| () HALF DA | Y: 9:00am - 12:00pm | () 5 DAYS: MONDAY THROUGH FRIDAY | | | | | | |
| () SCHOOL | DAY: 9:00am - 3:45pm | () 4 DAYS:,,, | | | | | | |
| () EXTEND | ED DAY: 7:00am - 5:30pm | () 3 DAYS:,, | | | | | | |
| | | () 2 DAYS:, | | | | | | |
| | F | | | | | | | |
| Check (X) Weeks | WEEKS | INDICATE SPECIFIC DAYS REQUESTING | | | | | | |
| | ILINE 22 ILINE 27 | M T W Th E | | | | | | |

| Weeks |
|-------|
| |
| |
| |
| |
| |
| |

| WEEKS | | | | | |
|-----------|---------------|--|--|--|--|
| 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 | 1 - AUGUST 15 | | | | |
| AUGUST 18 | 3 - AUGUST 22 | | | | |





^{*} CLOSED July 4th in observance of Independence Day.



Parent or Guardian's Signature

Please return this form with your activity fee 4 deposit upon registration.

| Child's Name | | | Grade Entering in Sept. 2025 | | | |
|---|-------------|-----------------------|--|-----------------------------|-----------|-----------------|
| Address | | | D | | | |
| Mother's Name | | | | | | |
| Cell Phone # | | | | | | |
| Father's Name | | | | | | |
| Cell Phone # | | | | | | |
| | | | To Pick Up Child In C | Case Of Emergency: R | EQUIR | ED |
| Name | | | Phone # | Phone #Relationship | | |
| | | | | Relationship | | |
| Allergies: Please circle | : | | Please list ANY | medication(s) child is N(| ⊃W takil | ng: |
| Bee Stings | yes | no | - | | | William Co. |
| Insect Bites | yes | hO | Please list ANY illness for which child is under medical care: | | | nedical care: |
| Poison Ivy | yes | no | | | W-3185 | |
| Penicillin | yes | ho | | NY of the following? | | |
| Aspirin | yes | ho | Epilepsy | | yes | hO |
| | | | Heart Tr | | yes | ho |
| | | | Fainting (| | yes | ho |
| Food Allergies: Please | St: | | Convulsion | | yes | no |
| | | | | Wheezing | yes | ho |
| | . | | | naustion/Heat Stroke | yes | _e ho |
| Medication Allergies: 1 | Please lis | t: | | : Stomach Upsets | yes | ho |
| | | | • | mper Wear Ear Plugs? | | ho |
| | | | Does Cal | mper Wear Glasses? | yes | ho |
| Please list ANY serious | s ilinesse | s your child has ha | nd | | 17 | |
| Should Camper's activi | ities be r | estricted in ANY | way? | | | |
| Child's Doctor | | | Doctor's Phone # | | ž. | |
| Hospital Preference | | | | | | |
| | | | ministered during camp mu | st have forms fliled out | | |
| | | | These forms are available a | | | |
| _ I attest that my chi | ld is in go | od health and Can p | articipate in all Summer C | amp activities. Furthermo | re, he/sh | e has been |
| examined by a physician wauthorize Les Enfants to | | | te of registration. In the | event that a medical emer | gency occ | curs, I |
| | | | and outdoor play equipmen | nt in the fee Engants progr | am and r | articinate in |
| | | | walks, walking field trips, a | | | |
| I grant permission f | or my chi | ld and/or staff to ap | pply and or reapply sunscre | en as needed. | | |
| | travel on | a seat belted bus to | and playground facilities at and from Les Enfants Pre et, Englewood, NJ. | • | | |
| | | | e Summer Camp Payment i Parents Document and the | | | e Les Enfants |

Date_

OVER