



WEST WINDSOR TOWNSHIP  
DIVISION OF RECREATION AND PARKS  
P.O. Box 38  
West Windsor, NJ 08550  
(609) 799-6141  
[www.wwparks-recreation.com](http://www.wwparks-recreation.com)

Summer Day Camp - 2023 (Village School)  
FOR CHILDREN ENTERING KINDERGARTEN  
IN SEPTEMBER 2023 or 2024 (must be 4 years old at the  
start of the program) to entering 4<sup>th</sup> Grade



## PROGRAM INFORMATION

- ONLINE REGISTRATION AVAILABLE AT [www.wwparks-recreation.com](http://www.wwparks-recreation.com) (starting March 8 at 12:00 noon)
- CAMP HOURS – 8:30 AM to 12:30 PM
- Optional “LUNCH BUNCH” Program to make a full day program if registered for an afternoon program
- Swim lesson and free swim each day at West Windsor Water Works

## **2023 SUMMER DAY CAMP – IMPORTANT INFORMATION**

### **PROGRAM DESCRIPTION**

This program is for children entering Kindergarten in September 2023 or 2024 (must be 4 years old at the start of camp) through entering 4<sup>th</sup> grade and will be held at Village School. This half day program will include bussing the campers to and from West Windsor WaterWorks each day for a swim lesson and free swim. Program includes arts & crafts, games, and special events. All children must be potty trained to attend.

### **DROP OFF AND PICK UP POLICY**

1. Drop off time for camp is 8:30 am
2. Parents must escort their child to the designated drop off area where the counselors will meet them.
3. Pick up time **12:30 pm** unless the child is attending Lunch Bunch and an afternoon program.
4. Parking is permitted in designated areas only.
5. A fine system has been prepared for those who abuse pick-up times.

**First Offense:** Documented verbal warning

#### **Additional Offenses:**

1. Up to 15 minutes late: \$10.00
2. Up to 30 minutes late: \$20.00
3. Up to 45 minutes late: \$40.00
4. Up to 1 hour late: \$50.00

Fines must be paid to the Recreation and Parks Office prior to the next camp day. Continued violations of this policy will result in the withdrawal of the child from the camp with no refunds of fees paid.

### **EMERGENCY PROCEDURES**

1. In the event of a medical emergency, the camp staff will respond according to the degree of the injury.
2. If the injury is minor, such as a cut, scrape, bruise, etc., the camp director will administer the proper first aid treatment.
3. If the injury is of a more serious nature, such as a sprain, possible fracture, heat exhaustion, etc., the camp director will attend to your child and the following sequence will occur:
  - Parent will be notified immediately. If the parent cannot be reached, the emergency medical number will be called.
  - In a life-threatening situation, the director will react first, then notify parent.
  - Emergency Medical Services will be called to take over emergency treatment and care of the sick or injured camper. Trained professional Emergency Medical Technicians will determine if the camper should be transported to the designated medical center.
  - Depending on the seriousness of the injury, the camp may require a physician's note re-admitting the child to camp.
4. The camp does not provide medical insurance coverage. We suggest that participants have their own medical insurance.
5. For any medical problem experienced by a camper while at camp, the parents will be notified of the problem and the subsequent treatment.

## **MORE IMPORTANT INFORMATION**

### **LUNCH BUNCH PROGRAM**

Do you need a full day program for your child? If so, we have a few afternoon programs available for most age groups. The Lunch Bunch is for the time in between Day Camp and the afternoon programs or if you just need a little more time before you can pick up your child. We will provide staff for a supervised lunch (participants must bring their own lunch) in the cafeteria of the Village School. After lunch, our staff will make sure your child gets to the afternoon program or is picked up by you or your designated pick up person. The Lunch Bunch runs from 12:30-1:00 pm for Summer Day Camp participants.

### **PICK UP AUTHORIZATION**

It is essential that we have, in writing, a list of the names of people allowed to pick up your child. Please list all individuals that are allowed to pick up your child on the Emergency Information Form in this packet.

### **TRANSPORTATION**

The camp will not provide transportation for any child to any other program. Transportation to enrichment program and summer school must be scheduled with the Board of Education.

### **BRINGING PERSONAL ITEMS TO CAMP**

The Division of Parks and Recreation assumes no liability for items brought from home and does not encourage participants to bring in items from home. The Division of Parks and Recreation will not make any type of restitution for missing or damaged items.

### **MEDICATION**

Camp staff will not administer medication to campers.

# SUMMER DAY CAMP - EMERGENCY INFORMATION SHEET

This form is to be completed by the parent(s) of the camper. The information requested will be kept on file at the camp in case of an emergency, accident or illness. This completed form must be returned to the Recreation and Parks Office prior to the start of the camp session enrolled in. If your child is registered for multiple sessions, you only need to complete this form once. No camper will be permitted to enter camp without the completed form being received in the Recreation and Parks Office. Please do not take form to camp. Drop off or mail to Recreation and Parks Office. Thank you for your cooperation in this important matter.

## PLEASE PRINT OR TYPE:

Camper's Name \_\_\_\_\_ Grade (as of 9/23) \_\_\_\_\_  
Last First MI

Sex \_\_\_ M \_\_\_ F Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Home Phone: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
Street Town Zip

Father's Name \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE: Please no answering machine telephone #'s. Contact person should be someone other than the parents who can be reached in an emergency and can take care of the child if he or she becomes ill during a camp day.

List any health related problems or concerns your child may have that the camp staff should be aware of: \_\_\_\_\_

My child will be picked up by (Please list all individuals that may pick up your child): \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION To the best of my knowledge, the information recorded above is correct and complete. I give my permission for my child to participate in all camp activities, except as specifically noted herein. In the event that I can not be reached in an emergency, I hereby give permission to the Princeton Medical Center or other local hospital/medical center to administer emergency treatment, and to order injection, anesthesia or surgery for my child. I further give my permission to release any information to the Princeton Medical Center or other local hospital/medical center in order for treatment of my child. If there is a change in the above information, I will notify the Recreation Office promptly in writing.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

WEST WINDSOR TOWNSHIP DIVISION OF RECREATION AND PARKS  
271 CLARKSVILLE ROAD, P.O. BOX 38 - WEST WINDSOR, NEW JERSEY, 08550

**2023 SUMMER RECREATION DAY CAMP REGISTRATION FORM**

Child's Name \_\_\_\_\_ Parent's Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Street Address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade **Entering** In September 2023: \_\_\_\_\_

**Enrollment**

FULL PAYMENT IS REQUIRED AT TIME OF REGISTRATION. NO REFUNDS AFTER JUNE 2.

Please check the appropriate dates and time for each week you are registering:

Week #1 (June 26-30)	_____ \$225	*ADD LUNCH BUNCH (12:30-1:00 pm) _____ \$20
Week #2 (July 3-7) No Camp 7/4	_____ \$180	*ADD LUNCH BUNCH (12:30-1:00 pm) _____ \$15
Week #3 (July 10-14) AM	_____ \$225	*ADD LUNCH BUNCH (12:30-1:00 pm) _____ \$20
Week #4 (July 17-21)	_____ \$225	*ADD LUNCH BUNCH (12:30-1:00 pm) _____ \$20
Week #5 (July 24-28)	_____ \$225	*ADD LUNCH BUNCH (12:30-1:00 pm) _____ \$20
Week #6 (July 31-Aug 4)	_____ \$225	*ADD LUNCH BUNCH (12:30-1:00 pm) _____ \$20
Week #7 (Aug 7-11)	_____ \$225	*ADD LUNCH BUNCH (12:30-1:00 pm) _____ \$20

**TOTAL AMOUNT DUE \$ \_\_\_\_\_ (Please add carefully)**

**\*Lunch Bunch**

Your child will eat lunch, brought from home, with a teacher and counselors. After lunch campers can be either picked up by a parent or guardian or our staff will sign the camper into their afternoon program.

**Photo/Video/Audio Authorization and Release**

I hereby consent that photographs, audios, and videos taken of my child during West Windsor programs may be used by West Windsor for purposes of event documentation, media coverage and promotion of West Windsor programs. Names of students may also be published.

Check One: Yes \_\_\_\_\_ No \_\_\_\_\_ Parent Signature \_\_\_\_\_

**Refund/Transfer Policy:** I am aware that absolutely no refunds will be issued after June 2. Refunds will only be issued if the Recreation and Parks Office is notified in writing prior to June 2. All refunds are subject to a 20% administration service charge. **A \$10 transaction fee will be applied to each transfer of funds paid.**

\_\_\_\_\_  
Signature of Parent or Guardian of Participant

\_\_\_\_\_  
Date

Mail completed form with payment to: West Windsor Recreation, PO Box 38, West Windsor, NJ 08550