

**EAST WINDSOR PARK & RECREATION  
TINY TOTS FUN CAMP REGISTRATION FORM**

(Ages 4 and 5)

**\*\*\*\*\* Space is limited to 10 campers per Session \*\*\*\*\***

CAMPER'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ GRADE in Fall 2008 \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 MOTHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY (other than parent/guardian): \_\_\_\_\_

Contact Name	Telephone Number

**CAMP SHIRT** must be purchased for an additional fee of \$8.00 One Shirt per camper.

SHIRT SIZE (Please circle one): (Youth Med) (Youth Lrg)

**PLEASE CHECK SESSIONS DESIRED:**

NOTE: Session Time Period/Price:

**Half Day:** 9:00 a.m. to Noon - \$50/week Residents, \$55/week Non-Residents  
**Full Day/Regular Hours:** 9:00 a.m. to 3:00 p.m. - \$70/week Residents, \$80/week Non-Resident  
**Full Day/Extended Hours:** 7:30 a.m. to 4:30 p.m. - \$80/week Residents, \$90/week Non-Resident.  
 Price of each session can be reduced by \$5 per week per each additional child enrolled.

**\*\*Registration will close 2 weeks prior to each session\*\***

Upon registration, a non-refundable \$10 per child/per week deposit is required.

Field Trips will not be available to Tiny Tots; special interest events and crafts will be brought to camp.

	Half-Day	Regular Day	Extended Day
___ Week 1: July 7-10	9:00-Noon	9:00-3:00	7:30-4:30
___ Week 2: July 14-17	9:00-Noon	9:00-3:00	7:30-4:30
___ Week 3: July 21-24	9:00-Noon	9:00-3:00	7:30-4:30
___ Week 4: July 28-31	9:00-Noon	9:00-3:00	7:30-4:30
___ Week 5: August 4-7	9:00-Noon	9:00-3:00	7:30-4:30
___ Week 6: August 11-14	9:00-Noon	9:00-3:00	7:30-4:30
___ Week 7: August 18-21	9:00-Noon	9:00-3:00	7:30-4:30

**CAMP REFUND POLICY:**

**NO REFUNDS** will be given after a program begins unless extenuating circumstances prevents you from participating in the program.

SESSION(S) TOTAL \$ \_\_\_\_\_ + T-SHIRT ORDER \$ \_\_\_\_\_ = GRAND TOTAL \$ \_\_\_\_\_

**MEDICAL INFORMATION**

Is your child allergic to anything? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, to what? \_\_\_\_\_  
\_\_\_\_\_

Does your child take any medications?\* YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what medications and are there any side effects the staff should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

Any medical conditions or special needs staff should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain in detail.  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any other special considerations related to behavioral needs which are not mentioned above and our staff should know about to help your child have a positive experience at camp?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain in detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*NOTE:** The Recreation Department is not certified or authorized to administer prescription or over-the-counter medications to campers. Any child requiring medication during camp hours must have a parent or legal guardian come to camp to administer their medication. Children are not allowed to self-administer their own medications or bring medications to camp. (Two exceptions to this rule are epi-pens and asthma medications. In this case, please see the Recreation Office for an additional form which must be completed by your doctor before camp begins.)

**RELEASE AND WAIVER**

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of East Windsor, I hereby waiver and release the Town of East Windsor, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting therefrom, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I, or my child, is in good physical and mental health and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

I have read this document and understand and agree to its terms and conditions.

\_\_\_\_\_  
Participant/Parent/Legal Guardian Signature

\_\_\_\_\_  
Date