

# **BEFORE & AFTER SUMMER CAMP 2019**

**Summer Day Camp/Theater Camp/Sports Camp and/or Funshine**  
**JUNE 24th to July 26th**



In order to help meet the needs of working parents, the CER program will once again offer child care during the 5 weeks of Summer Camp. Before and After Camp will mirror your weekly camp schedule. It will be available morning before Summer Day Camp (7:00 am) (**VMS 8:00 am**) and afternoons from the end of SDC 12:00 (noon) until 6:00 pm (VMS 3:00 pm-6:00 pm). Child Care will be held at **Kresson, Signal Hill and VMS**. Parents must provide lunch if your child is attending after 12:00 noon.

**Your child must be registered and paid for Summer Day Camp/Sports Camp/Theater Camp to participate.**

To staff this program properly, it is necessary for you to provide a schedule (TO THE BEST OF YOUR ABILITY) for each child. **Complete the schedule below.**

**PRICE: 4.25 per hour** – we do not bill portions of an hour-round to the next full hour,  
i.e. 7:00-8:00,8:00-9:00, etc. We will mail the bills to your home weekly, with a tear off to fill out, enclose your check and return to the CER Office.

**Registration must be received no later than June 14<sup>th</sup>, 2019.**

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1<sup>st</sup> Child's Name

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2nd Child's Name

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3rd Child's Name

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_

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Parent Name

Cell Phone:

SCHOOL ATTENDING CAMP

**\*\*\*\*\*Please complete separate forms if your children will have different schedules**

**TENTATIVE SCHEDULE: Before and After Camp**

Wk.#1: \_\_\_\_\_ 6/24-6/28      Days: \_\_\_\_\_ Hours: \_\_\_\_\_  
Wk.#2: \_\_\_\_\_ 7/1-7/3      Days: \_\_\_\_\_ Hours: \_\_\_\_\_  
Wk.#3: \_\_\_\_\_ 7/8-7/12      Days: \_\_\_\_\_ Hours: \_\_\_\_\_  
Wk.#4: \_\_\_\_\_ 7/15-7/19      Days: \_\_\_\_\_ Hours: \_\_\_\_\_  
Wk.#5: \_\_\_\_\_ 7/22-7/26      Days: \_\_\_\_\_ Hours: \_\_\_\_\_

**FUNSHINE PROGRAM**

**WEEK #1- July 29th - August 2nd**

**WEEK #2 - August 5<sup>th</sup> - 9<sup>th</sup>**

\_\_\_\_\_ Yes, I plan to utilize the CER Funshine Program August July 29th-Aug. 9th (please provide a tentative schedule.)

\_\_\_\_\_ No, I only needed Before and After Camp Care during the Month of July.

In order to accommodate working parents in Voorhees, the CER Program will hold an all day, all week program, "FUNSHINE", for the above weeks from 7:00 AM to 6:00 PM. You can enroll for full day or just a couple of hours. We will have snacks; parents **must provide** lunch.

**FUNSHINE is for students entering grades K-6<sup>th</sup>.**

To staff this program properly, it is necessary for you to provide a schedule (**TO THE BEST OF YOUR ABILITY**) for each child. **Complete the schedule below and return to CER Office.**

**PRICE: \$4.25 per hour** – we do not bill portions of an hour-round to the next full hour, i.e. 7:00-8:00, 8:00-9:00, 9:00-10:00, etc. We will mail the bills to your home **weekly** with a tear off to fill out, enclose your check and return to the CER Office.

**FUNSHINE: KRESSON SCHOOL (only)**

Theme Days: Minute to Win It, Wild West day, Survivor Day, Water Day, Amazing Race Challenge

Crafts: Candy making, old time photo, edible art,  
(A complete calendar will be given to each participant.)

**TENTATIVE SCHEDULE: Funshine**

Wk.#1: \_\_\_\_\_ 7/29-8/2      Days: \_\_\_\_\_ Hours: \_\_\_\_\_  
Wk.#2: \_\_\_\_\_ 8/5-8/10      Days: \_\_\_\_\_ Hours: \_\_\_\_\_

# 2019 Before and After Camp and/or Funshine

## Emergency Information

(7:00am-9:00am and 12:00 - 6:00pm)

Please Print Clearly

Student Name

\_\_\_\_\_  
Last First

\_\_\_\_\_  
Last First

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\*\*\*Please complete separate forms for any medical concerns.**

Mother or Legal Guardian

Father or Legal Guardian

Last Name:	Last Name:
First Name:	First Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email Address:	Email Address:

Has there been a divorce or separation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who has custody? \_\_\_\_\_

Is there a restraining order? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide a copy to the school staff.

Your child will only be released to an authorized person listed below.

**Name**

**Phone**

1	
2	
3	

Any person(s) not permitted to pick-up my child.

1	2
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**Medical Information**

**Has your child been diagnosed or treated for any of the following:**

Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Special Dietary Needs \_\_\_\_\_  
Allergies to Insect Bites \_\_\_\_\_ Seizures \_\_\_\_\_ Spectrum Disorder \_\_\_\_\_  
ADD/ADHD \_\_\_\_\_ Other \_\_\_\_\_ One on One Aide \_\_\_\_\_  
(During the regular school day)

Please provide any details of the above:

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Any additional information that may be useful to us:

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Please list any medications, prescribed or over the counter that your child is currently taking:

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By initialing below, you are giving permission to the SAC Staff to seek qualified medical attention in the event of an emergency if parent or guardian cannot be contacted.

Initial \_\_\_\_\_ Date \_\_\_\_\_

By initialing below, I understand that my child(ren) will not be released to any person not listed on this form. I understand that it is my responsibility to notify each person listed that a picture ID is required to release my children from SAC.

Initial \_\_\_\_\_ Date \_\_\_\_\_

By initialing below, I understand that my child must be picked up by 6:00pm. If not, I will be charged \$20.00 for every 15 minutes the child is left at SAC. I understand that if no contact is made with parent/guardian or emergency contact by 6:45 the authorities will be called.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**2018-2019 SAC Account MUST be paid in full prior to registering.**

**Return to:  
VOORHEES CER  
Before and After Camp Program  
1000 Holly Oak Drive Voorhees, NJ 08043**