

**\*\*Most recent physical form, immunization records, copy of health insurance card, field trip release form, camp release form and credit card on file are required before the start of camp.**

# REGISTRATION 2019



Camper ID: \_\_\_\_\_

Please fill out one registration per child:

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

Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Sex: M F

Names of Sibling's In Program: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_/\_\_\_\_\_

Spa 23 Member # \_\_\_\_\_

Cell Phone: \_\_\_\_\_/\_\_\_\_\_

Work Phone: \_\_\_\_\_/\_\_\_\_\_

Home Phone: \_\_\_\_\_/\_\_\_\_\_

Parents' Emails: \_\_\_\_\_/\_\_\_\_\_

Camper Email: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Alternate Emergency Phone: \_\_\_\_\_

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**Please list any allergies, special circumstances or restrictions we should be aware of concerning your child:\*** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**\* Please be aware that we do not dispense medication to campers.**

By signing below I agree that my child has permission to engage in all camp activities, unless specifically noted on the Medical Form. In the event of an emergency I give consent to Spa 23 staff to act accordingly until I can be contacted. In the event that I cannot be contacted in an emergency, I hereby give permission to the Spa 23 Management to secure and administer treatment, including hospitalization for my child. Permission is granted for the Spa 23 staff to walk my child to and from Spa 23 and PV Park and to take my child on any trips as part of the camp program. I hereby give Spa 23 permission to photograph my child and use the photographs for marketing and promotion without any compensation. I understand that Spa 23 reserves the right to suspend or dismiss any camper if his or her conduct is detrimental to the well being of the camp or any other campers. There are no credits or refunds for suspensions, dismissals, or cancellations .

**\*By signing below I understand my child will not be admitted to CAMP Spa 23 until I have submitted the CAMP Spa 23 Health Form and copy of my Insurance Card.**

Print Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**381 Route 23 • Pompton Plains, NJ 07444 • P:(973) 839-8823 • F:(973)839-7563 • www.Spa23.com**

Camper ID: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Choose the weeks your camper will attend:**

- \_\_\_\_ Week 1 : June 24-8
- \_\_\_\_ Week 2: July 1-5 \*\*
- \_\_\_\_ Week 3: July 8-12
- \_\_\_\_ Week 4: July 15-19
- \_\_\_\_ Week 5: July 22-26
- \_\_\_\_ Week 6: July 29- Aug 2
- \_\_\_\_ Week 7: Aug 5-9
- \_\_\_\_ Week 8: August 12-16
- \_\_\_\_ Week 9: August 19-23
- \_\_\_\_ Week 10: August 26-30

\*\*camp closed 7/4

There is a \$39 charge for week changes.

**Member:**

# of weeks \_\_\_\_\_ X \$199 =

**Guest:**

# of weeks \_\_\_\_\_ X \$228 =

**Pre-K:**

# of weeks \_\_\_\_\_ x \$39 =

**Family Processing Fee:**

\_\_\_\_ \$29 Member

\_\_\_\_ \$49 Non-Member

Paid by sibling (name): \_\_\_\_\_

Camper #: \_\_\_\_\_

**Will your child be needing:**

Before Care: 1 2 3 4 5 6 7 8 9 10

After Care: 1 2 3 4 5 6 7 8 9 10

Before Care #of weeks \_\_\_\_\_ X \$29 =

After Care #of weeks \_\_\_\_\_ X \$29 =

**Hot Breakfast:** 1 2 3 4 5 6 7 8 9 10

Breakfast Package # of weeks \_\_\_\_\_ X \$25 =

Daily M T W Th F # of days \_\_\_\_\_ X \$5.50 =

**Lunch Package:** 1 2 3 4 5 6 7 8 9 10

# of weeks \_\_\_\_\_ X \$39 =

Daily M T W Th F # of days \_\_\_\_\_ X \$8 =

T-Shirt Size: YXS YS YM YL AS AM AL AXL

Extra T-Shirt: \_\_\_\_\_ X \$12 =

Camp Hat: \_\_\_\_\_ X \$15 =

Camp Bag: \_\_\_\_\_ X \$10 =

Camp Bottle: \_\_\_\_\_ X \$5 =

**Bonus Program:** 2 3 4 5 6 7 8 9

(See Flyer) # of weeks \_\_\_\_\_ X \$29 =

**Math Refresher:** 2 3 4 5 6 7 8 9

# of weeks \_\_\_\_\_ X \$29 =

**Martial Arts:** 2 3 4 5 6 7 8 9

# of weeks \_\_\_\_\_ X \$29 =

**Swim Lesson:** 1 2 3 4 5 6 7 8 9 10

# of weeks \_\_\_\_\_ X \$69 =

**Field Trip:** 1 3 5 8 10

**Full Day Trip:** 2 4 6 7 9

Field Trips # of weeks \_\_\_\_\_ X \$29\* =

Water Park \_\_\_\_\_ X \$59\* =

**TOTAL A = \$**

**Birthday Celebration:**

Date of celebration: \_\_\_\_\_ X \$49 =

Turning what age? \_\_\_\_\_

**TOTAL A+ B =**

**TOTAL B \$**

Additionally I authorize Spa 23 to charge my credit card on file in lieu of presenting it for any services received, at my request: Initial: \_\_\_\_\_

There are no credits or refunds for suspensions, dismissals, or cancellations .

Check # \_\_\_\_\_ Visa\_\_ MC\_\_ Amex\_\_ Disc\_\_ Card Number \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spa 23 Staff Signature \_\_\_\_\_