CAMP SPA 23

CAMP SIGN-UP
REGISTRATION CHECKLIST

Camper's Name: _____

The following must be completed and submitted before the first day of camp. Campers will not be allowed at camp if our team is missing paperwork.
Please send completed forms to campspa23@spa23.com.

- ☐ Registration form
- ☐ Camper health form
- ☐ Copy of Insurance card
- ☐ CAMP Spa 23 Release Form
- ☐ Code of Conduct
- ☐ Received T-shirts
- ☐ Copy of Handbook and Signature Received T-shirts

Spa 23 Camp Coordinator's Initials:

CAMP SPA23

AS LOW AS $199 PER WEEK!

JUNE 21- AUG 27

MONDAY-FRIDAY 9AM-4PM

CAMP WEEKS

Week 1: June 21-June 25

Week 2: June 28- July 2

Week 3: July 5-July 9

Week 4: July 12-July 16

Week 5: July 19- July 23

Week 6: July 26-July 30

Week 7: Aug 2-Aug 6

Week 8: Aug 9-Aug 13

Week 9: Aug 16-Aug 20

Week 10: Aug 23-Aug 27

ADD-ONS

Before Care
7:45am to 8:45am
$15/day or $50/week

After Care
4pm to 6pm
$15/day or $50/week

Hot Lunch
$10/day or $45/week
includes snack and drink

CAMP WEEKLY
THEMES & ACTIVITIES

Week 1: June 21-June 25	**WELCOME TO SUMMER – PARTY WEEK**
Week 2: June 28 - July 2	**BALLOONS AND BUBBLES**
Week 3: July 5-July 9	**GAME ON**
Week 4: July 12-July 16	**HEROES AND LEGENDS**
Week 5: July 19- July 23	**ANIMAL PLANET**
Week 6: July 26-July 30	**WATERWORKS**
Week 7: August 2-August 6	**ADVENTURE AWAITS**
Week 8: August 9-August 13	**COLOR EXPLOSION**
Week 9: August 16-August 20	**THINK, BUILD AND CREATE**
Week 10: August 23-August 27	**A SUMMER TO CELEBRATE**

Each action packed themed week will provide fun, engaging , interactive activities creating lasting memories for your child in a safe and welcoming environment. Each activity is facilitated by our professional and dedicated team!

CAMP SPA23

$45
Per Week

Camp Spa23 Weekly Lunch Menu

$10
Per Day

Nut Free Zone

MONDAY
Hotdog

TUESDAY
Pizza

WEDNESDAY
Cheeseburger/Hamburger

THURSDAY
Chicken Nuggets

FRIDAY
Pizza

RISTORANTE Stefano's

Lunch prepared fresh daily by Stefano's Pizzeria
Choice of 1 snack served with lunch
Menu subject to change

KIDS *Birthday* PARTIES

CELEBRATE YOUR CHILD'S BIRTHDAY AT CAMP!

ASSORTED ALLERGY FRIENDLY CUPCAKES FOR YOUR CAMPERS GROUP, PICTURES, CARD, & MORE

$49/PARTY

Contact Member Services at campspa23@spa23.com or call 973-839-8823 x2

Dive into some

SWIMMING LESSONS

OFFERED WEEKS 1-9

3 DAYS A WEEK



$95 PER WEEK

Contact Member Services at campspa23@spa23.com or call 973-839-8823 x2

REGISTRATION 2027
FAMILY INFO SHEET

Camper's Name _____ **DOB** _____ **Grade Entering** _____

Sex: M F **Names of Siblings in Camp** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Parent's Name: _____ **Parent's Name:** _____

Cell Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Work Phone:** _____

Email: _____ **Email:** _____

Emergency Contact _____ **Emergency Contact** _____

Emergency Contact _____ **Emergency Contact** _____

Primary Car for Pick up/Drop Off License Plate # _____

Secondary Car for Pick Up/ Drop Off License Plate # _____

General Information, Medical History, & Restrictions

Does your camper have asthma or allergies? **Yes / No**

Does your camper need an EPI pen? **Yes / No**

Does your camper wear a flotation device while swimming ? **Yes / No**

Are there any conditions requiring medication treatments or restrictions at camp? **Yes / No**

If yes, please list _____

Is your camper a fully independent swimmer? **Yes / No**

Please provide a copy of Insurance Card
***Please be aware that we do not dispense medication to campers**

I understand that by signing below I am giving my child consent to participate at camp Spa23. I understand that I am responsible for all required paperwork to be submitted prior to the start of camp. I also understand that by not submitting the proper paperwork that my child will not be allowed to attend camp Spa 23. I understand that signing my child up for camp That I will not receive a refund for cancellations, dismissals, or suspensions

Parent/Guardian Name (print): _____

Signature: _____ Date: _____

ENROLLMENT FORM SECTION

To help us provide the best possible experience for your child, please let us know if your child has any special needs or requires specific support. This information will be used solely to tailor our programs to meet their needs and ensure they have a positive and enjoyable time at camp.

Are there any sensory issues or specific sensory needs we should be aware of?

- ☐ **Yes (please specify)** _____
- ☐ **No**
- ☐ **Not sure**

Are there any behavioral or developmental concerns we should know about?

- ☐ **Yes (please specify)** _____
- ☐ **No**
- ☐ **Not sure**

Does your child have any other special needs or accommodations that you feel would help us support them better?

- ☐ **Yes (please specify)** _____
- ☐ **No**
- ☐ **Not sure**

Your responses will help us make necessary adjustments to ensure a supportive and enjoyable environment for your child. Thank you for sharing this information with us.

REGISTRATION 2027
FAMILY INFO SHEET

Child's Name _____ **Grade Entering** _____

Choose the weeks your camper will attend:

- ☐ Week 1: June 21-June 25
- ☐ Week 2: June 28- July 2
- ☐ Week 3: July 5-July 9
- ☐ Week 4: July 12-July 16
- ☐ Week 5: July 19- July 23
- ☐ Week 6: July 26-July 30
- ☐ Week 7: Aug 2-Aug 6
- ☐ Week 8: Aug 9-Aug 13
- ☐ Week 9: Aug 16-Aug 20
- ☐ Week 10: Aug 24-Aug 28

Camp Prices:

Member: $199/week
Non-Member: $229/week

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

(2 shirts included per camper)

Will you child be needing: **Before Care** M T W Th F

After Care M T W Th F

Daily Before/After Care:

Total # of before and after care days needed _____ X $15= $ _____

Weekly Before Care # of weeks _____ X $50 = $ _____

Weekly After Care # of weeks _____ X $50 = $ _____

Weekly Lunch Pkg. # of weeks _____ X $45 = $ _____

Daily Lunch Pkg. # of days _____ X $10 = $ _____

(for daily lunch circle days attending: M T W T F)

CAMP: _____ (# of weeks) X $ _____ (price of week (See to the left)) = $ _____

Family Processing Fee = $ _____

$40 Member
$60 Non Member
$20 Additional Sibling

Total from page

$ _____

CAMP SPA23

ADD SOME MORE FUN

☐ Add Swim Lessons

(Please circle weeks attending)

Week attending: 1 2 3 4 5 6 7 8 9

_____ # of weeks X **$95** = **$**

☐ Add a Birthday Celebration

$49

Date _____

Party at camp with your friends!
Includes cupcakes, games, group picture, and a card

☐ Camp Gear

_____ Extra Shirt $12 _____ Camp Bag $12

_____ Camp Hat $15 _____ Camp Bottle $5

Total from page = **$**

Total to be charged from both pages = **$**

I authorize Spa 23 to charge my card on file in Lieu of presenting it for any services, at my request.
*A 3% processing fee applies to all credit card transactions. Debit card payments are not subject to this fee.

Initial _____

Check # _____ Visa ☐ MC ☐ AmEx ☐ Disc ☐ Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Signature _____ Date _____ Exp: _____

Staff Signature _____

CAMP 2027
WAIVER & AGREEMENT

Name of Camper: _____

Parent Name: _____

Phone Number: _____ Date: _____

I hereby give permission for my camper to participate in all activities (including field trips and bonus programs) that are part of the camp program. I understand there are risks associated with camp activities in which my camper is a participant.
I understand that my camper must comply with the camp's rules and standards of conduct and if my camper does not comply with will result in necessary action such as removal from camp.
I grant permission for any pictures taken of my child while at camp to be used for publicity and promotional purposes.
Policies and procedures:

- Camp fee is due upon registration and is to be paid in full before camp begins.
- All camp forms MUST be submitted before camp begins.
- There are no refunds.
- In the event you need to change a purchased week you will be charged a week change fee of $40.
- To add on a week. you must sign up prior to that week, not the morning of.
- Before care starts at 7:45am. No camper may be dropped off earlier than 7:45am. If your camper is dropped off before 8:45am you will be charged for Before Care for that day.
- Regular drop-off begins at 8:55am.
- Aftercare starts at 4:00pm and any camper that has not been picked up by 4:10pm will be charged for Aftercare for that day.
- A fee of $15 is charged for every fifteen-minute interval after the official camp closing time at 6pm.
- We ask you do not bring your child to camp with any peanuts or nuts in their snack or lunch.
- In case of inclement weather, camp may be held inside at Spa 23.
- In case of the weather changing, campers and counselors will use Village Road to and from Spa 23 and PV Park.
- We are officially a nut-free zone. Please do not bring any peanuts or tree-nuts in with your child.
- Children who are sent home due to illness will not be readmitted to the Camp until they have been symptom free for 24 hours.

I have read and understand the statements above regarding CAMP Spa 23 policies and procedures.

Parent/Guardian Signature : _____ Date : _____

CAMP 2027
CAMPER & CAREGIVER CODE OF CONDUCT

It is the goal of CAMP Spa 23, to provide a safe, happy, and healthy camp environment for all participants. At CAMP Spa 23 we teach core values of respect and responsibility. In order to accomplish this goal, campers are expected to behave appropriately and abide by the code below. We ask all campers and caregivers to spend some time together going over the Codes of Conduct before coming to an unforgettable summer at Camp..

Camper Code of Conduct

As a **camper**, I will:

1. Respect others and treat them the way I would like to be treated.
2. Be responsible for me, my actions, and my personal belongings.
3. Care for others by communicating in an appropriate manner; not using foul or explicit language or gestures and name-calling.
4. Care for others by keeping my hands to myself and refrain from causing bodily harm to others: No pushing, hitting, or inappropriately touching other participants.
5. Be honest by informing camp staff of the challenges I am facing with other campers, in activities, or other situations.
6. Respect the property of others.
7. Respect the camp staff and cooperate with their instructions.
8. Be honest and fair.
9. Be enthusiastic, thoughtful, caring, open-minded, and involved.
10. HAVE FUN!!

Parent Code of Conduct

As a **caregiver**, I will:

1. Respect all campers and camp staff.
2. Approach staff members when having a concern regarding my child or another camper's behaviors at camp as soon as I am made aware of the situation.
3. Respect the policies put forth in the registration packet and weekly newsletter, including policies around pick-up and drop-off procedures, payments, and refunds.
4. Encourage my camper to follow the core values of respect and responsibility.
5. Encourage my camper to try new things and to have fun!

Camp staff will work with individual campers and their caregiver to discuss inappropriate behaviors when they arise. Serious behavior problems, including campers, repeatedly breaking the rules, may result in possible removal from CAMP Spa 23.

I have read and understand the Codes of Conduct above.

Parent/Guardian Signature : _____ Date : _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)* *(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:		
	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	