

Borough of Highlands Recreation Department

-

AGE 5 – GRADE 3

Child's Name: _____ Age: _____ DOB: _____

School: _____ Grade.: _____ Teacher: _____

Parent's Name: _____ Parent's Email: _____ Parent's Phone: _____

My child attended summer camp and the Recreation Department has my child's vaccinations on file until May 2025.

The Recreation Department does not have my child's vaccination records/waiver letter.

	WALKING SCHOOL BUS HES BELL – 3:30 PM \$160 Sept 30 – May 31	KIDS ON THE MOVE 3:30 – 5:00 Free
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

My child **DOES NOT** have permission to walk home alone.

My child **DOES** have permission to walk home alone at 4:30 pm

Please check the boxes below if your child will be participating in the following after-school programs:

Student Council

Chorus

Safety Patrol

Play

National Honor Society

PAYMENT INFORMATION: *We do not accept American Express*

There are no refunds

Name as it appears on the card: _____

Billing Address: _____

CC Number: _____ Exp. Date: _____ CCV: _____

Total Payment Due: _____ Deposit: _____ Paid in full: _____

Signature: _____

Date: _____

GENERAL RELEASE & EMERGENCY MEDICAL TREATMENT AGREEMENT

I/We as parent(s) or legal guardian(s) for _____ (name of minor) (hereinafter referred to as “Student”), hereby permit the Participant to participate in the Highlands Recreation Departments programs, summer camp, and any activities associated therewith; to travel with a Highlands Recreation Department's Staff Member, Chaperone, Coach, or Volunteer to or from Highlands Recreation Department activities that may involve serious injury, including permanent disability and death. I/We further, as parent(s) authorize any Highlands Recreation Department Staff Member, Chaperone, Coach, or Volunteer, in his/her discretion, to obtain medical or emergency treatment for the participant.

In consideration for participation in the Highlands Recreation Departments programs and summer camp(s), I/We further, as parent(s) of Participant (a minor) on behalf of said Participant, as well as on behalf of myself/ourselves, hereby forever release, acquit, discharge and hold harmless Highlands Recreation Department, their officers, employees, agents, counselors, chaperones, coaches, helpers, aids, or assistants (hereinafter collectively referred to as “HRD”) of any liability, claims, actions, causes of actions, lawsuits, or rights or claims for damages, including but not limited to, claims for Highlands Recreation Departments' negligent acts or omissions, relating to or in any way arising out of Participant’s participation in the Highlands Recreation Departments’ summer camp.

I/We understand that if my child should become ill or injured during the Highlands Recreation Department programs, activities and/or summer camp the Highlands Recreation Department, will

- (1) contact me immediately and
- (2) contact the person(s)

I have designated if I cannot be reached. Should the Highlands Recreation Department be unable to reach me and/or the person(s) designated, the Highlands Recreation Department is authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I/We will accept all responsibility for payment of medical services rendered.

I/We have read, understand, and agree to all the above terms and conditions and have entered into the same of My/Our own free will and accord.

Printed Parent Name

Parent Signature

Date

ELIGIBILITY

All students must be 5 – 12 years old and potty-trained. We are accepting age 4 registrations to be placed on a waitlist, should a space be available you will be contacted. Each child (In pk & k) must keep an extra pair of clothing in their bags and supply the Community Center with a package of wipes at the beginning of the program and after winter break.

HRD REC CALENDAR

We follow the school calendar for closures & holidays. There will be no recreation programming for delayed opening, early dismissals, and/or school cancellations. **PLEASE NOTE: REVIEW RECREATION CALENDAR FOR CLOSURES**

PLEASE NOTE – THERE IS NO RECREATION PROGRAMS ON ½ DAYS.

DATES TO KNOW:

PROGRAM BEGINS: September 30

PROGRAM ENDS: May 31

THERE IS NO REC ON THE FOLLOWING DAYS:

October 14 and 31	November 6 – 8	November 19 – 21	November 27 – 29	December 20 – 31	January 1 and 20	February 17
March 14	March 19 – 21	April 11 – 21	May 26			

BEFORE THE BELL (7:05 am) & AFTER CARE (5:00 pm)

These services have been removed due to a lack of participation.

WALKING SCHOOL BUS

All students must be pre-registered and parents must text Jacqui at 732-558-5986 if your child **WILL NOT** be using the walking service for the day. You may not take your child from the walker line until we reach the Community Center. Once we reach the Center, you may check in with the front desk and your child will be released. **THERE ARE NO EXCEPTIONS.**

PLEASE NOTE – IF THE RULES ARE NOT FOLLOWED YOUR CHILD WILL BE REMOVED FROM THE PROGRAM.

DO NOT CALL OR NOTIFY THE SCHOOL. THIS IS NOT THEIR PROGRAM.

SNACK

We allow time for snacks daily. We do not provide snacks daily and do not allow sharing.

PAYMENT/INVOICES

A full payment of \$160 is due at the time of registration for the walking school bus. There are no refunds. Please let us know as soon as possible if payment arrangements are required.

Borough of Highlands Recreation Department

-

GRADE 4 – GRADE 6

Child's Name: _____ Age: _____ DOB: _____

School: _____ Grade.: _____ Teacher: _____

Parent's Name: _____ Parent's Email: _____ Parent's Phone: _____

- My child attended summer camp and the Recreation Department has my child's vaccinations on file until May 2025.
- The Recreation Department does not have my child's vaccination records/waiver letter.

	<u>WALKING SCHOOL BUS</u>	<u>KIDS ON THE MOVE</u>	<u>Drop-In program</u>
	HES BELL – 3:30 PM \$160 Sept 30 – May 31	3:30 – 5:00 Free	3:30 – 5:00 Free
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

My child **DOES NOT** have permission to walk home alone.

My child **DOES** have permission to walk home alone at 4:30 pm

Please check the boxes below if your child will be participating in the following after-school programs:

Student Council

Chorus

Safety Patrol

Play

National Honor Society

PAYMENT INFORMATION: *We do not accept American Express
There are no refunds*

Name as it appears on the card: _____

Billing Address: _____

CC Number: _____ Exp. Date: _____ CCV: _____

Total Payment Due: _____ Deposit: _____ Paid in full: _____

Signature: _____

Date: _____

GENERAL RELEASE & EMERGENCY MEDICAL TREATMENT AGREEMENT

I/We as parent(s) or legal guardian(s) for _____ (name of minor) (hereinafter referred to as "Student"), hereby permit the Participant to participate in the Highlands Recreation Departments programs, summer camp, and any activities associated therewith; to travel with a Highlands Recreation Department's Staff Member, Chaperone, Coach, or Volunteer to or from Highlands Recreation Department activities that may involve serious injury, including permanent disability and death. I/We further, as parent(s) authorize any Highlands Recreation Department Staff Member, Chaperone, Coach, or Volunteer, in his/her discretion, to obtain medical or emergency treatment for the participant.

In consideration for participation in the Highlands Recreation Departments programs and summer camp(s), I/We further, as parent(s) of Participant (a minor) on behalf of said Participant, as well as on behalf of myself/ourselves, hereby forever release, acquit, discharge and hold harmless Highlands Recreation Department, their officers, employees, agents, counselors, chaperones, coaches, helpers, aids, or assistants (hereinafter collectively referred to as "HRD") of any liability, claims, actions, causes of actions, lawsuits, or rights or claims for damages, including but not limited to, claims for Highlands Recreation Departments' negligent acts or omissions, relating to or in any way arising out of Participant's participation in the Highlands Recreation Departments' summer camp.

I/We understand that if my child should become ill or injured during the Highlands Recreation Department programs, activities and/or summer camp the Highlands Recreation Department, will

- (1) contact me immediately and
- (2) contact the person(s)

I have designated if I cannot be reached. Should the Highlands Recreation Department be unable to reach me and/or the person(s) designated, the Highlands Recreation Department is authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I/We will accept all responsibility for payment of medical services rendered.

I/We have read, understand, and agree to all the above terms and conditions and have entered into the same of My/Our own free will and accord.

Printed Parent Name

Parent Signature

Date

Students in grades 4 – 6 have permission from HES to walk without supervision.

Option 1:

Supervised walking school bus and Kids on the Move program.

Total cost: \$160 per school year/ child

Option 2:

Children in grades 4 – 6 can walk to the Center on their own as drop-ins. They are free to come and go as they please.

Total cost: Free

You would no longer be required to contact the Rec if your child was not attending for the day. Your child will be permitted to leave the facility at any time. The only requirement would be for them to sign in and out.

ELIGIBILITY

All students must be 5 – 12 years old and potty-trained. We are accepting age 4 registrations to be placed on a waitlist, should a space be available you will be contacted. Each child (In pk & k) must keep an extra pair of clothing in their bags and supply the Community Center with a package of wipes at the beginning of the program and after winter break.

HRD REC CALENDAR

We follow the school calendar for closures & holidays. There will be no recreation programming for delayed opening, early dismissals, and/or school cancellations. **PLEASE NOTE: REVIEW RECREATION CALENDAR FOR CLOSURES**

PLEASE NOTE – THERE IS NO RECREATION PROGRAMS ON ½ DAYS.

DATES TO KNOW:

PROGRAM BEGINS: September 30

PROGRAM ENDS: May 31

THERE IS NO REC ON THE FOLLOWING DAYS:

October 14 and 31	November 6 – 8	November 19 – 21	November 27 – 29	December 20 – 31	January 1 and 20	February 17
March 14	March 19 – 21	April 11 – 21	May 26			

BEFORE THE BELL (7:05 am) & AFTER CARE (5:00 pm)

These services have been removed due to a lack of participation.

WALKING SCHOOL BUS

All students must be pre-registered and parents must text Jacqui at 732-558-5986 if your child **WILL NOT** be using the walking service for the day. You may not take your child from the walker line until we reach the Community Center. Once we reach the Center, you may check in with the front desk and your child will be released. **THERE ARE NO EXCEPTIONS.**

PLEASE NOTE – IF THE RULES ARE NOT FOLLOWED YOUR CHILD WILL BE REMOVED FROM THE PROGRAM.

DO NOT CALL OR NOTIFY THE SCHOOL. THIS IS NOT THEIR PROGRAM.

SNACK

We allow time for snacks daily. We do not provide snacks daily and do not allow sharing.

PAYMENT/INVOICES

A full payment of \$160 is due at the time of registration for the walking school bus. There are no refunds. Please let us know as soon as possible if payment arrangements are required.

