

Borough of Highlands Recreation Department

Registration Summer Camp 2025

Kindergarten & Age 5 – Going into 7th Grade

25 -

Child's Information

Child's Name: _____ Age: _____ Grade in Sept.: _____
School: _____ Date of Birth: _____

Parent/Guardian Information

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

Address Information

Physical Street Address: _____ Town/City: _____ Zip Code: _____

Emergency Information

Emergency Contact Name: _____ Emergency Contact Phone: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____

Camp Selection

Please check your preferred week(s):

- | | | |
|---|--|--|
| Week 1 (July 7-11) <input type="checkbox"/> | Week 2 (July 14-18) <input type="checkbox"/> | Week 3 (July 21-25) <input type="checkbox"/> |
| Week 4 (July 28 – Aug 1) <input type="checkbox"/> | Week 5 (Aug 4-8) <input type="checkbox"/> | Week 6 (Aug 11-15) <input type="checkbox"/> |

Fees & Payment Information

Day Camp

Resident Fee (per week): \$60
Non-resident Fee (per week): \$100
All meals included

Trips (Ages 7+): \$40 per trip

- Goldfish Swim (Week 1) Bowling (Week 2)
Yestercades (Week 4) Chuck E. Cheese (Week 5)
AH Movies (Week 6)

Total Due for Camp: _____

Total Due for Trips: _____

Payment Details

50% Deposit (Due March 16, 2025): \$ _____ Other Payments: \$ _____ Payment Completed:
Payment will be automatically deducted from your account on or after **June 8, 2025**.

Additional Information

- I would like to be placed on a payment plan.
- Based on financial necessity, I would like to be placed on the scholarship waiting list. I understand this is a lottery system, and I am not guaranteed a scholarship.

Parent/Guardian Acknowledgments

I understand the following:

- **Meals:** Breakfast and lunch are provided each day, but I may send a bagged lunch if preferred (no discount on fees).
- **Invoice and Payment:** Electronic payments are required. Payments must be completed by June 8, 2025.
- **Medication:** If my child requires medication, it will be provided to the on-site nurse with proper instructions.
- **What to pack:** I will provide my child with the necessary items (swimsuit, towel, sunscreen, water bottle, etc.). **SNEAKERS ARE REQUIRED DAILY** to participate in outdoor activities.
- I understand that **cell phones, toys, and electronics are prohibited at camp.**

Parent Signature: _____ **Date:** _____

Highlands Recreation Department Summer Camp Behavioral Expectations

We are pleased that you have decided to enroll your child in our Summer Camp. Please review the behavioral expectations with your child.

Behavioral Expectations

1. **Immediate Reporting of Problems:** Inform an adult IMMEDIATELY if a problem arises. If an incident makes the student feel threatened or intimidated, they should inform a staff member right away.
2. **Respect for Others:** Students must respect the rights and safety of others. Those who act irresponsibly or endanger themselves or others will be sent home immediately.
3. **Respect for Property:** Students are expected not to take objects from the Highlands Recreation Department facility or others. Students must leave locations cleaner than when they arrived.
4. **Inappropriate Behavior:** Use of profanity, disrespect, property destruction, physical injury, or failure to follow safety rules will result in disciplinary action.
5. **Anti-Bullying Policy:** Bullying is unwanted aggressive behavior involving a real or perceived power imbalance. We maintain a zero-tolerance policy for bullying.
6. **Program Activities:** We offer age-appropriate, fun activities. Inappropriate behavior will be addressed in accordance with our policies.

Disciplinary Procedure for Inappropriate Behavior

1. **Step 1:** The child will be asked to separate and speak privately about their behavior.
2. **Step 2:** If the behavior continues, the child will be removed for a cool-down period.
3. **Step 3:** If behavior persists, the parent will be contacted before departure.
4. **Step 4:** Further incidents may require the child to be picked up and a conference will be scheduled.
5. **Step 5:** A report will be filed for incidents involving property damage or injury.

Expulsion Policy

The Highlands Recreation Department has a **ZERO TOLERANCE** for serious inappropriate behavior, such as striking others with intent to harm, bullying, or repeated disregard for behavior expectations.

Parent/Guardian Signature: _____ **Date:** _____

Liability Waiver and Assumption of Risk Agreement

Please read the following liability terms carefully. By signing, you acknowledge your understanding and agreement to the terms.

1. I acknowledge the risks involved in the activities, which include the potential for serious injury, paralysis, or death. I freely assume all such risks.
2. I agree to comply with the rules and will remove myself from participation if I observe any unusual hazards.
3. I release and hold harmless the **Releasees** (Highlands Recreation Department, its staff, agents, and volunteers) from any injury or loss, whether due to negligence or otherwise.

Parent/Guardian Signature: _____ **Date:** _____

Waiver Section

Please review and select your permission preferences:

- My child has permission to **walk home** after camp: Yes No
 - My child has permission to **walk home after trips**: Yes No
 - My child has permission to be posted on **social media**: Yes No
 - My child may be provided **bug spray or sunblock**: Yes No
 - My child has permission for **Motrin/Tylenol** if needed: Yes No
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Parent/Guardian Signature: _____ **Date:** _____

Code of Conduct

Please review with your child. By signing, you agree that:

- **I will not interfere** with others' learning.
- **I will respect** the personal space, rights, and property of others.
- **I will follow** directions from staff and coaches.
- **I will practice good sportsmanship** and self-control.
- **I will keep my hands and feet to myself** and practice proper bathroom etiquette.
- **I will use appropriate language** when being transported and remain seated and buckled.

Violating the code may result in timeout or removal from the program.

Van/Bus Safety Reports

A van/bus conduct report will be issued for any safety violation. **Please ensure your child is aware of the following rules:**

- **Use a low voice** when speaking.
 - **Stay seated and buckled** at all times.
 - **Use appropriate language** and **keep hands/feet to themselves**.
 - **No eating, drinking, or gum** on the bus.
 - **Respect the driver** at all times.
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Field Trip Expectations and Guidelines

1. **Arrival:** Transportation will leave at the scheduled time.
 2. **Pick-Up:** Parents cannot drop off or pick up children from field trips.
 3. **Behavior Expectations:** All Highlands Recreation Department behavior rules apply during field trips.
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Lost and Found Policy

We are not responsible for lost or stolen items. Please label items with **their name**. Unclaimed items will be discarded after each Friday, valuable items (e.g., phones) will be kept for the duration of summer camp.

Trip Information (Ages 7+)

- Trips will run from after camp until **approximately 4:15 PM**.
 - **Pick-Up Location:** Community Center.
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Policies

- **No electronics** at camp (cell phones, laptops, etc.). Keep them in the child's bag.
 - For contact: Call **732-558-5986**.
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Health & Safety Notes

- **Swimming Assessment:** Pre-K and Kindergarten do not need assessments. For other grades, refer to last year's assessment. Contact **Goldfish Swim in Middletown** for a private assessment if needed.
 - **Medication:** Must be provided to the on-site medical director.
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Sample Meal Plan

- **Breakfast:** Cereal, yogurt, fruit, scrambled eggs, bacon, sausage, pancakes, waffles, muffins.
 - **Lunch:** Yogurt/cheese sticks, fruit, salad, grilled cheese, chicken nuggets, pizza, macaroni and cheese.
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Camp Hours and Late Pickup Policy

Summer Camp begins at **8:00 AM** and ends at **1:00 PM**. For the safety and structure of our program, **please do not drop off your child before 8:00 AM**.

If you are late picking up your child, a fee of **\$20 will be charged for each instance of late pickup**. This fee will be invoiced separately.

Parent/Guardian Signature: _____ **Date:** _____

BOROUGH OF HIGHLANDS RECREATION DEPARTMENT

HEALTH RECORD

2025 - 2026 Programming

TO BE COMPLETED BY THE PARENT/GUARDIAN

Child's Name: _____ Date of Birth: _____ (MM/DD/YYYY)

Gender: Male Female

Child's Health Insurance Carrier: _____

Health Insurance ID Number: _____ No health insurance

You are required to provide a copy of your child's health insurance card, front and back at the time of registration

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____ Cell Phone: _____

Parent/Guardian 2 Name: _____ Cell Phone: _____

IMMUNIZATION RECORD

I have attached a copy of my child's immunization records or waiver letter for the 2025 – 2026 recreation year. I understand I am required to provide a copy at registration and it will not be accepted electronically.

CONSENT FOR DISCUSSION OF MEDICAL INFORMATION

I give my consent for my child's health care provider, child care provider, the Highlands Recreation Department, and/or their school district's nurse, to discuss the information on this form.

Signature: _____ Date: _____

MEDICAL CONDITIONS

My child does not have any medical conditions that might impact his/her health and well-being while attending the 2025 – 2026 HRD programs.

My child does have medical conditions that might impact his/her health and well-being while attending the HRD summer camp, as listed below:

Chronic Medical Conditions: _____

Medications/Treatments: _____

Physical Activity Restrictions: _____

Allergies (Please list any allergies): _____

My child has an epi-pen

My child does not have an epi-pen

Asthma

My child has asthma and has an inhaler. My child has asthma and does not have an inhaler.

Special Medical Diet: I will be providing my child with breakfast, lunch, and snacks daily.

Special Care Plan/Modifications/Equipment Needs:

ADDITIONAL MEDICAL INFORMATION

Things You Want Us to Know About Your Child’s Medical Condition:

EMERGENCY CONTACT & MEDICAL CARE

Preferred Physician: _____ **Phone Number:** _____

Hospital: _____

The Borough of Highlands has permission to contact first aid and can authorize hospital transportation on my behalf. Yes No

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 give permission for Participant to participate in the Highlands Recreation Department’s programs, and any and all 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 Department programs(s), I/We, 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 and all liability, claims, actions, causes of actions, lawsuits, or rights or claims for damages, including but not limited to, claims for Highlands Recreation Departments' own negligent acts or omissions,

relating to or in any way arising out of Participant's participation in the Highlands Recreation Department's summer camp.

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

1. Contact me immediately.
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.

Parent/Guardian Signature: _____ **Date:** _____

This form should be completed, signed, and submitted to the Recreation Department for your child's participation. Please make sure all sections are filled out accurately. Thank you!