



# Watch Me Grow “N” Summer Camp

3 Marshall St. Irvington NJ, 07111

(Located in Maple Gardens)

Enrolling Now for Ages 6-13

Beings: June 24,2024

Ends: August 23,2024

Hours 8:00am - 6:00pm

Breakfast, Lunch, Snack included.

Trip/Registration Fee: \$650.00

(Can be paid in installment)

Payment in FULL DUE NO LATER THAN JUNE 15,2024

**(1<sup>st</sup> payment NON-REFUNDABLE)**

*\*All trips are pre-paid. Unfortunately, if our child missed a trip, it cannot roll over for the next trip\**

**\$210 Weekly Tuition**

**Subsidy Accepted!**

(Includes: 3 t-shirts, pool pass and **ALL TRIPS**)

Activities: Swimming, Movies, Field Trips, Arts & Crafts, Ice Cream Truck Physical Fitness and STEAM activities

## Summer Camp Registration Checklist

	Trip/ Registration fee \$650
	Summer Application
	Up to Date Immunizations
	Sign & Dated Application
	Allergy/ Asthma plan
	Medical Declaration (ages 6 and up)
	Universal Health Record (ages 5 and under)
	Summer Camp Policy & Procedures
	T-shirt size

## WATCH ME GROW "N" SUMMER CAMP

Summer Camp Hours	8:00am-6:00pm
Breakfast	8:30am-9:00am
Lunch	12:00pm-12:30pm
Snack	3:00pm-3:30pm

<p>Registration/Trips fee          Includes: All Trips, All Meal, Pool Pass, Ice Cream Truck          WMGA T-Shirts (3)</p>
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### Registration/Trips Installment Break Down

Deposit Due By 4/15/24 (NON-REFUNDABLE)	\$220
2 <sup>ND</sup> Payment 5/15/24	\$220
3 <sup>rd</sup> Payment 6/15/24	\$210
After June 15 payment must be paid in full	<b>Payment in FULL</b>
Weekly tuition (tuition is due every Friday before services is provided)	\$210



Watch Me Grow "N" Summer Camp  
3 Marshall St. Irvington NJ, 07111  
973-373-1160 or 862-229-2579

Summer Camp Enrollment

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

Name of Camper \_\_\_\_\_

Child's age \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male Female

Parent/ Guardian Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Person Responsible for payment \_\_\_\_\_

**Emergency Contact Information: (person other than parent/ guardian previously listed)**

Name and Phone # of at least Two Persons to Contact if Parents Can not be Reached.

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Persons Who May Pick Up your Child:

**(Persons must be at least 16 years of age)**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Child \_\_\_\_\_

List any Allergies: \_\_\_\_\_

Food that your child may not have: \_\_\_\_\_

Special Need for your child: \_\_\_\_\_

List any concerns you would like addressed \_\_\_\_\_

In the case of an emergency, I give permission or my child to be taken to the nearest hospital, Parents signature \_\_\_\_\_

(Initial) \_\_\_\_\_ My child has permission to participate in field trips sponsored by Watch Me Grow Academy. It is also understood that individual permission slips will be required for each trip.

(Initial) \_\_\_\_\_ I hereby give Watch Me Grow Academy permission and authorization to use still photographs and video tapes of my child.

(Initial) \_\_\_\_\_ Watch Me Grow Academy DO NOT ALLOW CORPORAL PUNISHMENT INCLUDING SPANKING, SLAPPING, BITING, PINCHING, JERKING ANY SIMILAR BEHAVIOR ON THE PREMISES.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Desired Entry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent's Signature \_\_\_\_\_

T-Shirt size (all sizes based on youth sizes):

**Small                      Medium                      Large                      X- Large**

I would like to purchase \_\_\_\_\_ more extra shirts.

**\*Additional T-shirts are \$15.00 each\***



WMGA is planning a field trip!

To: Land of Make Believe

Cost: \$37.00

Dates: 6/25/2024

Address: 354 Great Meadows Rd, Hope, NJ 07844

Times: Leaving the center at approximately 10:00am

Returning to the center at approximately 4:00pm

Transportation: Contracted Bus

\*Name of Bus Company Contracted\* Best Choice Transportation

\*Bus Company Phone Number\* (862) 220-8244

On the day of the trip, center staff can be reached on this phone number.

Ms. Kameelah Phillips (973) 508-7327

Ms. Mahogany Campbell (862) 298-8921

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PLEASE COMPLETE INFORMATION BELOW THIS LINE AND RETURN TO THE CENTER

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Child Name: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

\_\_\_\_\_ YES, I give permission for my child to attend the field trip described above.

\_\_\_\_\_ NO, I do not wish for my child to participate I this trip.

Parent Signature: \_\_\_\_\_



WMGA is planning a field trip!

To: Humdingers

Cost: \$40.00

Dates: 7/1/2024

Address: 64 E. Midland Ave Paramus, NJ 07652

Times: Leaving the center at approximately 10:00am

Returning to the center at approximately 4:00pm

Transportation: Contracted Bus

\*Name of Bus Company Contracted\* Best Choice Transportation

\*Bus Company Phone Number\*(862) 220-8244

On the day of the trip, center staff can be reached on this phone number.

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Child Name: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

\_\_\_\_\_ YES, I give permission for my child to attend the field trip described above.

\_\_\_\_\_ NO, I do not wish for my child to participate I this trip.

Parent Signature: \_\_\_\_\_



WMGA is planning a field trip!

To: Sopac Theater

Cost: \$16.89 per movie/ including transportation

Dates: 7/3/24, 7/10/24, 7/15/24, 7/24/24, 7/29/24, 8/9/24, 8/14/24,8/21/24

Address: 1 Sopac Way South Orange, NJ 07079

Times: Leaving the center at approximately 9:30am

Returning to the center at approximately 12:30pm

Transportation: Contracted Bus

\*Name of Bus Company Contracted\* Best Choice Transportation

\*Bus Company Phone Number\* (862)220-8244

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Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

\_\_\_\_\_ YES, I give permission for my child to attend the field trip described above.

\_\_\_\_\_ NO, I do not wish for my child to participate on this trip.

Specific Dates: \_\_\_\_\_

Parent Signature: \_\_\_\_\_





WMGA is planning a field trip!

To: Sesame Place

Cost: \$52.00

Dates: 7/8/24

Address: 100 Sesame Rd, Langhorne, PA 19047

Times: Leaving the center at approximately 9:00am

Returning to the center at approximately 5:00pm

Transportation: Contracted Bus

\*Name of Bus Company Contracted\* Best Choice Transportation

\*Bus Company Phone Number\* (862) 220-8244

On the day of the trip, center staff can be reached on this phone number.

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Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

\_\_\_\_\_ YES, I give permission for my child to attend the field trip described above.

\_\_\_\_\_ NO, I do not wish for my child to participate I this trip.

Parent Signature: \_\_\_\_\_



WMGA is planning a field trip!

To: Funplex/Splasplex

Cost: \$40.00

Dates: 7/17/24

Address: 182 State Route 10, East Hanover, NJ 07936

Times: Leaving the center at approximately 10.00am

Returning to the center at approximately 4:30pm

Transportation: Contracted Bus

\*Name of Bus Company Contracted\* Best Choice Transportation

\*Bus Company Phone Number\*(862) 220-8244

On the day of the trip, center staff can be reached on this phone number.

Ms. Kameelah Phillips (973) 508-7327

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Child Name: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

\_\_\_\_\_ YES, I give permission for my child to attend the field trip described above.

\_\_\_\_\_ NO, I do not wish for my child to participate I this trip.

Parent Signature: \_\_\_\_\_



WMGA is planning a field trip!

To: Liberty State Park

Cost: \$16.00

Dates: 7/22/24

Address: 1 Audrey Zapp Dr. Jersey City NJ 07305

Times: Leaving the center at approximately 10:00am

Returning to the center at approximately 5:00pm

Transportation: Contracted Bus

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\*Bus Company Phone Number\*(862) 220-8244

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Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

\_\_\_\_\_ YES, I give permission for my child to attend the field trip described above.

\_\_\_\_\_ NO, I do not wish for my child to participate I this trip.

Parent Signature: \_\_\_\_\_



WMGA is planning a field trip!

To: Nickelodeon Theme Park

Cost: \$71.89

Dates: 7/31/24

Address: 1 American Dream Wy, East Rutherford, NJ 07073

Times: Leaving the center at approximately 11:00am

Returning to the center at approximately 5:00pm

Transportation: Contracted Bus

\*Name of Bus Company Contracted\* Best Choice Transportation

\*Bus Company Phone Number\* (862) 220-8244

On the day of the trip, center staff can be reached on this phone number.

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Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

\_\_\_\_\_ YES, I give permission for my child to attend the field trip described above.

\_\_\_\_\_ NO, I do not wish for my child to participate I this trip.

Parent Signature: \_\_\_\_\_



WMGA is planning a field trip!

To: Diggerland

Cost: \$43.00

Dates: 8/5/24

Address: 100 Pinedge Dr. West Berlin, NJ 08091

Times: Leaving the center at approximately 9:30am

Returning to the center at approximately 4:30pm

Transportation: Contracted Bus

\*Name of Bus Company Contracted\* Best Choice Transportation

\*Bus Company Phone Number\*(862) 220-8244

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Child Name: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

\_\_\_\_\_ YES, I give permission for my child to attend the field trip described above.

\_\_\_\_\_ NO, I do not wish for my child to participate I this trip.

Parent Signature: \_\_\_\_\_



WMGA is planning a field trip!

To: Dave & Buster

Cost: \$35.00

Dates: 8/7/24

Address: 274 Woodbridge Center Dr, Woodbridge Township, NJ 07095

Times: Leaving the center at approximately 10:30am

Returning to the center at approximately 2:30pm

Transportation: Contracted Bus

\*Name of Bus Company Contracted\* Best Choice Transportation

\*Bus Company Phone Number\*(862) 220-8244

On the day of the trip, center staff can be reached on this phone number.

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Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

\_\_\_\_\_ YES, I give permission for my child to attend the field trip described above.

\_\_\_\_\_ NO, I do not wish for my child to participate I this trip.

Parent Signature: \_\_\_\_\_



WMGA is planning a field trip!

To: Supercharge /Bowlero

Cost: \$52.00

Dates: 8/12/24

Address: 987 US-1 Edison NJ, 08817 (Supercharge) 1 Carolier Ln, North Brunswick, NJ 08902

(Bowlero)

Times: Leaving the center at approximately 10:00am

Returning to the center at approximately 4:00pm

Transportation: Contracted Bus

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\*Bus Company Phone Number\*(862) 220-8244

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Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

\_\_\_\_\_ YES, I give permission for my child to attend the field trip described above.

\_\_\_\_\_ NO, I do not wish for my child to participate I this trip.

Parent Signature: \_\_\_\_\_



WMGA is planning a field trip!

To: Urban Air

Cost: \$41.00

Dates: 8/19/24

Address: 1600 St. Georges Ave Avenel, NJ, 07001

Times: Leaving the center at approximately 9:30am

Returning to the center at approximately 4:30pm

Transportation: Contracted Bus

\*Name of Bus Company Contracted\* Best Choice Transportation

\*Bus Company Phone Number\*(862) 220-8244

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Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

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\_\_\_\_\_ NO, I do not wish for my child to participate I this trip.

Parent Signature: \_\_\_\_\_





WMGA is planning a field trip!

To: Orange St. Park & Pool

Cost: \$15.00 (pool pass)

Dates: Every Tuesday and Thursday

Address: Orange Ave, Irvington, NJ 07111

Times: Leaving the center at approximately 10:30am

Returning to the center at approximately 1:00 pm

Transportation: Walking (0.6 mile)

**\*All trips are chaperoned by Watch Me Grow Academy Staff, Counselors and Jr. Counselors\***

On the day of the trip, center staff can be reached on this phone number.

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Child Name: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

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\_\_\_\_\_ NO, I do not wish for my child to participate I this trip.

Parent Signature: \_\_\_\_\_