

Watch Me Grow “N” Summer Camp

3 Marshall St. Irvington NJ 07111

(located in Maple Gardens)

Enrolling Now for Ages 5-13

Begins: June 27, 2022 Ends: August 26, 2022

Hours 8:00am- 6:00pm

Breakfast, Lunch, & Snack included

Trip/Registration Fee: \$525

(can be paid in installments)

Includes: 3 t-shirts, water bottle, backpack, pool pass and ALL trips)

Activities: swimming, movies, field trips, arts & crafts, Kona Ice, Yoga and STEM activities

Payment in FULL DUE NO LATER THAN JUNE 24th

(non-refundable)

\$175 Weekly Tuition

Subsidy Accepted!!!!

Summer Camp Registration Checklist

- Trip/ Registration Fee \$525**
- Summer Application**
- Up to Date Immunizations**
- Sign & Dated Application**
- Allergy/Asthma plan**
- Medical Declaration (ages 6 & up)**
- Universal Health Record (ages 5 & 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

Registration/Trip Fees Includes: All Trips, All Meals, Pool Pass, Kona Ice Truck, WMGA T-Shirts (3), backpack and water Bottle	\$525
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Registration/Trip installment break down

Deposit Due by 4/24/22 (NON-REFUNDABLE)	\$125 Per Child
2nd Payment 5/24/22	\$200 Per Child
3rd Payment 6/24/22	\$200 Per Child
Weekly tuition (tuition is due every Friday before services are provided)	\$175

Field Trip Permission Form

As parent/legal guardian of _____,
(Print Student's Name)

I grant permission for him/ her to participate in the fieldtrips described below:

June

**Land of Make Believe

354 Great Meadows Rd, Hope, NJ 07844

Date: 6/24/2022 Rain Date 6/27/2022

Time: 9:30-5:30PM

Price: \$38.00 (Transportation, Admission and Lunch Included)

Parent Initial _____

July

Sesame Place

100 Sesame Rd, Langhorne, PA 19047

Date: 7/11/2022

Time: 9:00-4:00PM

Price: \$58.52

Parent Initial _____

Bowlero

1 Carolier Ln, North Brunswick, NJ 08902

Date: 7/18/2022

Time: 12:30-4PM

Price: \$32.12 (Transportation, Admission and Lunch Included)

Parent Initial _____

Funplex/Splashplex

182 NJ-10, East Hanover, NJ 07936

Date: 7/20/2022

Time: 10:00-4:00PM

Price: \$49 (Transportation, Admission and Lunch Included)

Parent Initial _____

Liberty State Park

200 Morris Pesin Dr, Jersey City, NJ 0730

Date: 7/25/2022

Time: 10-5:00PM

Price: \$9 (Transportation, Admission and Lunch Included)

Parent Initial _____

August

Nickelodeon Theme Park

1 American Dream Way, East Rutherford, NJ 07073

Date: 8/1/2022

Time: 11:00-5:00PM

Price: \$58.00 (Transportation, Admission and Lunch Included)

Parent Initial _____

Turtle Back Zoo

560 Northfield Ave, West Orange, NJ 07052

Date: 8/8/2022

Time: 10:00-4:00PM

Price: \$21.00 (Transportation, Admission and Lunch Included)

Parent Initial _____

Thrillz and Jumpz

5 Prindle Ln, Danbury, CT 06811

Date: 8/15/2022

Time: 10:00-2:30PM

Price: \$67.00 (Transportation, Admission and Lunch Included)

Parent Initial _____

Kids Empire

1515 US Highway 22, Watchung, NJ 07069

Date: 8/22/2022

Time: 10:00-3:00PM

Price: \$25.00 (Transportation, Admission and Lunch Included)

Parent Initial _____

City Plex12-Movies

360-394 Springfield Ave, Newark, NJ 07103

Dates: 7/6, 7/13, 7/27, 8/3,8/10,8/17,8/24

Time: 9:30-12:15PM

Price: \$15.30 per trip for 7 trips = \$107.10 total for all dates (Transportation, Admission and Lunch Included) We will be renting out the Theatre this year, so that is why there is a difference in price.

Parent Initial _____

Parent Signature _____

Daily Trip/ Nature Walks

Irvington Park & Playground on Montgomery St

Price: Free

Means of Transportation: Walking (0.2 miles each way)

Parent Initial _____

Daily Trip/ Nature Walks

Orange St Park & Pool

Price: \$15 for pool pass

Means of Transportation: Walking (0.6 miles each way)

Parent Initial _____

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

Signature of Parent/Gaurdian

Date

Watch Me Grow 'N' Summer Camp

3 Marshall St. (Maple Gardens)
Irvington, NJ 07111
973-373-1160 (Fax) 973-373-1170



Enrollment Application

Date: ____/____/____

Name of Camper: _____

Child's Age: _____ Birthdate: ____/____/____ 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: _____

Name: _____ Phone#: (____) _____ - _____

Relationship to child: _____

List any Allergies: _____

Foods that your child may not have: _____

Special Needs for your child: _____

List any concerns you would like addressed: _____

In the case of an emergency, I give my permission or my child to be taken to the nearest hospital. Parent's 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 photograph's 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

Watch Me Grow Academy does not discriminate on the basis of race, creed, color, gender, religion or national origin.

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 <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /		
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>						
Signature/Date _____				This form may be released to WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER						
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____				
MEDICAL CONDITIONS						
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns: _____		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____		
Medications/Treatments • List medications/treatments: _____		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____		
Limitations to Physical Activity • List limitations/special considerations: _____		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____		
Special Equipment Needs • List items necessary for daily activities: _____		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____		
Allergies/Sensitivities • List allergies: _____		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____		
Special Diet/Vitamin & Mineral Supplements • List dietary specifications: _____		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____		
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns: _____		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____		
Emergency Plans • List emergency plan that might be needed and the signs/symptoms to watch for: _____		<input type="checkbox"/> None <input type="checkbox"/> 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: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision			
TB (mm of induration)			Dental			
Other:			Developmental			
Other:			Scoliosis			
<input type="checkbox"/> 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 _____						

