CAMP LONG-A-COMING

Camp runs Mondays - Thursdays ★ July 6th - Thurs. August 13th 2020 Registration Form>>>FREE REGISTRATION UNTIL JUNE 19th
June 20-26: \$25 registration fee ★ June 27-July 1: \$50 registration fee

After July 1: \$75 registration fee

Tamily last name:		Parent/Guardian Name:			
Address:					
Telephone #:		Email:			
Child # I name:	Completing Grade:	Child #2 name:		_Completing Grade: _	
Child #3 name:	Completing Grade:	Child #4 name:		_Completing Grade: _	
 Emergency contact name:		Phone #:			

Please circle your enrollment option below. If choosing 4 or 6 week option, campers will only be able to attend weeks listed—weeks/days cannot be substituted.

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	l child	2 children	3 children	4 children	
4 WEEKS (7/6-7/30)	\$180	\$325	\$395	\$ 44 5	
6 WEEKS (7/6-8/I3)	\$255	\$400	\$470	\$520	
CUSTOM WEEKLY SCHEDULE	\$60 per week, per child Please list weeks attending:				

(Please send checks and registration form to 59 South White Horse Pike, Berlin, NJ 08009 Attn: Erin Woods) All checks should be made out to Berlin Borough. RETURNED CHECK FEE of \$25—must be paid in cash.

Please complete the Medical Questionnaire on the back. Thank you!

Questions? Email camplongacoming@berlinnj.org

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<u>Medical Questionnaire</u>: Please answer all questions by circling Yes or No. If the answer is Yes, please list which child it is true for.

. Has been medically advised not to participate in any sports					
2. Is under a physician's care and the reason for such care	. Yes / No				
3. Has experienced loss of consciousness after an injury	Yes / No				
4. Has experienced a fracture or dislocation	Yes / No				
5. Has undergone any surgery	Yes / No				
6. Takes any medication regularly, name of medication/reason	Yes / No				
7. Has allergies including hives, asthma or a reaction to bee stings					
B. Has experienced frequent chest pains or palpitations					
9. Has a history of fainting with exercise					
10. Has a history of a family member having sudden death					
II. Has any hearing loss					
12. Has impaired vision A. must wear glasses or contacts					
B. completely or seriously impaired					
13. Has a history of the following: Hypertension: Yes / No Mononucleosis: Yes / No					
Anemia: Yes / No Tuberculosis: Yes / No Diabetes: Ye	s / No				
If any above answers are "Yes", please describe below. (Please use a separate sheet if necessary	·) 				
=amily Doctor Name: Phone #:					
In the case of an EXTREME EMERGENCY, if possible, take my child to	hospital				
Signature of Parent or Guardian Do	 ate				

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