



(973) 989-4141 (973) 989-5757 fax

## Summer Camp Registration Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
Parent's (Guardian's) Names: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Please indicate which weeks your child will be attending:

- Week 1: June 22<sup>nd</sup> – June 26<sup>th</sup>  
Theme: Summer is Here                      Field Trip: Land of Make Believe
- Week 2: June 29<sup>th</sup> – July 3<sup>rd</sup>  
Theme: 4<sup>th</sup> of July                              Field Trip: Turtle Back Zoo
- Week 3: July 6<sup>th</sup> – July 10<sup>th</sup>  
Theme: Animal Adventure                      Field Trip: AMC Theatre
- Week 4: July 13<sup>th</sup> – July 17<sup>th</sup>  
Theme: Fairy Tales                              Field Trip: Making Pizza at Gusto
- Week 5: July 20<sup>th</sup> – July 24<sup>th</sup>  
Theme: Superheroes                              Field Trip: Randolph Gymnastics
- Week 6: July 27<sup>th</sup> – July 31<sup>st</sup>  
Theme: ABC Olympics                              Field Trip: Rockaway Lanes
- Week 7: August 3<sup>rd</sup> – August 7<sup>th</sup>  
Theme: The Carnival is in Town                      Field Trip: Imagination Station
- Week 8: August 10<sup>th</sup> – August 14<sup>th</sup>  
Theme: Buggin Out                              Field Trip: Pirate's Cove



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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please indicate which weeks your child will be attending:

- Week 9: August 17<sup>th</sup> – August 21<sup>st</sup>  
 Theme: Wild West                                      Field Trip: Pump It Up
  
- Week 10: August 24<sup>th</sup> – August 28<sup>th</sup>  
 Theme: The Beach                                      Field Trip: Clubhouse Golf
  
- Week 11: August 31<sup>st</sup> – September 3<sup>rd</sup>  
 Theme: Ready for School                              Field Trip: No Field Trip This Week

Tuition includes: Fully themed curriculum and activities, breakfast, lunch, snacks and drinks. Summer camp fee includes: Transportation to and from field trips, snacks, lunches, drinks and summer camp t-shirt. All fees are non-refundable. Permission slips and fees are due no later than May 15, 2020. If any part is not complete by this date, then the child will not be able to attend the field trips.

\*\*\*Please note that all field trips are subject to change based on availability, weather or an unforeseen circumstance. \*\*\*

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For office use only:

Tuition Rate: \_\_\_\_\_ per week

Summer Camp Fee: \_\_\_\_\_

Total: \_\_\_\_\_



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## *Summer Camp T-Shirt Form*

On field trip days, all children **MUST** wear their ABC Growing Tree Camp T-shirt. This is for the safety and well-being of the children!

Please indicate what size t-shirt you would need for your child:

- Child XS**
- Child S**
- Child M**
- Child L**
- Child XL**

**Child's Name:** \_\_\_\_\_

**Child's Teacher:** \_\_\_\_\_

This form needs to be completed by May 31, 2020.

As with all items, please remember to mark the t-shirt with your child's name.



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# Field Trip Permission & Health Information Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Parent's (Guardian's) Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

EMERGENCY CONTACT'S NAME: \_\_\_\_\_

EMERGENCY PHONE #: \_\_\_\_\_ SECONDARY #: \_\_\_\_\_

## I. PERMISSION

A. I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO ATTEND SCHOOL-SPONSORED FIELD TRIPS:

\_\_\_\_\_  
Parent's (Guardian's) Signature / Date

B. I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO RECEIVE EMERGENCY MEDICAL TREATMENT BY A FIRST AID SQUAD AND/OR HOSPITAL IF NEEDED: (Note: A Child may not attend a field trip unless the school is granted authorization OR a parent attends the trip with the child)

\_\_\_\_\_  
Parent's (Guardian's) Signature /Date

## II. HEALTH INFORMATION

A. Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please list: \_\_\_\_\_)

B. Is your child allergic to any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please list: \_\_\_\_\_)

C. Is your child allergic to insect bites? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please list: \_\_\_\_\_)

D. Is your child allowed to take Tylenol? \_\_\_\_\_ Yes \_\_\_\_\_ No

E. Date of last tetanus shot? \_\_\_\_\_

F. List any medications your child is to take: \_\_\_\_\_

G. Should your child be restricted from any physical activities? \_\_\_ Yes \_\_\_ No  
(If yes, please list: \_\_\_\_\_)

H. Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I. Medical Insurance Company: \_\_\_\_\_ Identification #: \_\_\_\_\_

J. Special Instructions regarding health emergencies: \_\_\_\_\_

## III. FOOD INFORMATION:

A. Does your child require special food? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Is your child allergic to any foods? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "YES" to either A or B, please explain on the back of this sheet the foods your child cannot eat and why.



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## *Water Sprinkler Permission Form*

On Tuesday's (weather permitting) we will be offering a water sprinkler activity. In order for your child to participate, please sign to give your consent.

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Parent's (Guardian's) Signature and Date

Please note that your child will be on the grass section near the playground. We ask that you bring a bathing suit, towel and water shoes for these days. If no bathing suit or towel is provided, unfortunately the child will not be able to participate. If no water shoes are supplied the child will be barefoot.

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Parent's (Guardian's) Signature and Date

All items sent in from home must be clearly marked with your child's name on it.

Each towel, bathing suit and water shoes will be returned to you after each day of water play.

If you would like for your child to have sunscreen applied, please send in a bottle with your child's name clearly marked as well as complete the attached non-prescription medication form.

I, the undersigned, the Parent or Legal Guardian of \_\_\_\_\_ hereby agree to indemnify and hold harmless ABC Growing Tree, LLC, it's employees, and volunteers in the event of any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in this event.

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Parent's (Guardian's) Signature and Date



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## *Non-Prescription Medication Permission Form*

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication:

\_\_\_\_\_

Condition for Administering the Medication:

\_\_\_\_\_

Amount to be administered: \_\_\_\_\_

Time(s) to be administered: \_\_\_\_\_

Refrigeration Necessary: (Circle One)      Yes      No

Possible Adverse Reactions:

\_\_\_\_\_

### **Policy on the Administration of Medicine:**

The staff of ABC Growing Tree will administer medication only after we receive this completed form signed by a parent/guardian.

All over the counter, non-prescription medications may be dispensed only in accordance with the recommended dosage for the child's age indicated on the label.

Non-prescription Over-the-counter medications include:

- Antihistamines
- Cough Suppressants
- Decongestants
- Non-aspirin fever reducers/pain relievers
- Topical preparations, such as sunscreen and diaper rash preparations

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## **ABC Growing Tree Summer 2020 Field Trips**

<b>Land of Make Believe:</b>	<b>Wednesday, June 24, 2020</b> <b>Rain date: Thursday, June 25, 2020</b> <b>9:15am – 2:15pm</b> <b>Lunch will be served at LOMB</b>
<b>Turtle Back Zoo:</b>	<b>Wednesday, July 1, 2020</b> <b>Rain date: Thursday, July 2, 2020</b> <b>9:15am – 2:15pm</b> <b>Lunch will be served at Turtle Back Zoo</b>
<b>AMC Theatre:</b>	<b>Wednesday, July 8, 2020</b> <b>9:15am – 12:15pm</b> <b>Lunch will be served at ABC</b>
<b>Making Pizza at Gusto:</b>	<b>Wednesday, July 15, 2020</b> <b>9:30am – 11:00am</b> <b>Lunch will be served at ABC</b>
<b>Randolph Gymnastics:</b>	<b>Wednesday, July 22, 2020</b> <b>9:30am – 11:30am</b> <b>Lunch will be served at ABC</b>
<b>Rockaway Lanes:</b>	<b>Wednesday, July 29, 2020</b> <b>9:30am – 11:30am</b> <b>Lunch will be served at ABC</b>
<b>Imagination Station:</b>	<b>Wednesday, August 5, 2020</b> <b>Rain date: Thursday, August 6, 2020</b> <b>9:30am – 11:30am</b> <b>Lunch will be served at ABC</b>
<b>Pirate's Cove:</b>	<b>Wednesday, August 12, 2020</b> <b>Rain date: Thursday, August 13, 2020</b> <b>9:30am – 11:30am</b> <b>Lunch will be served at ABC</b>
<b>Pump It Up:</b>	<b>Wednesday, August 19, 2020</b> <b>9:15am – 11:15am</b> <b>Lunch will be served at ABC</b>
<b>Clubhouse Golf:</b>	<b>Wednesday, August 26, 2020</b> <b>Rain date: Thursday, August 27, 2020</b> <b>9:15am – 10:45am</b> <b>Lunch will be served at ABC</b>



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## *Pump It Up Permission Slip*

### **Participant/Attendee Waiver for Camp, Field Trip, or Structured Program**

**Event name:** ABC Growing Tree, LLC Field Trip **Date:** 8/19/20

In Consideration of being allowed to enter the play area and/or participate in any camp, field trip, and/or program at Pump It Up, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates, understands, and agrees that:

1. I acknowledge and understand there are risks associated with participation in Pump It Up activities and the use of the play area and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
2. I further acknowledge and understand that there are risks associated with participating in specific camps, field trips, or programs offered at Pump It Up due to the use of paint, clay, glue, scissors, chalk, and other items associated with the specific event attended. These include, but are not limited to: skin irritation, blindness, poisoning, or death.
3. I willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
4. I agree that I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Pump It Up.
5. I, for myself, participant(s) named, our heirs, assigns, representatives, and next of kin, agree to waive rights, hold harmless, not bring legal action or file claims, and indemnify the independent owner of this Pump It Up facility, PIU Holdings LLC, PIU Management, LLC, and their collective affiliates, officers, and employees for injuries or property damage arising out of participation at the event.
6. I additionally agree to indemnify the independent owner of this Pump It Up facility, PIU Holdings LLC, PIU Management, LLC, and their collective affiliates, officers, and employees for any defense cost or expense arising out of any claim for damages, injury, or death arising from my participation.

**Child's Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **Trip Date:** 8/19/20

**Parent or Guardian Signature:** \_\_\_\_\_

**Parent or Guardian Name (please print)** \_\_\_\_\_

**Date of Signature** \_\_\_\_\_