



## 2011 Camp Mercer Registration Form

Registrations are taken on a first come, first served basis. Please attach a copy of your child's current immunization records, plus a \$25.00 registration fee made payable to HomeFront, Inc.

Please print clearly and return completed registration forms to:

Rex R. Mangrum  
Children's Program Administrator  
The Lawrence Community Center  
295 Eggerts Crossing Road  
Lawrenceville, NJ 08648

Camper's Last Name: \_\_\_\_\_ first Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Camper's Age: \_\_\_\_\_ School: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Camper's Shirt Size: \_\_\_\_\_ (Adult sizes only)

**I WANT TO ENROLL MY CHILD (REN) FOR THE FOLLOWING SESSION (S):**

**Session 1:**

June 27- July 22 \_\_\_\_\_

**Session 2:**

July 25- August 19 \_\_\_\_\_

**Last Blast Camp:**

August 22- August 26 \_\_\_\_\_

**2011 Camp Mercer Parent Information and Health History Form**

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Insurance Information**

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Child's Health History**

Any known allergies: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Camp Mercer Summer Camp application must be accompanied by a non-refundable registration \$25 registration fee. Daily hours of operation for camp are Monday-Friday 8:30 a.m.-4:30 p.m. Early arrival begins at 7:30 a.m. and late pick-up is extended to 5:30 p.m. There is a \$25 fee for each service per session.

Payment arrangements must be made prior to the start of camp and must be paid before camper can attend camp.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION SLIP

I hereby give my son/ daughter \_\_\_\_\_ permission to participate in summer camp activities at the Lawrence Community Center as well as other organized activities on or off the premises. I give permission to HomeFront, Inc. and its staff to take necessary action, medical or other to ensure the health and safety of my child. I release HomeFront, Inc. from any claim including injury to my child during his/ her participation in Camp Mercer activities.

\_\_\_\_\_

Parent/ Guardian Signature

\_\_\_\_\_

Date

## EMERGENCY CONTACTS

IN CASE OF AN EMERGENCY, ILLNESS OR ACCIDENT, HOMEFRONT, INC. IS AUTHORIZED TO CONTACT THE FOLLOWING PEOPLE:

1. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
  
2. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
  
3. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY HOMEFRONT, INC. WILL ATTEMPT TO NOTIFY THESE EMERGENCY CONTACTS. IN A MEDICAL EMERGENCY, YOUR CHILD WILL RECEIVE MEDICAL CARE AT CAPITAL HEALTH SYSTEM, UNLESS OTHER INSTRUCTIONS ARE INDICATED. THE CENTER WILL MAKE EVERY EFFORT TO ADHERE TO PARENTAL WISHES IN THE CASE OF AN EMERGENCY. IT IS CRITICAL THAT YOUR INFORMATION IS CURRENT. IF ANY CHANGES OCCUR, PLEASE NOTIFY US IMMEDIATELY.

I, \_\_\_\_\_, GIVE CONSENT FOR MY SON/ DAUGHTER TO BE TREATED AT CAPITAL HEALTH SYSTEM IN CASE OF AN EMERGENCY.

**DISMISSAL INFORMATION**

I, \_\_\_\_\_ HEREBY GIVE PERMISSION FOR MY SON/ DAUGHTER TO BE RELEASED FROM CAMP MERCER ONLY TO THE PEOPLE LISTED BELOW:

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

I UNDERSTAND AND AGREE THAT MY SON/ DAUGHTER WILL NOT BE RELEASED FROM CAMP MERCER TO ANYONE WHOSE NAME DOES NOT APPEAR ON THIS LIST. PICK UP PERSON MUST PRESENT A VALID PHOTO ID. IN THE EVENT THAT SOMEONE NOT LISTED ATTEMPTS TO PICK UP MY SON/ DAUGHTER, I WILL NEED TO BE CONTACTED BEFORE MY CHILD IS RELEASED.

\_\_\_\_\_

Parent/ Guardian Signature

\_\_\_\_\_

Date

## CAMP MERCER

### EXPECTATIONS AND BEHAVIOR

Dear parent (s)/ Guardian (s):

Please read and discuss the following expectations with your child and make sure he/ she understand and accept them.

I will:

- Cooperate in camp activities
- Be responsible for my behavior
- Dress properly for camp/ No flip flops are sandals
- Follow all scheduled camp activities

I will not:

- Engage in actions that are abusive to others
- Fight, steal or vandalize
- Assault or be in possession of any dangerous instruments/ weapons
- Possess illegal drugs or alcohol.

Potential Consequences:

- Verbal warning/ Conference with Camp Director
- Exclusion from activities and or trips
- Parental Notification
- Suspension or Dismissal

I, \_\_\_\_\_ understand and have read the above statements. If behavior at camp is not in compliance with these rules, I may be suspended from Camp Mercer.

\_\_\_\_\_  
Camper's Signature

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

