

OFFICE USE ONLY

Application \_\_\_\_\_  
Health Form \_\_\_\_\_  
Letter \_\_\_\_\_  
Attendance \_\_\_\_\_  
Card \_\_\_\_\_  
Tshirt \_\_\_\_\_

Group \_\_\_\_\_



*Ocean Early Childhood Center  
58 Princeton Ave.  
Brick, NJ 08724  
732-840-0422 Fax 732-840-7655*

**CAMP REGISTRATION 2025**

Camper's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Attending 2024-2025 \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

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

Marital Status:  Married  Divorced  Separated  Single  Widow/Widower  
Child Lives With \_\_\_\_\_

**T-SHIRT SIZE – Please circle Youth: XS S M L  
Adult: Small Medium Large X-Large**

**RESTRICTIONS ON PICK UP** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**MEDICATIONS** \_\_\_\_\_

**OTHER THAN PARENTS**

Emergency Contact #1 \_\_\_\_\_  
Relationship to child \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_  
Relationship to child \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

I authorize the above people to pick up my child from Shore Summer Camp (SSC). All others MUST present a written request from me for my child to be discharged into their hands, and such in writing absolves SSC from responsibility After the child leaves the camp. SSC has the right to verify identification by asking for proof of ID, such as a driver's license.

I have read and understand all policies, rules and regulations of Shore Summer Camp.

I also understand that these policies, rules and regulations can be changed at any time with or without notice by the director or her designee.

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

## TUITION AGREEMENT

CAMPER NAME \_\_\_\_\_ GROUP \_\_\_\_\_

\* Regular Camp Hours 8:30am-4:00pm \* ½ Day AM 8:30am-12:00pm \* Before Care Hours 7:00am-8:30am  
 \* After Care Hours 4:00pm-6:00pm \*

### No Afternoon Sessions

**DIRECTIONS:** Please check the box for ALL camp days your child is attending. Circle Before (BC) and /or After (AC) Care on days that apply. If coming half day MUST write “½ day” in each box. AM only!

WEEK #	DATES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Office Use ONLY AMOUNT DUE
1	June 23 - 27	BC AC	BC AC	BC AC	BC AC	BC AC	\$
2	June 30-July 3	BC AC	BC AC	BC AC	BC AC	<b>NO CAMP</b>	\$
3	July 7 - 11	BC AC	BC AC	BC AC	BC AC	BC AC	\$
4	July 14 - 18	BC AC	BC AC	BC AC	BC AC	BC AC	\$
5	July 21 - 25	BC AC	BC AC	BC AC	BC AC	BC AC	\$
6	July 28-Aug 1	BC AC	BC AC	BC AC	BC AC	BC AC	\$
7	Aug 4 - 8	BC AC	BC AC	BC AC	BC AC	BC AC	\$
8	Aug 11 - 15	BC AC	BC AC	BC AC	BC AC	BC AC	\$
9	Aug 18 - 20	BC AC	BC AC	BC AC	<b>NO CAMP</b>	<b>NO CAMP</b>	

TUITION AMOUNT \$ \_\_\_\_\_

Discount \$ \_\_\_\_\_

Registration Fee \$ **100.00**

Tuition Total \$ \_\_\_\_\_

Date received \_\_\_\_\_ Check # \_\_\_\_\_ Deposit \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

**REQUIRED FIELD\* 3% surcharge for credit card payments/0 for debit**

<u>Card Number</u> _____	<u>Exp Date</u> _____
<u>Signature</u> _____	<u>Security Code</u> _____

**CAMPER 2 DAY FEES**

\$185.00 Per Week ½ Day  
 \$235.00 Per Week 8:30 – 4:00  
 \$255.00 Per Week with 1 BC or AC – 2 Days  
 \$275.00 Per Week with 2 BC/AC – 2 Days

**CAMPER 3 DAY FEES**

\$210.00 Per Week ½ Day  
 \$290.00 Per Week 8:30 – 4:00  
 \$320.00 Per Week with 1 BC or AC – 3 Days  
 \$350.00 Per Week with 2 BC/AC – 3 Days

**CAMPER 4 DAY FEES**

\$230.00 Per Week ½ Day  
 \$325.00 Per Week 8:30 – 4:00  
 \$365.00 Per Week with 1 BC or AC – 4 Days  
 \$405.00 Per Week with 2 BC/AC – 4 Days

**CAMPER 5 DAY FEES**

\$245.00 Per Week ½ Day  
 \$360.00 Per Week 8:30 – 4:00  
 \$410.00 Per Week with 1 BC or AC – 5 Days  
 \$460.00 Per Week with 2 BC/AC – 5 Days

# POLICY AGREEMENT

## REGISTRATION REQUIREMENTS:

Parent Initials \_\_\_\_\_

A \$100 registration fee, one week's tuition, which will go towards your child's first week of camp, and a health form must accompany the registration packet. Minimum enrollment is three weeks. Minimum enrollment is two days per week.

## FEES:

Parent Initials \_\_\_\_\_

Payments are due in 2 week increments, in ADVANCE of the two weeks your child is at camp, You will NOT be sent a bill and your credit card will NOT be charged. All tuition must be paid in full by Week 7. This rule will be strictly enforced and your child will not be permitted to attend camp if payment is not made in advance. There is a \$35 returned check fee. If payment is five days past due a \$25 fee will be added to balance. Every WEEK thereafter will incur a \$25 charge. Fees do not include snacks, trips, or lunches.

## SCHEDULE CHANGE:

Parent Initials \_\_\_\_\_

You are contracted to the number of days you originally sign up for. Any schedule changes made after June 23rd are subject to an additional \$25.00 fee and availability. Any additional days in your week will be \$50.00 per day. Written notice and subject to approval by OECC must be received regarding any changes or withdrawals from camp or you will be obligated to pay for the original tuition fees. There are no refunds or substitution of days due to absence for any reason.

## TRIPS:

Parent Initials \_\_\_\_\_

Off site trips are extra and optional. All permission slips are available on our website and signing up for trips are on a first come first serve basis. The last day to sign up for a trip will be the Friday before the trip. NO OFFSITE permission slips will be accepted the day of the trip!

## SUMMER CAMP WAIVER:

Parent Initials \_\_\_\_\_

In consideration for being allowed to participate in any way in SHORE SUMMER CAMP programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with SHORE SUMMER CAMP or it's staff while they/I am on the premises of SHORE SUMMER CAMP. I acknowledge that at SHORE SUMMER CAMP, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release SHORE SUMMER CAMP and its staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize SHORE SUMMER CAMP to act for me and obtain whatever medical, surgical or dental examination, diagnosis and /or treatment is deemed necessary. Your enrollment at SSC implies consent for us to use photographs of your child at camp or any activities related to SSC for press releases in our community and for our center's FaceBook page. SHORE SUMMER CAMP is not responsible for my personal belongings which are lost, stolen, or damaged. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her counselor and refuse to participate. I UNDERSTAND THE SHORE SUMMER CAMP WAIVER POLICY.

## BEFORE/AFTER CARE:

Parent Initials \_\_\_\_\_

Camp starts at 8:30am and ends at 4:00pm. If your child is dropped off before 8:30am or picked up after 4:00pm, you will be charged Before/After care rates of \$10.00 per extension. If this is not in your tuition, please pay THAT day. If your child is not picked up by 6:00pm you will be charged \$1 per minute after.

## EXPULSION POLICY

Parent Initials \_\_\_\_\_

We make every effort to work with families to address concerns that arise which may compromise our ability to successfully care for your child. We have implemented a strike system, three strikes and we reserve the right to terminate care.

Reasons for strikes: the child is at risk of causing injury to staff, other children or him/herself; failure of child to adjust after a reasonable amount of time; uncontrollable tantrums/angry outbursts; excessive biting; running away from staff; foul language; disrespecting staff

## MEDICAL FORM:

Parent Initials \_\_\_\_\_

A medical form is required by State Law and is due WITH registration packet. NO CHILD IS PERMITTED TO START CAMP WITHOUT THIS COMPLETED FORM.

**GROUP LIST**

(attending grade during 2024-2025 school year)

- GUPPIES - ATTENDING PRESCHOOL
- PERCH - ATTENDING PRE K
- BLUEFISH - ATTENDING KINDERGARTEN
- SUNFISH - ATTENDING 1ST
- DOLPHIN - ATTENDING 2ND
- STARFISH - ATTENDING 3RD
- STINGRAY - ATTENDING 4TH
- SHARKS - ATTENDING 5TH

**2024 SUMMER CAMP TUITION FEES**

**CAMPER 2 DAY FEES**

\$160.00	Per Week ½ Day
\$210.00	Per Week 8:30 – 4:00
\$230.00	Per Week with 1 BC or AC – 2 Days
\$250.00	Per Week with 2 BC/AC – 2 Days

**CAMPER 3 DAY FEES**

\$185.00	Per Week ½ Day
\$265.00	Per Week 8:30 – 4:00
\$295.00	Per Week with 1 BC or AC – 3 Days
\$325.00	Per Week with 2 BC/AC – 3 Days

**CAMPER 4 DAY FEES**

\$205.00	Per Week ½ Day
\$300.00	Per Week 8:30 – 4:00
\$340.00	Per Week with 1 BC or AC – 4 Days
\$380.00	Per Week with 2 BC/AC – 4 Days

**CAMPER 5 DAY FEES**

\$220.00	Per Week ½ Day
\$335.00	Per Week 8:30 – 4:00
\$385.00	Per Week with 1 BC or AC – 5 Days
\$435.00	Per Week with 2 BC/AC – 5 Days