

TEANECK

SPORTS

&

ARTS

CAMP 2022

**MAKE
NEW
FRIENDS!**



**PLAY
GAMES!**



**ENJOY
SPECIAL
EVENTS!**



**CREATE ART
PROJECTS!**



**PLAY
SPORTS!**



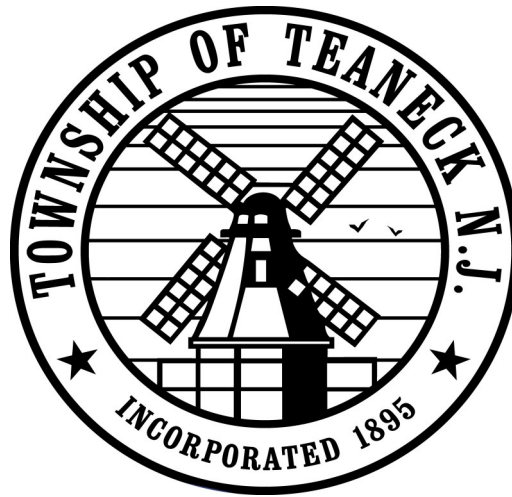
**Explore
Science!**



**HAVE
FUN!**



*Presented with the "Excellence In Innovative
Programming" Award by Bergen County
Department of Parks*



*Please call (201) 837-7130 or e-mail us at
recreation@teanecknj.gov for further information
or if special accommodations are needed.*

GRADES 4-8

SPORTS & ARTS CAMP

2022 REGISTRATION PACKET

(PLEASE READ CAREFULLY AS SOME THINGS HAVE CHANGED!)

SIX (6) ONE-WEEK SESSIONS WILL BE OFFERED:

SESSION 1: Monday, June 27 - Friday, July 1

SESSION 4: Monday, July 18 - Friday, July 22

SESSION 2: Tuesday, July 5 - Friday, July 8
(No camp Monday, July 4)

SESSION 5: Monday, July 25 - Friday, July 29

SESSION 3: Monday, July 11 - Friday, July 15

SESSION 6: Monday, August 1 - Friday, August 5

The program will be held from **9:00am to 4:00pm** at **Thomas Jefferson Middle School**. **Before Care** will be offered from **8:00am to 9:00am** and **After Care** will be offered from **4:00pm to 6:00pm** for an additional fee.

NO PARTIAL ATTENDANCE WILL BE PERMITTED! All campers are expected to attend the full day of activities. Campers who are attending other programs during the day are not eligible to attend the Sports & Arts program. *(The only exception being the Teaneck Board of Education programs, i.e. ESY Program, Math & Literacy Program, etc.)*

WHO IS ELIGIBLE?

Teaneck residents who are entering the 4th through 8th grade in the **Fall of 2022**.

IS TRANSPORTATION PROVIDED?

Parents and/or guardians are responsible for transporting campers to and from camp. Campers **may not** be dropped off/picked-up before or after their assigned time (*i.e., 8:00a.m. - before care; 9:00a.m. - start of camp; 4:00p.m. - End of camp; or 6:00p.m. - end of After Care*).

HOW MUCH WILL IT COST?

\$125.00 per session per child

\$87.50 for siblings in the same household *(same session only)*

PLUS \$30.00 **non-refundable** registration fee per child

(\$30.00 late pick-up fee per child per incident for pick ups after the scheduled pick-up time)

EXTENDED CARE (PER SESSION)

\$20.00—Before Care (8:00am—9:00am)

\$30.00—After Care (4:00pm—6:00pm)

\$40.00—Both Before Care & After Care

PAYMENT IS DUE AT TIME OF REGISTRATION!

**YOU MAY ONLY REGISTER FOR UP TO
FOUR (4) SESSIONS INITIALLY!**

*(If you need **financial assistance**, please call the Bergen County Office for Children at (201) 336-7150 for information and/or eligibility requirement.)*

SPORTS & ARTS CAMP DESCRIPTION

- ◆ **Every camper will be assigned to a group based on his or her grade.**
 - You will be notified prior to the start of each session with which group your child will be assigned.
 - Once a camper is assigned to a group there will be no switching.

- ◆ **DAILY ACTIVITIES:**
 - Numerous sports such as: basketball, volleyball, soccer, flag football, frisbee, kickball, and table tennis.
 - Various arts & crafts projects
 - Special events and science workshops will be included weekly.

- ◆ **Inclement weather days:** Groups will enjoy different “rainy day activities” including playing board games, playing sports in the gym, watching movies, and various art/science projects.

- ◆ **Before Care will be offered from 8:00-9:00am and After Care will be offered from 4:00-6:00pm for an additional fee. Campers will participate in various activities in the gymnasium and/or the adjacent fields.**

- ◆ **Each camper is expected to wear the following to camp every day:**
 - Camp T-shirt (will receive the first day)
 - Sneakers (no sandals/flip flops)

- ◆ **Each camper is expected to bring the following to camp every day:**
 - *A backpack is highly recommended*
 - Bagged lunch (non-microwavable)
 - Water bottle(s)

REGISTRATION PROCEDURES

You may register for up to **four (4)** sessions initially, but you can place your child on the **wait-list** for the other **two (2)** sessions. You will be notified **on or after June 6** if openings are available for those session(s). Applications received after the maximum quota has been reached will automatically be placed on a **wait-list**. **Once we receive the completed application, proof of residence, proof of grade, and the payment you will be notified via e-mail regarding your child’s acceptance in the program.**

MAIL-IN/DROP-BOX REGISTRATION

- ◆ Registration for **all sessions** will begin on **Wednesday, April 6** via mail or drop-box only. You may use either the drop-box at the Richard Rodda Center or at the Municipal Building.
- ◆ Along with the completed application, please include proof of residency (*copy of Driver’s License or utility bill*), proof of grade (*copy of report card or progress report from school*), and payment (*check or money order for the exact amount*) altogether in one envelope. Each family should include all of their applications in one envelope.
- ◆ **Current immunization records will need to be completed and returned no later than Monday, June 6.**
- ◆ If mailed, the envelope must be postmarked on or after **April 6** and sent to the following address:



SPORTS & ARTS CAMP REGISTRATION
Teaneck Recreation Department
250 Colonial Court
Teaneck, New Jersey 07666-4849



PLEASE USE ONE ENVELOPE PER FAMILY. MAKE SURE YOU USE PROPER POSTAGE!

We suggest mailing applications at the main Teaneck Post Office at 751 Palisade Ave.

WALK-IN REGISTRATION

- ◆ Starting **Monday, June 6 (if openings still remain)** you may drop off your completed application at the Recreation Office in the Rodda Center (250 Colonial Court) between the hours of 8:15 a.m. and 5:00 p.m. (*Tuesdays until 6:45 p.m.*). Please bring proof of residency (*i.e. Driver’s License or utility bill*), proof of grade (*report card/progress report*), payment (*cash or check for the exact amount*), and *current immunization records*.

**CHECKS ARE MADE PAYABLE TO:
“TOWNSHIP OF TEANECK”**

CAMP FEES & CHECK-LIST

Fees include One-Time Non-Refundable Registration Fee (\$30.00):

- First Child Fee: \$125.00 (per session) + \$30.00 (*one-time, non-refundable registration fee*) = \$155.00
- Second Sibling (*same session*): \$87.50 (per session) + \$30.00 (*one-time, non-refundable registration fee*) = \$117.50

***Note:** All second sibling fees apply only to siblings residing in the same household and attending the same session of Sports & Arts or Camp Sunsational.*

If Before and/or After Care is desired then the following fees also apply:

- \$20.00 per child, per session for **Before Care** (8:00am—9:00am)
- \$30.00 per child, per session for **After Care** (4:00pm—6:00pm)
- \$40.00 per child, per session for **Both Before Care & After Care**

LATE PICK-UP FEE: A FEE OF \$30.00 WILL BE APPLIED (PER CHILD, PER EVENT) IF HE OR SHE IS PICKED UP *MORE THAN 15 MINUTES* AFTER THEIR SCHEDULED PICK-UP TIME OR AFTER CARE ENDS (6:00PM). THE FEE MUST BE PAID PRIOR TO THE NEXT DAY OF CAMP.

CAMP CHECK LIST (PLEASE INCLUDE ALL OF THE FOLLOWING IN YOUR ENVELOPE):

_____ Completed Camp Application (pages 6—9)

_____ Immunization records (*up-to-date*) due **no later than Monday, June 6.**

_____ Proof of residency (*copy of current driver's license, utility bill, tax bill, mortgage or lease agreement*)

_____ Proof of child's grade (*copy of school report card or progress report*)

_____ Fee for all sessions requested (*only up to four (4) sessions initially*) **AND** the (***one-time, non-refundable***) registration fee per child. **Check or money orders** should be made payable to the "Township of Teaneck" for the *exact amount*.

If mailed, envelopes must be postmarked on or after April 6.

****You will receive a confirmation of acceptance from us via phone or e-mail once we receive all of the above documentation****

2022 SPORTS & ARTS CAMP APPLICATION

CAMPER INFORMATION

Camper Name: _____ Date of Birth: _____ Gender: _____
 School Name: _____ Grade (2022—2023): _____
 Home Address: _____ Home Phone: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Cell Phone: _____
 Work Phone: _____ E-mail: _____

****In case of an emergency when parent or guardian cannot be reached, who should we call?****

EMERGENCY CONTACT #1 NAME: _____ PHONE: _____
 EMERGENCY CONTACT #2 NAME: _____ PHONE: _____

PAYMENT: Please place a check mark indicating which session/s you are applying for (1, 2, 3, 4, 5, or 6) **MAX: four initially** and select which session/s you would like to place your child on the reserve list for and if you are requesting before and/or after care.

SESSION & FEES	FIRST CHILD	SECOND SIBLING	RESERVE LIST
REGISTRATION FEE <small>(ONE-TIME FEE PER CHILD NON-REFUNDABLE)</small>	\$30.00	\$30.00	PLACE A CHECK MARK IN THE CORRESPONDING BOX THAT YOU
BEFORE CARE <small>(PER SESSION)</small>	\$20.00	\$20.00	WISH TO HAVE YOUR CHILD ON
AFTER CARE <small>(PER SESSION)</small>	\$30.00	\$30.00	THE RESERVE LIST FOR BELOW: ↓
BOTH (PER SESSION)	\$40.00	\$40.00	
_____ SESSION 1 <small>(6/27-7/1)</small>	\$125.00	\$87.50	RESERVE _____
_____ SESSION 2 <small>(7/5-7/8) (No Camp 7/4)</small>	\$125.00	\$87.50	RESERVE _____
_____ SESSION 3 <small>(7/11-7/15)</small>	\$125.00	\$87.50	RESERVE _____
_____ SESSION 4 <small>(7/18-7/22)</small>	\$125.00	\$87.50	RESERVE _____
_____ SESSION 5 <small>(7/25-7/29)</small>	\$125.00	\$87.50	RESERVE _____
_____ SESSION 6 <small>(8/1-8/5)</small>	\$125.00	\$87.50	RESERVE _____
TOTAL AMOUNT DUE:	\$ _____	\$ _____	Make all checks/ money orders payable to: "Township of Teaneck"

OFFICE USE ONLY				
1				
2				
3				
4				
5				
6				
	REG #	BC/AC	DATE	RESERVE #
Payment: _____				
Proof of Res: _____ Proof of Grade: _____				
Signed Medical Form (pg. 7): _____				
Health Record (pg. 8): _____				
Signed Camp Policies (pg. 9): _____				
Immunization Records: _____				

****IMPORTANT**** ALL refund requests must be presented in writing to the Recreation Office on or before June 10.

Parent Name: _____	Parent Signature: _____	Date: _____
--------------------	-------------------------	-------------

SPORTS & ARTS CAMP MEDICAL FORM

(Please complete & sign the bottom)

Does participant have any **allergies**, including food allergies? Yes No *(if yes, please list below)*

ALLERGY	REACTION

**Please attach additional list if needed.*

IN THE EVENT OF AN EMERGENCY:

Does participant carry an Epi-Pen? Yes No

If yes, does he/she know how to administer it himself/herself? Yes No

Does participant have asthma? Yes No

If yes, the child MUST submit an inhaler to the camp nurse/EMT labeled with their complete name, doctor's note, and doctor's plan.

Please list any **medication(s)** the participant takes on a daily basis.

MEDICATION	FREQUENCY

**Please attach additional list if needed.*

****Only authorized camp staff (i.e. nurse or EMT) can administer medication but only if a parent/guardian gives written permission & doctor's note! Medication must be in the original prescription bottle.**

Is participant subject to seizures? Yes No **(If yes, you MUST describe type and frequency below.)**

If yes, please describe: _____

Has participant had any injuries or surgeries in the past year that might affect participation? Yes No

If yes, please describe: _____

Does your child have any medical restrictions? Yes No

If yes, please describe: _____

Does your child need a modification because of a disability/special need to enjoy this program? Yes No

If yes, please describe: _____

Parent Name: _____	Parent Signature: _____	Date: _____
--------------------	-------------------------	-------------

SPORTS & ARTS CAMP HEALTH RECORD

IMPORTANT: This form must be completed by a Physician/Doctor's office and must be submitted to the Teaneck Recreation Department no later than Monday, June 6.

Child Name: _____ Date of Birth (DOB): _____

IMMUNIZATIONS & TESTS

(Exact dates from certificates must be signed by physician or official agency)

	Combined "DTaP" Diphtheria Pertussis Tetanus	Polio Vaccine	Measles	Rubella	Varicella	HIB	Hep "B"	Mantoux TB
	Date	Date <i>(specify type)</i>	Date	Date	Date	Date	Date	Date
1 st								
2 nd								
3 rd								
								Flu Vaccine
1 st Booster								Date:
2 nd Booster								
3 rd Booster								

MEDICAL HISTORY

- Date of most recent physical exam? (month & year): _____
- Any current health issues?: _____
- Remarks?: _____
- Is the child approved for participation in camp activities: competitive sports, hiking, and/or playground activities?: Yes _____ No _____

Physician's Name & Signature: _____ Date: _____

Work Address & Phone Number: _____

SPORTS & ARTS CAMP POLICIES

PLEASE READ THE FOLLOWING & SIGN BELOW!

REFUND REQUESTS

All refund requests must be submitted in writing on or **before June 10. NO EXCEPTIONS!** Starting **June 13**, refunds will only be granted if there is a **waitlist** for the session(s). **Please note that the \$30.00 registration fee is non-refundable.**

ZERO TOLERANCE

In order to provide campers with a safe and supportive environment, Sports & Arts maintains a strict “Zero Tolerance” policy in regard to physical or verbal abuse, bullying, theft, or vandalism. Any camper found in violation will not be able to participate in the daily activities and may be suspended the following day(s) or for the duration of the session (*no refund will be given*).

ELECTRONIC DEVICES

Electronic devices including but not limited to radios, MP3 players, tablets, iPads, cameras, laser pointers, CD players, DVD players, electronic games and systems, etc., are **not permitted** in camp. Electronic devices will be confiscated.

CELL PHONES

A camper may possess a cellular phone if it is turned off and kept in their backpacks or out of sight during camp hours. The use of cell phones on campgrounds is **prohibited** unless permission is granted by an instructor or supervisor. Camp staff are instructed to confiscate improperly used cell phones and other electronic devices.

YOUR PERSONAL PROPERTY

Campers are encouraged not to bring valuable personal property items to camp. Students who leave personal possessions unattended on camp grounds do so at their own risk. The Teaneck Recreation Department (i.e., instructors/supervisors) shall not be responsible under any circumstances for the loss of a student’s personal property in the case of damage, loss, or theft.

ACCIDENT INSURANCE POLICY

IMPORTANT: This program **DOES NOT** carry an accident insurance policy. We suggest that you check your family insurance policy.

Pictures may be taken by a Teaneck Recreation Department employee to be use for publicity purposes. If you have any questions, concerns, or objections please contact the Recreation office in writing.

I agree that I do hereby assume all risks of injury to myself and/or my child participating in the program, and of loss or damage to personal property arising out of or incident to the above-mentioned activity. I further testify that I understand the program of activities in which I propose to engage. With this knowledge, I assume whatever risk such activities may entail or accrue to my person, child, property, or equipment and agree that I will not seek any claims for injury or liability against the Teaneck Recreation Department and/or the Township of Teaneck, its instructors and/or program leaders associated with this program.

Parent Name: _____	Parent Signature: _____	Date: _____
--------------------	-------------------------	-------------