

# Musconetcong Valley Community Association – Camp 2010 – (908) 876-3141

## Application for Camp Musconetcong, Clover View Camp, Explorers Camp, and Nature Camp

**Please note:** a separate application is required for each child in a family • **print clearly**, especially phone numbers

<b>Child's Name:</b> _____	<b>Grade in Fall:</b> _____ <b>Sex:</b> _____
<b>Home Address:</b> _____ (City, State, Zip) _____	
<b>Home Phone Number:</b> _____ <b>School :</b> _____	
<b>Email:</b> _____ (for MVCA only) <b>Age:</b> _____ <b>DOB:</b> _____	

<b>Mother's Name:</b> _____ Place of Employment: _____ Business Address: _____ Business Phone: _____ Hours: _____ Cell Phone: _____	<b>Father's Name:</b> _____ Place of Employment: _____ Business Address: _____ Business Phone: _____ Hours: _____ Cell Phone: _____
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**In case of an emergency in which a parent cannot be reached, please provide at least one local contact who will assume responsibility for your child:**

Name: _____ Address: _____ Phone: _____ Cell/Pager: _____ Relationship to Child: _____	Name: _____ Address: _____ Phone: _____ Cell/Pager: _____ Relationship to Child: _____
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**The individuals named below have my permission to pick up my child on the following days:**

Name: _____ Address: _____ Phone: _____ Cell Phone/Pager: _____ Relationship to Child: _____ <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Name: _____ Address: _____ Phone: _____ Cell Phone/Pager: _____ Relationship to Child: _____ <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
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**My child will attend the following sessions and camps:**  
**CM** = Camp Musconetcong (Long Valley-Rock Spring Park)    **CV** = Clover View Camp (Mount Olive-Turkey Brook Park)  
**EX** = Explorers Camp (drop off/pickup at all sites)    **LM** = Liberty Meadows Bus Stop (Great Meadows - If you are using the LM Bus Stop, you must also check the camp (CM or EX), which your child will attend  
**BC** = Before Camp Supervision (7am-9am)    **AC** = After Camp Supervision (4pm-6pm)

Week 1:	Construction Zone*(Mt.O. sites 6/23-6/25) <b>6/21-6/25*</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	(1)
Week 2:	Your Team Colors <b>6/28-7/2</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	(2)
Week 3:	Oh Happy Days! <b>7/5-7/9</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	(3)
Week 4:	Arts Through the Ages <b>7/12-7/16</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	(4)
Week 5:	Legends and Tales <b>7/19-7/23</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	(5)
Week 6:	Animal Plan-It <b>7/26-7/30</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	(6)
Week 7:	The Best of the Best <b>8/2-8/6</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	(7)
Week 8:	Across the Milky Way <b>8/9-8/13</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	(8)
Week 9:	On the High Seas <b>8/16-8/20</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	(9)
Week 10:	Whiz Kids <b>8/23-8/27</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	(10)
	CIT Program Group A <b>6/28-7/23</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	
	CIT Program Group B <b>7/26-8/20</b>	<input type="checkbox"/>	CV	<input type="checkbox"/>	CM	<input type="checkbox"/>	LM	<input type="checkbox"/>	EX	<input type="checkbox"/>	BC	<input type="checkbox"/>	AC	

I will drop off and pick up my Explorers camper at:  Mt. Olive  Long Valley  LM Bus Stop

**As the parent/legal guardian of the above-named child, I certify that the foregoing program selections are complete (subject to additions) and correct to the best of my knowledge, and I acknowledge responsibility for full payment of all applicable tuitions and fees (see Registration/Tuition information section of MVCA's Summer Day Camp Guide for 2010).**

Parent or legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Shirt Size:** Youth  S  M  L    Adult  S  M  L

<b>NATURE CAMP – Long Valley (4 to 7 years old)</b>			
<input type="checkbox"/> Session 1:	June 28 - July 9	Grassland Safari <b>First week</b> M, W, F	<b>Second week</b> T, W, F
<input type="checkbox"/> Session 2:	July 12 - July 23	Coastal Clingers	M, W, F
<input type="checkbox"/> Session 3:	July 26 - August 6	Rainforest Tropicals	M, W, F
<input type="checkbox"/> Session 4:	August 9 - August 20	Arctic Survivors	M, W, F

<b>FOR OFFICE USE ONLY</b>	Date Received: _____	Deposit Received: _____	Check Number: _____ CC _____
	File Number: _____	A _____ B _____ C _____	Registration Fee: _____

**MEDICAL HISTORY FORM**

**\*\*MUST BE COMPLETED AND RETURNED BEFORE YOUR CHILD WILL BE REGISTERED FOR CAMP\*\***

Child's Name: \_\_\_\_\_ Grade in Fall: \_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_  
 Name of Child's Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
 Address of Physician: \_\_\_\_\_

**Health History: Give applicable dates – If NO PROBLEM indicate by writing NO**

Heart Trouble: \_\_\_\_\_ Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_  
 Kidney Trouble: \_\_\_\_\_ Seizures: \_\_\_\_\_ Fainting: \_\_\_\_\_  
 Diabetes: \_\_\_\_\_ Serious Injury: \_\_\_\_\_  
 Asthma (Give Details): \_\_\_\_\_  
 Behavior: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Penicillin or other drug reactions: \_\_\_\_\_  
 Reactions to Insect Bites or Stings: \_\_\_\_\_ Check if never been stung

Does your child have any other special problems or needs that the staff should be aware of? \_\_\_\_\_  
 Is your child now receiving medication? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_ Give at camp? \_\_\_\_\_

**Immunizations: Give applicable dates – Required by State Law – "Up to Date" will not be accepted**

DPT: \_\_\_\_\_ Measles: \_\_\_\_\_ H.I.B.: \_\_\_\_\_  
 Polio Series: \_\_\_\_\_ Mumps: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_  
 Tetanus: \_\_\_\_\_ Rubella: \_\_\_\_\_ Other: \_\_\_\_\_  
 Check here if you have attached a copy of the physician's record. (Not Required)  
**Please note:** Copies of immunization records must be updated each year.

*As the parent/legal guardian of this child, I hereby certify that the information provided is complete and correct to the best of my knowledge, and that this child is in good health and can participate in the normal activities of the program. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the Director of the MVCA program to hospitalize and/or otherwise secure proper treatment, including anesthesia and surgery, for the above named child.*

**Parent or legal guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please initial if the camp staff has permission to help your child apply sun block and/or insect repellent provided by you. \_\_\_\_\_ (INITIALS) This must be initialed for your child to have these products applied while at camp.*

*My above named child has permission to participate in all activities that are part of this program, including field trips and swimming.*

**Parent or legal guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I give permission for MVCA to use any photos of my child taken during this program for publicity or program literature.*

**Parent or legal guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please provide details about any child custody arrangements in place, including days each parent is allowed to pick up the child from camp. If no custody situation is applicable, please check and sign.

Not applicable.

Court order attached.

**Parent or legal guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*If any of the information provided changes, it is the responsibility of the parent or guardian named above to notify the MVCA in writing.**

Please mail or hand deliver this application with your deposit to the MVCA Office, P.O. Box 399, 59 East Mill Road, Valley Professional Center, Long Valley, NJ 07853. **If you fax your application, the original must also be mailed or hand delivered to the office**, as fax transmissions, especially important phone numbers, may be difficult to read. Information from the MVCA acknowledging your registration will be mailed or emailed after receipt. If you have any comments, please note them here: