

Musconetcong Valley Community Association – Camp 2009 – (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

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

Mother's Name: _____ Place of Employment: _____ Business Address: _____ Business Phone: _____ Hours: _____ Cell Phone: _____	Father's Name: _____ 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);
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 be attending
BC = Before Camp Supervision (7am-9am) **AC** = After Camp Supervision (4pm-6pm)

Week 1: It's All Green	6/22-6/26	<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: National Treasure	6/29-7/3	<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: Team Spirit	7/6-7/10	<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: Talent Scout	7/13-7/17	<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: Olden Days	7/20-7/24	<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: Start Your Engines	7/27-7/31	<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: Catch the Wave	8/3-8/7	<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: Skywalker	8/10-8/14	<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: Spanning the Globe	8/17-8/21	<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: Wrap It Up	8/24-8/28	<input type="checkbox"/> CV	<input type="checkbox"/> CM	<input type="checkbox"/> LM		<input type="checkbox"/> BC	<input type="checkbox"/> AC	(10)
CIT Program Group A	6/29-7/24	<input type="checkbox"/> CV	<input type="checkbox"/> CM			<input type="checkbox"/> BC	<input type="checkbox"/> AC	
CIT Program Group B	7/27-8/21		<input type="checkbox"/> CM			<input type="checkbox"/> BC	<input type="checkbox"/> AC	

I will drop off and pick up my Explorers camper at: Mt. Olive Long Valley Great Meadows
Camp Shirt Size: Youth S M L Adult S M L **Bus Stop only**

NATURE CAMP – Long Valley (4 to 6 years old)

<input type="checkbox"/> Session 1:	June 22 – July 3	Saltwater Wildlife	<input type="checkbox"/> Tu, Th	<input type="checkbox"/> M, W, F
<input type="checkbox"/> Session 2:	July 6 -July 17	Woodland Wildlife	<input type="checkbox"/> Tu, Th	<input type="checkbox"/> M, W, F
<input type="checkbox"/> Session 3:	July 20 - July 31	Farmland Wildlife	<input type="checkbox"/> Tu, Th	<input type="checkbox"/> M, W, F
<input type="checkbox"/> Session 4:	August 3 – August 14	Freshwater Wildlife	<input type="checkbox"/> Tu, Th	<input type="checkbox"/> M, W, F

FOR OFFICE USE ONLY	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 – Indicate NO PROBLEM for each item 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 changes, it is the responsibility of the parent or guardian named above to notify the Camp Director and 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: