ADDRESS
4114 Bergenline Ave
Union City, NJ 07087

PHONE
201.252-7357
EMAIL
admin@ezpzexperience.com

2026 Summer Camp Rates

Registration	Per Child		$175
Weekly Tuition	Per Child	Due every Monday morning	$320 $315 additional child

What is Required:

- Extra Set of Clothes
- Potty Trained
- Water Bottle
- Towel
- Bathing Suit
- Water Shoes
- Sunscreen

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2026 Summer Camp Rates

Name: _____ Birth Date _____

Enrolling additional child Name _____Birth Date: _____

Home Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____ Start Date: _____

Mother's Name: _____Cell Phone: _____

Father's Name: _____Cell Phone: _____

Email: _____

Day Selection Per Week

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Are days different for all children? ☐ Yes ☐ No

If yes, please list names and dates attending

_____

Week Selection & Themes

☐ June 29th - July 3rd
☐ July 6th - 10th
☐ July 13th - 17th
☐ July 20th -24th
☐ July 27th -31st
☐ Aug 3rd - 7th
☐ Aug 10th - 14th
☐ Aug 17th - 21st
☐ Aug 24th - 28th

Allergies /Modifications

Does your child have any allergies? ☐ Yes ☐ No

If yes, please explain

_____

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Each day, weather permitting, campers will cool off at the sprinklers and visit the park, along with fun, theme-related activities planned for every week.

JUNE 39TH – JULY 3RD - BACK IN TIME
Campers will travel through time as they explore different eras with themed games, crafts, music, and hands-on activities from the past.

JULY 6TH – 10TH - EXPERIMENT EXTRAVAGANZA
Get ready for discovery! Campers will dive into fun, age-appropriate experiments, problem-solving challenges, and exciting science-based activities.

JULY 13TH– 17TH - ALL-STAR WEEK
Campers will become champions through sports, team challenges, and cooperative games that build confidence, teamwork, and summer old school fun

JULY 20TH - 24TH - CIRCUS SPECTACULAR
Step right up for a week of circus-themed fun with silly games, creative crafts, performance-style activities, and big-top excitement.

JULY 27TH - 31ST - MIX IT, MAKE IT, MUNCH IT!
This delicious week features hands-on cooking projects, food-themed crafts, and fun activities where campers mix, create, and enjoy tasty treats

AUGUST 3RD – 7TH - HOLIDAY MAGIC
It's Christmas in the middle of summer! Campers will enjoy festive games, holiday crafts, music, and merry surprises all week long, building up to a joyful end-of-week celebration complete with presents and Christmas cheer.

AUGUST 10TH – 14TH - ARCADE FRENZY
This week is filled with retro and modern game challenges, team competitions, and creative activities inspired by the excitement of classic arcade fun.

AUGUST 17TH – 21ST - ART EXPLOSION
Creativity takes over as campers explore a variety of art techniques, materials, and projects in a colorful, imagination-filled week.

AUGUST 24TH – 28TH- LIGHTS, CAMERA, END SCENE!
Campers will explore acting, storytelling, and performance through drama games, creative expression, and showtime fun to close out the summer.

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2026 SUMMER CAMP TUITION AGREEMENT

This agreement outlines the tuition responsibilities of parents/guardians for their child's participation in the EZPZ summer camp program.

1. Tuition Rates:

- A non-refundable registration fee of $175 is required to reserve and hold your child's spot.
- Tuition for EZPZ Summer Camp is $320 per week.
- Additional children enrolled will be charged $315 per week.

2. Attendance Policy:

- **Full Week Responsibility:** Parents/guardians are responsible for the full weekly tuition rate if their child attends the camp for three (3) or more days within that week.
- **Absence Policy:**
  - If a week is checked off during registration and the child does not attend camp for that week, parents/guardians are responsible for 50% of the weekly tuition rate.
  - If a child is absent for a week due to illness,a doctor's note must be provided to be excused from tuition responsibility for the days the child was absent.

3. Layaway Plan:

- A layaway plan is available for parents/guardians to pay the full summer camp tuition in installments; Camp must me informed you would like to take part in this payment plan.
- The layaway plan must be completed in full before the start of camp on June 30th

4. Refunds:

- Refunds will not be issued for partial week attendance (three or more days) unless a valid doctor's note is provided.
- Refunds for full week absences will be issued at 50% of the weekly tuition rate with a valid doctor's note.

5. Agreement:

By signing below, I, _____ acknowledge that I have read and understand the terms and conditions of this tuition agreement. I agree to be responsible for the tuition fees as outlined above.

_____ **Parent/Guardian Signature**

_____ **Date**

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2026 SCHEDULE

8:00-9:30 – Breakfast and Free play

9:30 - 12:30 - Park and Sprinklers

12:30-12:40– Walk back from the park

12:45– 1:30 Lunch

1:30 - 2:30- Games

2:30 - 3:30 Arts and Crafts

3:30 - 4:45 Outside Play

4:50 - 5:00 Snacks

5:00 - 5:30 - Free play - See you later alligator!

Schedule will change according to theme of the week, as well as the weather! The above schedule is a sample schedule. We will follow it and build on it!

There will be pool days as well as field trips scheduled according to themes ! Day and dates will be provided closer to camp

Drink options will include – water, apple juice, 2% milk
Breakfast and snack menu may be altered per day.
Different cereal options will be given to each child.

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2026 LIABILITY FORM

I, the parent/guardian of, registered child, recognize the possibility of physical injury associated with activities and in consideration for EZPZ Summer Camp accepting the registered child or its daily activities (Summer Camp), I hereby release, discharge, and/or otherwise indemnify EZPZ Summer Camp (including volunteers and employees), associated personnel, against any and/ or all claims by or on behalf of the registrant as a result of the registrant's participation in the program.

As the parent/legal guardian of _____, I request that in my absence the above name child be admitted to any hospital or medical facility for treatment. I request and authorize physicians' dentists, and staff, or duly licensed as Doctor of Medicine to perform any procedures, treatment, and/or x-ray of the above-named child.

Childs' Birth Date: _____

Known Allergies to Medicine: _____

Any other medical problems:

_____

Family Physician _____ ___

Phone: _____

Signature: _____

Date: _____

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"WALKING FIELD TRIP" PERMISSION SLIP

_____ has my permission to walk to local parks and accompany his/her Summer Program group on walks, off the "camp" grounds, throughout the 2026 Summer Program Session. (June 29th -August 28th)

Parent's Name (Please Print) _____

Parent's signature _____

Date_____

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COMMUNICATION / MEDIA FORM

We will be using Class Dojo App to stay connected throughout the summer camp months. I will post videos, pictures, updates, and reminders of what is to come based off each week's theme daily. A week before camp starts, I will send a text with a link to join the "Summer Camp Class".

If allowed, photos of children and their work will be posted often. This application allows a fun way to share what exactly is going on during our day at Summer Camp. I ask that you please fill out the bottom portion of this paper, granting or denying me the permission to take photos of your child to be used on this application and for our website.

I am the legal guardian of _____and I give:

- o complete photo permission of my child and/or their work to use on Class Dojo/Website
- o partial photo permission of my child and/or their work to use on Class Dojo/Website
- o zero photo permission of my child and/or their work to use on Class Dojo/Website.

Signature: _____ Date: _____

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2026 SOCIAL MEDIA PARTICIPATION

Name of Child : _____

Additional Child: _____

I hereby grant permission for my child to participate in social media activities at the summer camp, including but not limited to:

-Posting photos and/or videos on TikTok and/or Instagram

- Sharing camp experiences and activities on social media platforms

Terms and Conditions

* I understand that the camp will only post content that is respectful, appropriate, and in line with our camp's values.

* I understand that all photos and videos will be reviewed and moderated by the camp staff before being posted.

* I understand that my child's participation in social media activities is entirely voluntary and can be withdrawn at any time by notifying the camp staff.

I give permission for my child to participate in social media activities at the summer camp .

☐ Yes

☐ No

By signing below, I confirm that I have read and understand the terms and conditions outlined above. I understand this signature is used in replacement of a written signature.

Signature:_____ Date: _____