

**WEST ORANGE COMMUNITY HOUSE SUMMER PROGRAM  
SPECIAL AFTERNOON SESSION  
2026 REGISTRATION**

“Based on Grade Completed in June 2026”

“HOURS: 12:30 PM TO 6:00 PM (WEEKS 1-4) / 7:30 AM TO 6:00 PM (WEEKS 5-7)”

CAMP WILL BE HELD AT EDISON MIDDLE SCHOOL IN WEST ORANGE

BEFORE REGISTERING MAKE SURE YOU READ ALL OUR POLICIES AND PROCEDURES WHICH YOU GET FROM OUR WEBSITE [WWW.BGCWO.ORG](http://WWW.BGCWO.ORG) OR REQUEST FROM OUR OFFICE.

YOU CAN SELECT ANY OF THE 7 WEEKS OF CAMP, BUT YOU MUST ENROLL IN AT LEAST 3 OF THE FIRST 4 WEEKS.

PLEASE SELECT THE WEEKS OF CAMP FROM THE FOLLOWING LIST BY CHECKING THE APPROPRIATE BOXES:

		COST PER WEEK
WEEK OF JUNE 22 THRU JUNE 26	<input type="checkbox"/>	\$155.00
WEEK OF JUNE 29 THRU JULY 2	<input type="checkbox"/>	\$155.00
WEEK OF JULY 6 THRU JULY 10	<input type="checkbox"/>	\$155.00
WEEK OF JULY 13 THRU JULY 17	<input type="checkbox"/>	\$155.00
WEEK OF JULY 20 THRU JULY 24	<input type="checkbox"/>	\$270.00
WEEK OF JULY 27 THRU JULY 31	<input type="checkbox"/>	\$270.00
WEEK OF AUGUST 3 THRU AUGUST 7		\$270.00

TOTAL MONEY DUE

\$ \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Grade Completed this June: \_\_\_\_\_

Address: \_\_\_\_\_

School Child is currently enrolled in: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_  
(#1)

Guardian's Name: \_\_\_\_\_  
(#2)

Address: \_\_\_\_\_  
(if different than above)

Address: \_\_\_\_\_  
(if different than above)

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

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

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

Cell Carrier (ex. AT&T): \_\_\_\_\_

Cell Carrier (ex. AT&T): \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Account Holder (Please check at least one):  
(Whoever is checked will have access to your online  
account and will receive all emails regarding the program)

Mother/  
Guardian #1

Father/  
Guardian #2

**The Following Emergency Contact and Alternate Pickup Information are required by law. You must provide us with two emergency contacts and alternate pickups in the following spaces in case the parents are not available to pick up the child by the time the camp closes. They must be two different people than the parents listed above.**



Emergency Pickup Name #1: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_

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

Emergency Pickup Name #2: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_

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

\*\*\*\*\*Authorization is **denied** for the following individual to pick up my child\*\*\*\*\*  
(copy of court order required if a parent)



Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

# Parental Authorization For Emergency Treatment

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address \_\_\_\_\_

The Summer Camp Program provides reasonable accommodation for students with special needs. It is helpful for the staff to be aware of children whose medical, physical, learning, or social disabilities require special consideration. All children must have independent toileting skills. One-on-one supervision cannot be provided by our organization. Accommodations are made within the framework of existing staffing ratios and program organization, but do not extend to substantial modifications in the childcare purpose, cost, or availability of appropriate supervision for all participants.

## Does your child have:

1. Any health issues that require assistance in any activities of daily living, i.e. toileting, eating, communicating? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list \_\_\_\_\_
2. Any allergies to food, medication, bee stings, pollen, latex, or foods? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list \_\_\_\_\_  
Type of reaction: Rash? Hives? Other skin condition? \_\_\_\_\_  
Take any medications/Epipen taken for allergy symptoms?  
Please list \_\_\_\_\_
3. A chronic or ongoing illness (such as diabetes or asthma)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Use an inhaler or other prescription medicine to control asthma? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list \_\_\_\_\_
4. Any prescribed or over the counter medications that are taken on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list \_\_\_\_\_
5. Does your child require special attention? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Does your child have a one-to-one aide during the school year? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Is your child in a self-contained classroom during the school year? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to questions 5, 6, or 7, please specify the nature of your child's needs and your recommendations in caring for them (Understand that an individual assessment is required before we can enroll your child):

\_\_\_\_\_  
\_\_\_\_\_

Name of child's Doctor \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_

## Child's Insurance

Company/HMO \_\_\_\_\_  
Group Number \_\_\_\_\_ Id # \_\_\_\_\_

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

*As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities of the Center's program, except as noted above.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Parental/Guardian Photo Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the school's website.

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.**

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent/guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone numbers, and locations and times of trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time, in writing, by sending a letter to the director of your child's school, and such rescission will take effect upon receipt by the school.

**Check one of the following choices:**

**I/We GRANT** permission for a photo/image that includes this student without any other personal identifiers to be published on the center's public website, brochures, newsletters, video, and public relations newspaper and/or magazine articles.

**I/We GRANT** permission for this student's photo/image to be taken at the camp for camp purposes only.

**I/We DO NOT GRANT** permission for photo/image that includes this student to be published on the school's public website, brochures, newsletters, video, and public relations newspaper and/or magazine articles or taken at the camp for camp purposes.

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**PRINT name of student**

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**PRINT name of parent/guardian**

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**SIGNATURE of parent/guardian**

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**DATE**

## OTHER POLICIES AND PROCEDUES

PLEASE ACKNOWLEDGE THAT YOU HAVE READ AND AGREED TO THE FOLLOWING POLICIES:

- INFORMATION TO PARENTS
- EXPULSION POLICY
- OTHER POLICIES AND PROCEDURES
- CODE OF CONDUCT
- REFUND POLICY
- DROP OFF AND PICK UP
- POLICY ON ELECTRONICS, CELL PHONES AND TOYS
- SWIMMING POLICY
- SUNSCREEN POLICY AND PROCEDURES
- TRANSPORTATION POLICY

**Food** - We don't have access to refrigeration at the school site therefore it is imperative that you send with your child non-perishable lunch. Also it is important to keep the children hydrated during the hot summer days. There are water fountains, but you may also want to provide bottled water for your child.

**Medication** - We will not dispense any medication unless it is a prescription drug, labeled with your child's name and the dosage required.

Parents must sign a "medication permission form" before we will dispense any medication.

\* **Special needs** - The Community House will provide services to children with disabilities or any special needs in the same manner as services are provided for other children of comparable age. The Community House will make reasonable accommodations that do not fundamentally alter the nature of the resident day camp experience. Requested accommodations shall be reviewed on a case-by-case basis.

**PLEASE NOTE THAT WE NEED A COPY OF YOUR CHILD'S IMMUNIZATION RECORD WHICH IS REQUIRED BY THE NJ STATE DEPT OF HEALTH TO BE ONSITE AT THE CAMP. YOUR CHILD CAN'T ATTEND CAMP WITHOUT THIS FORM.**

**YOU HEREBY ACKNOWLEDGE THAT YOU HAVE READ AND AGREED TO THE ABOVE POLICIES AND PROCEDURES**

**PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**