



Church of the Incarnation

68 Storms Avenue ♦ Jersey City, NJ 07306
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Website: www.visitincarnation.com

Summer Day Camp Registration Form

(please PRINT all information CLEARLY)

CAMPER'S INFORMATION

Last Name: _____ First Name: _____

Name Camper Prefers to Go By _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # (_____) _____ Cell #: (_____) _____

Date of Birth (mo/day/yyyy): _____ Present Age _____

Grade this September: ___ Sex: F___ M___

PARENT/GUARDIAN INFORMATION

Father's Last Name: _____

Father's First Name: _____

Mother's Last Name: _____

Mother's First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # (_____) _____

Father's Work #: (_____) _____ Cell #: (_____) _____

Mother's Work #: (_____) _____ Cell #: (_____) _____

Address below is for:

Mother ___

Father ___

Both ___

Other: _____

DATES OF CAMP, COST, HOURS OF OPERATION AND EXTENDED CARE

The Summer Day Camp is in operation Monday through Fridays, June 29 through August 14. Camp hours are 9 AM to 5 PM. The base tuition is \$85 per week, BEFORE June 12 and \$90 AFTER June 12 and must be paid in advance by check or money order (no cash, please) before the Camper is enrolled. A discount is available for more than one Camper from the same birth family. Inquire at registration. A \$30 fee will be charged for any returned checks.

Extended hours from 8 to 9 AM and from 5 to 6 PM are available on a weekly basis at \$5 per additional hour. Campers not picked up by 6 PM will incur an additional per child late fee.

I know the plans I have for you, says the Lord, to give you a future with hope.—Jeremiah 29:11

Release and Consent: Liability/Media

By signing this form I give permission for my son/daughter to take part in the activities of the Church of the Incarnation Summer Day Camp program, including field trips and other away-from-site activities. I understand that trips and other activities will be under the supervision of the designated employees and/or volunteers of the Summer Day Camp. I also agree and understand that neither Church of the Incarnation, its agents, employees or assignees will be held liable or responsible for injury or injuries that may occur through my child's participation in the Summer Day Camp activities and programs. I also understand and agree that my child may be removed from the Summer Day Camp or from particular activities for disciplinary reasons.

I further consent to allow my child to be photographed, voluntarily, and without compensation, understanding the same is intended for publication by print media, television, video, or motion picture. It is understood that any photographs taken of my child remain the property of Church of the Incarnation.

Parent/Guardian's Signature: _____ **Date:** _____

Emergency Medical Release Parent/Guardian Insurance Information

Camper's Physician's Name: _____
Physician's Phone #: (____) _____
Medical Group ID #: _____
ID #: _____

I hereby authorize the staff of Church of the Incarnation and its Summer Day Camp to act for me if an emergency or life threatening situation occurs or medical/surgical care is required in my absence and, after due diligence, I cannot be reached.

Parent/Guardian's Signature: _____ **Date:** _____

To be completed by Registrar

7/3 ___ 7/10 ___ 7/17 ___ 7/24 ___ 7/31 ___ 8/7 ___ 8/14 ___

Extended Care: 7/3 ___ 7/10 ___ 7/17 ___ 7/24 ___ 7/31 ___ 8/7 ___ 8/14 ___

Siblings/other relatives enrolled: _____

NOTES: