

S.E.A.L. ACADEMY Academic Summer Enrichment Camp Application

Please Print

Parent/Guardians _____
Please Print

Parent/Guardians _____

Home Phone _____ Mother Work# _____

Father Work# _____

Cell Phone# _____ Email _____

Residence Address _____

City _____ ZipCode _____

Mailing Address if different _____

NOTE: Please include a copy of your child's report card

Participants Name First _____ Last _____ Middle _____

Birth Date _____ Race _____ Sex M or F _____

Grade entering 2017/18 _____ Weight _____ Height _____

School Grade average _____ Does your child have an IEP? Yes or No _____

Do you have a brother or sister at camp in the same age group? Yes or No _____

Please fill out a separate application for additional participants.

Name of School _____

Mobile Minds of NJ/SEAL Academy will not assume responsibility for any injuries incurred while participating in any events sponsored by Mobile Minds of NJ. Certain risks of injury are inherent during participation in these activities. Mobile Minds of NJ does not provide medical insurance for these activities. Nor will Mobile Minds of NJ be responsible for any lost or stolen items while program participants are using the facilities. I the undersigned do hereby release officers, staff, location site, sponsors or representatives from any and all claims for injury, loss, or damage my camper may suffer as a result of my participation, including any injury caused by the negligence, if any, of Mobile Minds of NJ officers, employees, agents, volunteers, or the negligence of anyone else. I give my permission to Mobile Minds of NJ to seek proper treatment for above named. In absence of signature, participation in the program shall constitute acceptance of the conditions set forth in the release. There will be no refunds given after the start of the program.

Parent/ Guardian Print _____

Mobile Minds of NJ

Student Name _____ Date _____

Parent /Guardian Signature _____ Date _____

EMERGENCY INFORMATION MUST BE INCLUDED WITH EACH REGISTRATION.

Camper Name _____

Last _____ First _____ Middle _____
DOB _____ Sex: M or F

Home Address _____ Home Phone _____

LOCATIONS PARENTS/GUARDIAN CAN BE REACHED IF NOT AT HOME

Parent 1 Name _____

Hours _____ Cell _____ Phone/Office Phone _____

Parent 2 Name _____

Hours _____ Cell _____ Office Phone _____

NAME OF LOCAL PERSON OR RELATIVE TO CONTACT IF PARENT(S) CANNOT BE REACHED:

Name _____

Address _____ Phone _____

In case of emergency, accident or serious illness to the camper named on this card in which medical treatment is required, I (parent/guardian) request Mobile Minds of NJ to contact me. If the camp is unable to reach me, my signature below authorizes Mobile Minds of NJ to exercise their judgment in contacting the physician indicated below and to follow his/her instructions. If this physician is unavailable, Mobile Minds of NJ may make whatever arrangements are necessary or transport the camper to a hospital emergency room. In addition, I give permission for the above registered camper to be **photographed /videotaped** during this camp season by a representative of Mobile Minds of NJ. I understand that the photographs/videotapes will be used by Mobile Minds of NJ for the purpose of promoting Mobile Minds of NJ programs and services, and that no compensation will be offered to the child or family.

Parent/Guardian Signature _____

Date _____

Remarks _____

Does this student have any major or unusual health conditions? Yes No If yes, please specify _____

Allergies _____ Other _____
Conditions _____

Local Physician's Name _____ Office _____

Phone _____

IMPORTANT NOTE: Please notify Mobile Minds of NJ immediately concerning changes to any information listed on this form.

Pick Up Authorization Form

In order to provide the safest possible conditions for all children:

S.E.A.L. Camp identification cards will be issued on the 1st day of camp. For your child's safety, a valid ID authorizes your child's release to the names on the back of the card. Name on pick up authorization must be identical to driver's license. Campers will not be released without a State ID and NO OTHER FORM OF IDENTIFICATION WILL BE ACCEPTABLE. If you need emergency camper pick up, you must send a note or call the camp office at (609) 557-7325 (include the person's name, relationship, and phone number).

PLEASE PRINT ALL NAMES

I hereby authorize my child listed below:

Child's Name First Last

To be picked up by:

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

If there are any changes in these arrangements, I will give advance written notice. Campers must be picked up at the office. No camper will be released from any other area. Parent or guardian is responsible for providing Mobile Minds of NJ with any documents regarding visitation/Pick-up restrictions.

Signature of Parent/Guardian Date

Camper Code of Conduct

Camper Name (please print) _____

I will always have the opportunity to meet with the camp director or other Camp Administrators to tell my side of any incident that is being reported to the camp office. I will report any problems that I am having at camp or with any staff member to the camp director.

1. I will remain at the camp program at all times and will not leave the building without a camp administrator's permission.
2. I will not bring expensive jewelry, electronic games, cellphones and trading cards or comics to camp. If camper brings valuables, Mobile Minds of NJ is not responsible for lost or stolen items.
3. I will respect camp property. I will not chew gum at camp. If I willfully destroy property or equipment, monetary reimbursement will be required.
4. I will obey fire drill safety and never pull or play with a fire alarm.
5. I will respect the safety of everyone at camp and will obey all rules.
6. I will respect personal property of campers and staff and not take anything that doesn't belong to me.
7. I will respect the camp staff and follow instructions. I will not run away from my group or camp tutors. I will move about the corridors in a quiet and orderly fashion and not linger or wander between classes.
8. I will be a good camp friend and not fight or instigate a fight. I will not hurt anyone with unkind words or actions. Any object that may hurt or place another person in fear of his/her safety may be considered a weapon and is cause for serious disciplinary

action that could include immediate expulsion from camp. The camp director will investigate and resolve any safety issue immediately.

9. I will show respect for everyone INCLUDING MYSELF, and only use appropriate language and gestures at camp.

10. I will obey Internet safety rules as instructed by my tutor. Failure to obey Internet safety may include immediate expulsion from camp.

Parent/Guardian Signature & Date

Camper Signature & Date

Commitment Pledge by Parents/Guardians:

Attendance

- We believe that our child's attendance and timeliness are vitally important to his/her success in school and camp.

We will make sure that our child has a safe and reliable means of transportation to and from camp each day. We are fully committed to a 7week schedule and support the idea that our child will be in camp during July and August.

- We will not plan for family vacations or other extended absences to occur during the program in July and August.
- We will make certain that our child attends camp every day, except in cases of illness or another legitimate reason.
- We will telephone the camp administrator **prior to 8:30 a.m.** on the day of any absence to report the child is out.
- We will not schedule routine doctor and dentist appointments during the camp hours. We will try to schedule appointments on days or at times when camp is not in session; or if such an appointment becomes absolutely necessary during camp hours, we will return the child to camp after the appointment.
- We will see to it that our child arrives on time each morning, and fully understand that lateness will result in loss of educational time.
- We understand that 2 or more absences will hinder progress in the program.
- We understand that regular homework completion is one of the keys to academic success.
- We understand that it is our responsibility to see that homework is completed. We will check our child's homework each night it is assigned to ensure that it is complete, accurate and neat.
- We will provide a quiet, undisturbed time and space for the work to be completed.
- We have read, understand and support the Mobile Minds of NJ Code of Conduct including all its rules, rewards and disciplinary consequences.
- We understand there are **no refunds** for this program.
- We understand that we are not required to sign this contract as a term of our child's admission to the S.E.A.L. Academic Summer Enrichment program, but do so voluntarily because we believe that this is a partnership between parents and educators in creating the best possible education experience for our child.

Parent Signature _____ Date _____

HEALTH HISTORY & MEDICAL AUTHORIZATION FOR ALL PERSONS UNDER AGE

18

This form must be completed with inoculation dates and returned with EACH camp application. NOTE: A doctor's signature is NOT required.

NAME OF STUDENT

Last First MI Birthdate

Male Female

Parent/Guardian #1 Name: _____

Daytime Phone: _____

CellPhone: _____

Parent/Guardian #2 Name: _____

Daytime Phone: _____

CellPhone: _____

Alt. Emer. Contact: _____

Daytime Phone: _____

Family Physician: _____ Daytime

Phone: _____

PLEASE COMPLETE THE FOLLOWING:

For the safety of your child, do not withhold any pertinent medical information.

1. Were you ever advised not to allow this child to play in any exercises? _____ YES*
_____ NO

2. List any malfunction or loss of an organ:

3. List any allergies including food, bee stings, peanuts, hives, asthma:

4. Currently under physician's care for:

5. Current medications being taken:

6. Will your child need medication at camp? N ____ Y ____ Name of Medication _____

If yes, please bring medication and discuss with the Administrators during registration, prior to starting camp.

7. Has this child: YES* NO

(a) had difficulty with sight? ____ ____

(b) had difficulty with hearing? ____ ____

(c) ever been unconscious after an injury? ____ ____

(d) had a fracture or dislocation within the last three years? ____ ____

(e) ever experienced high blood pressure? ____ ____

(f) ever experienced chest pain/palpitations? ____ ____

(g) had to stay in the hospital overnight within the last year? ____ ____ (h) other _____

8. Does this child have a history of:

(a) fainting with exercise? ____ ____

(b) undue tiredness/fatigue? ____ ____

(c) a family member having sudden unexplained death under the age of 40? ____ ____

* Please explain (attach extra pages if necessary.)

According to state law, all campers must be immunized or submit a statement from a physician that immunization is in progress.*

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Mobile Minds of NJ to give CPR and/or send this person to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of Mobile Minds of NJ. My child's medical insurance carrier is _____.

I authorize Mobile Minds of NJ to share pertinent health information with camp staff as needed to safeguard my child's health. My hospital of choice is _____. All information on this form is complete, true and accurate to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

****NOTE**

1. If there is a religious objection to immunization of a child, a written statement must be signed and submitted which states that the child is in good health and that you will assume full responsibility for his/her health while in camp.

2. If immunization is contraindicated for medical reasons, the parent or guardian shall submit to the camp a written statement signed by a licensed physician, indicating both the reason and length of the medical contraindication.

A COMPLETED COPY OF THIS FORM MUST BE SUBMITTED WITH EACH CAMP APPLICATION

S.E.A.L. Academy

Program Registration Check List 2017

- **Registration Form**
 - **Camper Code of Conduct (signed)**
 - **Parent Code of Conduct (signed)**
 - **Health History & Medical Authorization (signed)**
 - **Camper Pick Up Authorization**
 - **Meal Eligibility Form/ Finance form (available June)**
 - **Current Immunization Records (copy)**
 - **Report Card (copy)**
- **Registration fee (\$100 per child, cash or check before June 20, 2017) 10% off if registered by May 1st 2017. Camp Fee is \$200.00 per week before discounts or Scholarships (please inquire for details). Please inquire with Child Care Connections for the NJ State Subsidy agreement.**
- **Please inquire about before and after care arrangements and payments.**

Registration will not be processed as complete without all required forms and payment.

Registration is open but limited! So register soon to guarantee your child's enrollment!

Contact Mrs. D. Saunders, Head of Program @ 609 557-7325 with any questions.