

**S.E.A.L. ACADEMY Summer STEAM Camp
Registration for our Lawrenceville, NJ location**

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 _____

Age of Camper _____

Participants Name First _____ Last _____ Middle _____

Birth Date _____ Race _____ Gender M or F or Other _____

Grade entering 2024/2025 _____ Weight _____ Height _____

Does your child require academic or physical accommodations? _____

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.

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 _____

Parent /Guardian Signature _____ Date _____

EMERGENCY INFORMATION MUST BE INCLUDED WITH EACH REGISTRATION.

Camper Name _____

Last _____ First _____ Middle _____

DOB _____ Gender: M or F or Other _____

Home Address _____ Home Phone _____

LOCATIONS PARENTS/GUARDIAN CAN BE REACHED IF NOT AT HOME

Parent 1 Name _____

Cell _____ Phone/Office Phone _____

Parent 2 Name _____

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 _____ Initials for photo release _____

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.

Mobile Minds of NJ

Student Name _____ **Date** _____

- 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.
- 11. I will obey all the Covid-19 Safety Guidelines for students as instructed to keep all participants healthy.

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 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 the sessions we select and support the idea that our child will be in camp during July and/or 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 see to it that our child arrives on time each morning, and fully understand that lateness will result in loss of educational/fun time.
- 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 educational summer camp 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 on this form.

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. An addition form will be provided for medication prescribed by a physician for children who need medication during camp.**

7. Has your 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 your 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

Lawrenceville @ The Community Well

Program Registration Check List 2024

- **Registration Form Packet**
 - Parent Code of Conduct & Camper Code (Signed)
 - Health History & Medical Authorization (signed)
 - Camper Pick Up Authorization (Signed)
 - **Current Immunization Records (copy)**
 - Additional Medicine Release as required

Registration fee (\$100 per child, cash or check before June 19th, 2024).

Camp Fee is \$300.00 per week before discounts or available Scholarships (please inquire for details). Child Care Connections is accepted.

- **Please inquire about before and after care arrangements and payments. Before & After care are separate payment arrangements, not included in tuition. Before care is available from 7:30 to 8:30am. After care starts at 3:00pm to 6:00 pm. Weekly before care is \$40 per camper or \$10 per day. Weekly Aftercare is \$75 per camper or \$20 per day. If your child is in After Care, you must walk into the building for pick up no later than 6:00 pm. All late pick-ups after 3pm or 6pm will be charged a \$15 fee for each occurrence.**

***Registration will not be processed as complete without all required forms & payments. ***

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

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