

BUBBLING SPRINGS DAY CAMP - 2025 APPLICATION

<u>CAMPER'S NAME</u>		GRADE IN SEPT. 2025	DATE OF BIRTH	AGE
<u>LAST</u>	<u>FIRST</u>			

<u>PARENT / GUARDIAN NAME</u>		
<u>LAST</u>	<u>FIRST</u>	
MAILING ADDRESS	HOME PHONE #	
MOTHER'S EMPLOYER	WORK #	CELL #
FATHER'S EMPLOYER	WORK #	CELL #
<u>E-MAIL ADDRESS (PLEASE PRINT CLEARLY)</u>		
EMERGENCY INFORMATION		
<u>The following people are alternate emergency contacts who also have permission to transport my child(ren) to and from camp.</u>		
NAME	PHONE #	CELL #
NAME	PHONE #	CELL #
NAME	PHONE #	CELL #

BUBBLING SPRINGS DAY CAMP 2025 ENROLLMENT FORM

CAMPER'S NAME: _____ GRADE _____ (in Sept. 2025)

CHECK EACH WEEK REQUESTED	WEEK	DATES	COST PER WEEK 9AM – 4PM	EARLY DROP 7AM-9AM	LATE PICK UP 4PM-6PM	AMOUNT PAID (50%)	AS OF JUNE 1, 2025 FOR CAMP	AS OF JUNE 1 for early drop	AS OF JUNE 1 for Late Pick up	TOTAL
<input type="checkbox"/>	1	6/30-7/4 (4 days no camp 4th)	\$194.00	<input type="checkbox"/> \$37.00	<input type="checkbox"/> \$37.00		\$206.00	<input type="checkbox"/> \$41.00	<input type="checkbox"/> \$41.00	
<input type="checkbox"/>	2	7/7– 7/11	\$242.00	<input type="checkbox"/> \$46.00	<input type="checkbox"/> \$46.00		\$257.00	<input type="checkbox"/> \$51.00	<input type="checkbox"/> \$51.00	
<input type="checkbox"/>	3	7/14– 7/18	\$242.00	<input type="checkbox"/> \$46.00	<input type="checkbox"/> \$46.00		\$257.00	<input type="checkbox"/> \$51.00	<input type="checkbox"/> \$51.00	
<input type="checkbox"/>	4	7/21 – 7/25	\$242.00	<input type="checkbox"/> \$46.00	<input type="checkbox"/> \$46.00		\$257.00	<input type="checkbox"/> \$51.00	<input type="checkbox"/> \$51.00	
<input type="checkbox"/>	5	7/28 – 8/1	\$242.00	<input type="checkbox"/> \$46.00	<input type="checkbox"/> \$46.00		\$257.00	<input type="checkbox"/> \$51.00	<input type="checkbox"/> \$51.00	
<input type="checkbox"/>	6	8/4 – 8/8	\$242.00	<input type="checkbox"/> \$46.00	<input type="checkbox"/> \$46.00		\$257.00	<input type="checkbox"/> \$51.00	<input type="checkbox"/> \$51.00	
<input type="checkbox"/>	7	8/11 – 8/15	\$242.00	<input type="checkbox"/> \$46.00	<input type="checkbox"/> \$46.00		\$257.00	<input type="checkbox"/> \$51.00	<input type="checkbox"/> \$51.00	

Increase in price goes into effect after 5/31/25. All balances must be paid in full by June 1, 2025. A \$25.00 per week sibling discount will be applied to each additional child.

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BUBBLING SPRINGS DAY CAMP MEDICAL FORM

ONE FORM FOR EACH CAMPER MUST BE SUPPLIED

CAMPER'S NAME: _____

Please provide us with the following information:

1. Any known physical conditions of camper: _____

2. Any known mental conditions of camper: _____

3. Any known allergies of camper: _____

4. Any known medications taken by camper: _____

Must provide us with detailed information regarding the medication including when it needs to be taken and advise if any monitoring is REQUIRED. We have a Registered Nurse on staff but cannot provide a one to one monitor for our campers. Our NURSE IS AT CAMP FROM 9:00AM to 4:00PM.

5. Any other information regarding family or health that would help us: _____

Name, address and phone number of Physician: _____

Emergency Contacts:

Mother's name & work number: _____ **Mother's Cell #** _____

Father's name & work number: _____ **Father's Cell #** _____

Name & number of alternate contact: _____

(This person has permission to transport my child to and from camp)

IMMUNIZATION RECORDS: The State of New Jersey requires that we have on record the month and year of each immunization **(This information must be completed in full for your child to attend camp). You may have your pediatrician send a copy of the immunization records to us in lieu of filling in the bottom portion.**

ATTENTION PARENTS: All immunization dates must be filled out each summer. Please do not write, *"all up to date" or "you have these from last year"*. This is very important information that is needed for the **State of New Jersey**. Thank you for helping us to comply with State regulations.

DPT	1) _____	2) _____	3) _____	4) _____	5) _____	6) _____
	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
POLIO	1) _____	2) _____	3) _____	4) _____	5) _____	6) _____
	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
HEP-B	_____ / _____					
MMR	1) _____	2) _____	Measles _____	Mumps _____	Rubella _____	
	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	
HIB	1) _____	2) _____	3) _____	4) _____		
	_____ / _____	_____ / _____	_____ / _____	_____ / _____		
TB	1) _____	2) _____				
	_____ / _____	_____ / _____				
Latest Tetanus (must be completed)	_____					

Emergency Release: After attempts to reach me have not been successful, I give permission to the Physician selected by the Director or First Aid staff of Camp Bubbling Springs to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Signature of Parent or Guardian

BUBBLING SPRINGS DAY CAMP DISCIPLINE, RULES AND CONSEQUENCES

If any of the following problems occur during early drop off hours, day camp hours or late pick up hours, your child will be given three (3) chances to cooperate before your child is dismissed from camp.

INAPPROPRIATE BEHAVIOR INCLUDES (but is not limited to):

- ✓ Repeated or habitual use of foul language
- ✓ Failure to listen to directives of counselors
- ✓ Failure to stay with the group or assigned buddy
- ✓ Hiding from counselor
- ✓ Fighting
- ✓ Disobeying camp and lake rules, including refusing to participate in swim lessons
- ✓ Repeated insubordination to counselor
- ✓ Any behavior that is continually disruptive to the camp program
- ✓ Possession of drugs / alcohol / cigarettes / lighters / stink bombs / firecrackers / vaping

In the event that drugs / weapons are found, the parent will be called immediately, and the incident will be reported to the West Milford Police Department. In the event a physical fight occurs, Bubbling Springs Day Camp reserves the right to suspend or terminate enrollment of participants without previous warnings.

The course of action taken, if any problems occur, is the following:

Your child will have a conference with the counselor and Camp Director to discuss the problem behavior. Your child will have a “time-out” session with the Camp Director and will lose a privilege such as free swimming. If necessary, you, the parent, will be called and notified of your child’s inappropriate behavior. If required, and your child’s inappropriate behavior continues, you will be informed by a Camp Discipline Report form that will be sent home by the Camp Director. This form will indicate the problem. It must be signed and returned to the Camp Director before your child can return to camp. If the inappropriate behavior continues and you have received three (3) Camp Discipline Reports your child will be dismissed from camp and no refund will be provided.

Signature of Parent or Guardian

IMPORTANT SWIM LESSON INFORMATION

As always, the safety of our campers is of the utmost importance to the Department of Community Services and Recreation. Due to this fact, our Day Camp policy has always been that every child must participate in swim lessons. We know that since your child is near or in the lake for a good portion of the day, we also want to ensure that your child has the necessary skills to safely participate in water activities. Therefore, all children must participate in swim lessons – unless a Medical Excuse is provided. If a child needs to be dismissed for an extended period, the Recreation Office must have a signed medical excuse from a physician on file.

We certainly understand that a child may become ill or another circumstance may prevent your child from participating in the lessons. In this event your child will be considered ill and will be treated as such. They will then not participate in free swim and, at the discretion of the Day Camp Director (depending on the reason for not participating), a child may be withheld from joining in other scheduled activities. Also, the Day Camp Director may deem that the illness requires a phone call to the parent and that the child may need to be taken home.

We apologize for any inconvenience this may cause you or your child, but the welfare of our campers must be first and foremost.

NOTE:

- ❖ Swim lessons will be held rain or shine. They will only be cancelled in the event of an electrical storm.
- ❖ Parents please remember to send your child with **2 towels and a sweatshirt** everyday

ALL CAMPERS, INCLUDING TEEN CAMPERS, MUST BE TESTED FOR SWIM ABILITIES ON THE FIRST DAY THEY ATTEND CAMP.

Signature of Parent or Guardian

HOLD HARMLESS RELEASE

As in any activity, there are inherent risks, and injuries that may occur. I hereby release and discharge the Township of West Milford, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all actions for losses, damages, or personal injuries to myself or my child, which may occur or arise out of my or my child's participation in the above activity.

Parent/Guardian Name (print): _____

Signature: _____

SUN BLOCK RE-APPLICATION RELEASE

Please sign on the appropriate line for permission for your child's counselor to re-apply sun block lotion (which you will supply) to your child's face, back, arms and shoulder areas only. For health reasons, campers are not allowed to share lotion.

It is understood that your child will be responsible for applying lotion to their own legs and feet.

I **DO NOT** GIVE MY PERMISSION TO
RE-APPLY SUN BLOCK

I GIVE MY PERMISSION TO
RE-APPLY SUN BLOCK

BUG SPRAY APPLICATION RELEASE

Please sign on the appropriate line for permission for your child's counselor to apply bug spray (which you will supply) on your child. For health reasons, campers are not allowed to share bug spray.

I **DO NOT** GIVE MY PERMISSION TO
APPLY BUG SPRAY

I GIVE MY PERMISSION TO
APPLY BUG SPRAY

SWIM TO DOCK & DIVING BOARD RELEASE

Please sign on the appropriate line for permission for your child to swim to the dock, and use the diving board.

It is understood that **ALL** children will be evaluated and must **PASS LEVEL 4** in order to participate in these activities.

I **DO NOT** GIVE MY PERMISSION FOR
DOCK DIVE
(PLEASE CHECK)

I GIVE MY PERMISSION FOR
DOCK DIVE
(PLEASE CHECK)

FIELD TRIP PERMISSION FORM BUBBLING SPRINGS DAY CAMP

Dear Parents,

Below you will find a blanket permission slip for all field trips. Please complete this form so that your child will be permitted to be included in these possible trips.

CAMPERS NAME: _____

Has my permission to go on the field trips that I have chosen and trips to the Teen Center & Recreation Center during very hot or rainy weather. Trips to the Teen Center and Recreation Center are at the discretion of the Camp Director.

Signature of Parent or Guardian

HOME PHONE	
WORK PHONE – MOTHER	
CELL PHONE – MOTHER	
WORK PHONE – FATHER	
CELL PHONE – FATHER	
EMERGENCY CONTACT	
PHONE #	

Any medical alert information or restrictions:

**CAMPERS WILL NOT BE ALLOWED TO GO ON THESE TRIPS
UNLESS THIS FORM IS COMPLETED AND RETURNED.**

**CAMPERS ARE NOT ALLOWED TO BE DROPPED OF BY THEIR
PARENTS AT A FIELD TRIP DESTINATION. CAMPERS MUST LEAVE
FROM CAMP AND TRAVEL WITH THEIR GROUP IN ORDER TO ATTEND
FIELD TRIPS.**

Camper(s) name _____

PICTURE RELEASE

Revised 1/13/15

In accordance with the Civil Rights Laws that have been established, no photographs or moving pictures may be released without parental or guardian consent.

Whenever special activities warrant special memorabilia, we do like to photograph our participants enjoying themselves. On occasion local newspapers also like to capture our events.

There are occasions when we would like to allow the use of these photographs as a positive demonstration of enjoyment of our participants. West Milford Community Services and Recreation will only release publicity to trusted partners including local newspapers, the Township's official website and the Recreation Facebook page. Photos will never be released to a third party.

If there are any special conditions you wish to express, please do so on this form.

***I DO NOT GIVE MY PERMISSION
FOR PHOTOS***

***I GIVE MY PERMISSION FOR
PHOTOS***

RESTRICTIONS

We are **not responsible** for the loss or replacement of Cell phones, I-pods, electronic type devices, trading cards, etc.

If you choose to send your child to camp with a Cell phone, it is understood that the **Cell phone must be kept in your child's backpack.** Unfortunately, cell phones have been creating ongoing problems at camp (texting among some campers is non-stop – cell phones have been taken and used for prank calls). If your child is ill or should there be an emergency, the Camp Director or Camp Nurse will contact the parent directly.

Signature of Parent or Guardian

Unless specifically directed by a **Court Order** the Day Camp Director will not be placed between feuding parents. The Director will contact and have access to either parent should a concern arise. Should either parent become disruptive or adversely interferes with the functioning of the staff or the camper's counselors the Director will have the right to dismiss the child from camp. Our first concern is for the welfare of our campers.

Signature of Parent or Guardian

**BUBBLING SPRINGS DAY CAMP
IMPORTANT CONTACT INFORMATION**

COMMUNITY SERVICES & RECREATION DEPARTMENT: 973-728-2860

DAY CAMP DIRECTOR CELL: 973-856-1313

WEST MILFORD POLICE – NON EMERGENCY: 973-728-2802
EMERGENCY: 911

Please keep this form for your records.

INCOMPLETE REGISTRATION PACKETS WILL NOT BE PROCESSED AND YOU WILL BE NOTIFIED TO COMPLETE THE PACKET BEFORE YOUR CHILD IS ENROLLED.

COMPLETED APPLICATIONS WILL CONTAIN THE FOLLOWING:

- All requested information applying to the camper, parents/guardians, contact numbers, individuals authorized to pick up camper, court orders, acknowledgement of camp rules, etc.
- The fully completed Health Medical form.
- Permission slip for photographs, sunscreen, insect repellent, and dock, dive and slide.
- Permission slip for field trips.
- Camp Bubbling Springs Discipline Policy signed by parent(s) or guardian.
- Acknowledgement of Swim Lesson Information and Camp Restrictions signed by parent(s) or guardian.
- Waiver of Liability / Hold Harmless release form

COMPLETED APPLICATIONS MUST BE ACCOMPANIED BY:

- Payment of 50% of the total cost of camp (with before and after care expenses included) must be paid either online or in person at the Recreation office. Checks should be made payable to “WMCSR”. PLEASE NOTE: REGISTRATION IS NOT VALID WITHOUT THE 50% DEPOSIT. All account registrations must be **PAID IN FULL - NO LATER THAN JUNE 1, 2025** or the camper will not be allowed to start his/her camp session.
- There will be a \$25.00 charge per camper for all refunds. Refunds must be requested in writing five (5) business days in advance.
- A copy of the front and back of the child’s (or family’s) health insurance card.
- Copy of proof of residence (utility bill / phone bill / driver’s license).
- Copy of camper’s birth certificate “IF NEW TO CAMP”.
- Save 10% off regular price when all 7 weeks are paid in full by April 14, 2025

MAIL TO:

*DEPT. OF COMMUNITY SERVICES & RECREATION
1480 UNION VALLEY ROAD, WEST MILFORD, NJ 07480*

Please keep this form for your records.