



# GBEAF

GREEN BROOK  
EDUCATION & ATHLETIC  
FOUNDATION

## 2017 Green Brook Day Camp

### PROGRAM PHILOSOPHY AND ACTIVITIES

The GBEAF Green Brook Day Camp (GBDC) is a ten-week program centered on fun. Camp participants from grades K to 8 play indoor and outdoor games, create crafts, go on weekly trips, and learn responsibility and leadership. Lead counselors are certified teachers who, with the assistance of additional staff, create a varied schedule of engaging activities for campers.

### FEES

In addition to a non-refundable \$50 registration fee, the following camp fees are based on the number of weeks that campers attend.

Weeks	First Child	Each Additional Child
1	\$335.00	\$315.00
2	\$650.00	\$610.00
3	\$945.00	\$885.00
4	\$1,220.00	\$1,140.00
5	\$1,475.00	\$1,375.00
6	\$1,710.00	\$1,590.00
7	\$1,925.00	\$1,785.00
8	\$2,120.00	\$1,960.00
9	\$2,295.00	\$2,115.00
10	\$2,450.00	\$2,250.00

The \$50 enrollment fee is waived for students who enroll by March 1, 2017.

## **CAMP SCHEDULE**

**The Green Brook Day Camp will operate for ten weeks, from June 26 until September 1. There will be no camp on Tuesday, July 4.**

Camp hours are from 8:00 AM until 4:00 PM. Students must bring their own non-perishable lunch each day. Activities will take place at the Irene E. Feldkirchner Elementary School.

Weekly field trips will take place on Wednesdays.

For additional fees, the following services are available:

- Before and After Care during the hours of 7:00 to 8:00 AM and 4:00 to 6:00 PM.
- Subscription Busing to and from camp each day for Green Brook students only.
- Academic Enrichment which includes at least four hours of classroom time per week.

## **APPLICATION AND PAYMENT**

**Applications and payment are accepted as long as space is available.** Please mail payments to the following address:

Green Brook Education and Athletic Foundation  
132 Jefferson Avenue  
Green Brook, NJ 08812

**Please make checks payable to GBEAF.**

**Payments may be made as a lump sum or--if a student is enrolled for five or more weeks--in three installments.** If paying by installments, the total amount due will be divided by three; the first installment to be due upon registration, the second before June 1, and the third before July 1.

Please contact our **Camp Coordinator, Nicole Cruts**, with any questions regarding activities and schedule. She can be reached at [ncruts@gbtps.org](mailto:ncruts@gbtps.org).

Please contact **GBEAF Director of Programs, Paul Fornale**, with any administrative questions. He can be reached at [foundation@gbtps.org](mailto:foundation@gbtps.org).

Please contact **GBEAF Administrative Assistant, Danielle Cooper**, with any questions regarding payments and transportation. She can be reached at [dcooper@gbtps.org](mailto:dcooper@gbtps.org).



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## 2017 Green Brook Day Camp ENROLLMENT APPLICATION

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade in September 2017: \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Additional phone number (if available) \_\_\_\_\_

SECOND PARENT/GUARDIAN'S NAME \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Additional phone number (if available) \_\_\_\_\_

### EMERGENCY CONTACT OTHER THAN A PARENT OR GUARDIAN:

(NOTE: By listing this person, you are authorizing him or her to pick up your child if necessary.)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Please list additional people you authorize to pick up your child.

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

Please inform Mr. Fornale prior to pickup if someone not listed on this form is going to pick up your child ([foundation@gbtps.org](mailto:foundation@gbtps.org) or 732-844-0271).

## CAMP PARTICIPATION

Weeks attending:

<input type="checkbox"/> June 26-June 30	<input type="checkbox"/> July 31-August 4
<input type="checkbox"/> July 3-July 7 (excluding July 4)	<input type="checkbox"/> August 7-August 11
<input type="checkbox"/> July 10-July 14	<input type="checkbox"/> August 14-August 18
<input type="checkbox"/> July 17-July 21	<input type="checkbox"/> August 21-August 25
<input type="checkbox"/> July 24-July 28	<input type="checkbox"/> August 28-September 1

## PAYMENT

In addition to a \$50 registration fee for each child, the following rates apply. If you register and pay BY MARCH 1, the registration fee is waived.

Weeks	First Child	Each Additional Child
1	\$335.00	\$315.00
2	\$650.00	\$610.00
3	\$945.00	\$885.00
4	\$1,220.00	\$1,140.00
5	\$1,475.00	\$1,375.00
6	\$1,710.00	\$1,590.00
7	\$1,925.00	\$1,785.00
8	\$2,120.00	\$1,960.00
9	\$2,295.00	\$2,115.00
10	\$2,450.00	\$2,250.00

Please use payment worksheet on the next page in order to calculate your total fees.

## PAYMENT WORKSHEET

### I. CAMP FEES:

	+		+		+		=	
Child #1		Child #2		Child #3		\$50 per child		CAMP TOTAL
(ENTER ZERO IF PAYING BY MARCH 1.)								

### II. BEFORE AND AFTER CARE (Optional):

	+		=	
Before Care--\$30/week per child		After Care--\$60/week per child		BAC TOTAL

### III. SUBSCRIPTION BUSING (Optional):

*Green Brook students only*--\$25 per week per child = \_\_\_\_\_

**BUSING TOTAL**

(NOTE: Busing is contingent upon a required minimum number of students using the service. If demand falls short and we cannot offer the service, bus fees will be refunded.)

### IV. CLASSROOM ACADEMIC ENRICHMENT (Optional):

For a fee of \$40 per week per child, campers may receive four hours per week of classroom instruction in ELA and math in the school district's Extended School Year (ESY) program. This would take place on Monday, Tuesday, Thursday, and Friday mornings and is available only between July 3 and August 11.

\_\_\_\_\_  
**ACADEMIC INSTRUCTION TOTAL**

### **TOTAL FOR ALL FEES:**

\_\_\_\_\_  
**CAMP +BAC+BUSING+INSTRUCTION**

**LUMP SUM PAYMENT:** Please use the total on the red line above.

**INSTALLMENTS:** Please divide the total by three, and enter here, \_\_\_\_\_.

**This option applies only to students enrolled for five or more weeks.**

Pay the first installment upon registration, the second before June 1, and the third before July 1.

**Please make checks payable to GBEAF.**

Please send registration and payment to the following address:

**Green Brook Education and Athletic Foundation  
132 Jefferson Avenue  
Green Brook, NJ 08812**

Student's Name \_\_\_\_\_

### **TERMS OF AGREEMENT**

1. All applicable forms and fees must be submitted prior to any child's participation in any GBEAF program.
2. Parents/guardians must inform the Administrative Assistant Danielle Cooper ([dcooper@gbtps.org](mailto:dcooper@gbtps.org) or 732-968-1051, ext. 1201), immediately of changes to information on registration and/or medical forms.
3. **Parent's may add or change weeks of their children's camp participation no fewer than 10 calendar days in advance of the beginning of a camp week. Changes are subject to space availability.**
4. **Campers may be dropped off in the morning no earlier than 7:50 AM.** Children enrolled in Before Care may be dropped off no earlier than 7:00 AM.
5. **Camp ends promptly at 4:00 PM, and children must be picked up by an adult whose name appears on their registration paperwork.** The After Care program ends promptly at 6:00 PM. Delayed pickup will result in a fee of \$1.00 per minute per child (cash or check), due at the time of pickup. Parents will receive a receipt upon payment of this fee.
6. Drop-In service is available for Before and After Care (BAC) at the rate of \$15 per morning or \$30 per afternoon. Fees are due at the time of service, and payment may take the form of cash or a check made out to GBEAF. **Drop-In charges will apply to non-BAC campers who are dropped off early or picked up late.**
7. **Payments for Day Camp and BAC must be prompt, and accounts must be kept current.** Lump sum payments are due upon registration; installment payments are due in thirds: upon registration, on June 1, and on July 1. A \$20 late fee applies. Any delinquent accounts will be referred to the Camp Director, and the attendance of applicable campers may be suspended or canceled. A \$25.00 fee will be assessed for nonsufficient funds or returned checks.  
**All checks should be made out to GBEAF** and mailed to the following address:  

**GBEAF  
132 Jefferson Avenue  
Green Brook, NJ 08812**
8. **The Green Brook Summer Camp will not operate on July 4, 2017.** Camp fees for that week are not prorated.
9. **Refunds are issued only for full weeks for which service has been paid and is then cancelled.** This applies to all fees, including subscription busing and Before and After Care. Cancellation must occur by 3:00 on Friday of the preceding week. The \$50 registration fee is nonrefundable.
10. **Campers must bring their own non-perishable lunch each day.** Lunch will be at 12:00 PM. Snacks are permitted at 10:00 AM and 2:00 PM and during Before and After Care.
11. Children may be escorted off of school grounds for field trips, nature walks, and other activities. Your signature below indicates permission for these excursions.
12. **The Superintendent of the Green Brook School District may, at his or her discretion, cancel or shorten a day of the Green Brook Day Camp program due to emergency conditions of any kind.**

Student's Name \_\_\_\_\_

13. **Students participating in the Green Brook Summer Camp and BAC programs will follow all rules and live up to all behavior expectations that apply in school during the regular school year.** Campers will respect each other, show proper deference to staff, and follow instructions promptly and in the proper spirit. All counselors, regardless of rank, have full authority in giving instructions.

14. **Personal belongings are the sole responsibility of the students who bring them to the Green Brook Day Camp.** Camp personnel, the Green Brook Education and Athletic Foundation, and the Green Brook School District are not responsible if any such items are lost, stolen or broken.

15. **Any child whose behavior becomes disruptive will be subject to consequences at the discretion of camp personnel.** A child who is defiant or uncooperative when corrected will be referred to the Camp Coordinator, who will administer further consequences at his or her discretion and communicate with parents.

16. **Serious disciplinary matters will be referred to the Director of Programs** along with appropriate documentation. **Any child posing a serious or chronic disciplinary problem may be suspended or dismissed from the Green Brook Day Camp and or BAC program. Any child posing a threat to anyone's safety will be removed from the program immediately and permanently.** Payment for the week during which a suspension or dismissal occurs is non-refundable. Parents and/or emergency contacts will be summoned for immediate pickup if a child's behavior becomes dangerous or uncontrollably disruptive, and the Camp Director will provide formal communication of a child's dismissal from camp.

17. **Green Brook Day Camp requires sufficient enrollment in order to operate.** If Camp is canceled due to low enrollment, a full refund will be issued by June 1 to parents who have registered their children and paid the fees.

18. **Camp participation is based on space availability.** Students applying for weeks that are filled will be placed on a waiting list in order of the arrival of student's enrollment paperwork.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

### **PUBLICITY RELEASE**

I hereby authorize the Green Brook Education and Athletic Foundation to use any photos and/or video footage of my child for publicity purposes, for revenue and non-revenue producing events (i.e., brochures, CD/DVD's, posters, etc). in any medium, including but not limited to print and/or electronic and/or digital, now and in the future.

Publicity authorization signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

## HEALTH HISTORY/MEDICAL RELEASE

FAMILY PHYSICIAN : \_\_\_\_\_ Phone \_\_\_\_\_

FOOD ALLERGIES/RESTRICTIONS?  Yes \_\_\_\_\_  No

MEDICAL ALLERGIES?  Yes \_\_\_\_\_   
No

Please list any medical issues or chronic illnesses:

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DOES THIS CHILD REQUIRE AN EPI-PEN?  Yes  No

If yes, please explain why your child requires an Epi-Pen:

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DOES THIS CHILD TAKE ANY MEDICATION ON A ROUTINE BASIS?

Yes \_\_\_\_\_  No

WILL THIS CHILD NEED MEDICATION ADMINISTERED DURING OUR PROGRAM?

Yes \_\_\_\_\_  No

If yes, we ask that you:

- (1) Keep medication in original package.
- (2) Write child's name on container.
- (3) Provide a physician's note for medication administered during program hours.
- (4) Contact the school nurse at the IEF School (732-968-1052).

CAN THIS CHILD PARTICIPATE IN ALL PROGRAM ACTIVITIES?  Yes  No

If no, describe any restrictions \_\_\_\_\_

**NOTE: STUDENTS WHO ARE NOT FULLY POTTY TRAINED OR WHO ARE SUBJECT TO URINARY OR FECAL ACCIDENTS ARE NOT ELIGIBLE TO PARTICIPATE IN GREEN BROOK DAY CAMP.**



DOES THIS CHILD CURRENTLY HAVE AN IEP OR 504 PLAN?  Yes  No

IF YES, PLEASE FILL IN THE BOX BELOW:

I hereby consent to allow a representative from the Green Brook Day Camp contact my child's IEP/504 case manager. I further authorize the case manager to share all relevant information about my child's needs and whether the Green Brook Day Camp can meet them. I understand that the Camp Coordinator or Camp Director may decide not to enroll my child if there is any uncertainty whether the camp is equipped to meet his or her needs. Additionally, I understand that the Camp Coordinator or Camp Director may decide to enroll my child on the condition that I pay for additional resources or personnel required to meet my child's needs.

\_\_\_\_\_

Parent's signature

Case Manager Information:

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

PARENT AUTHORIZATION:

I certify that the above Health History/ Medical Release Form information is complete. Information will be shared with the Green Brook Township Public Schools staff and school nurses. My child has permission to engage in all camp program activities except as noted. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all information provided is complete, correct and factual. If information is found to be false, I understand that my child will be expelled from program without refund of fees paid.

Also, as a parent/guardian of the child named above, **I authorize, in the event of a medical emergency, any treatment by physicians, nurses, and/or paramedics, which is necessary in order to save my child's life or to save him or her from disfigurement, physical impairment, or undue discomfort.** I understand that every reasonable effort will be made to contact me prior to such treatment.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_