



# Wharton Borough 2024 Summer Recreation Camp



Wharton's Summer Recreation Program will run from July 1st through August 16<sup>th</sup> M-F from 9am - 12pm at Robert Street Park. The camp will be closed on July 4<sup>th</sup> & 5<sup>th</sup>. The program is free and is available to children of Wharton residents who are in Kindergarten through 8<sup>th</sup> Grade. Children must turn 5 years old by June 1, 2024.

This program is only for Wharton residents. **The child must be a Wharton resident to attend, not have a Wharton mailing address and live in another town.**

**Please note:** You must be the parent or legal guardian of the child you are registering.

## Registration

Registration forms will be accepted from April 1<sup>st</sup> thru June 13<sup>th</sup>. **No registration forms will be accepted after June 13<sup>th</sup>.**

### **WE WILL NOT BE ACCEPTING WALK-IN-REGISTRATIONS.**

In order for your children to participate, **you must pre-register, sign a health waiver, provide a copy of the child's immunizations, and show proof of Wharton residency.** Registration packets include Action Plans for any child who has severe allergies, requires an epi-pen, uses an asthma inhaler, or has a seizure disorder. If your child has any of these conditions, please be sure to fill out the appropriate forms and have them signed by your physician. **Physician's orders will be required for epi-pens and asthma inhalers and must state they are for use at summer camp and include the dates of the camp, and whether the child can self-administer the medication. PLEASE NOTE THE CAMP DOES NOT ADMINISTER NON-EMERGENCY MEDICATION TO CAMPERS.**

Acceptable forms of proof of residency include: parent's or legal guardian's driver's license with Wharton address, utility bill with parent's or legal guardian's name and Wharton address, or a copy of a certificate of habitation used for registration for Wharton Schools. Other forms of proof may be acceptable. Please contact us at [info@whartonnj.com](mailto:info@whartonnj.com) with any questions.

All of the necessary registration forms are available on our website. You can submit your registration forms via regular mail to: 10 Robert St. Wharton, NJ 07885, via email: [info@whartonnj.com](mailto:info@whartonnj.com), via fax-973-361-5281, by putting them in the drop box located in the vestibule of the Town Hall entrance on West Central Avenue, or by bringing them into Town Hall. **Forms must be received by Thursday, June 13<sup>th</sup>.**

## Breakfast

We will be offering free breakfast to all campers through the Community Food Bank of New Jersey.

## Field Trips

Trip information and sign-ups will be available during the first week of the program.

# WHARTON BOROUGH SUMMER RECREATION CAMP



**NO REGISTRATION FORMS ACCEPTED AFTER JUNE 13<sup>TH</sup>**

## REGISTRATION & MEDICAL INFORMATION SHEET



### Wharton Borough Recreation Department

Mailing Address: 10 Robert Street, Wharton, NJ 07885  
Telephone: 862.347.2710 Email: [info@WhartonNJ.com](mailto:info@WhartonNJ.com)  
Camp Location: Robert Street Park, Wharton, NJ

**\*PLEASE COMPLETE DIGITALLY OR PRINT CLEARLY IN BLUE OR BLACK INK\***

### CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION – Must be Custodial Parent/Guardian

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address (street): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

Does child live with you?  Yes  No

If child does not live with you, please provide their home address:

Child's Address (street): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION – REQUIRED (Must be someone other than person above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### PHYSICIAN INFORMATION

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### MEDICATIONS

Is your child presently being treated for an injury or illness, or taking any form of medication?

- Yes (please note the camp does not administer non-emergency medication to campers.)  
 No

If yes, please explain: \_\_\_\_\_

**IMMUNIZATIONS (must check one)**

- My child's immunization record is attached. My child is up to date with all required medical vaccines as per the NJ School requirement for their appropriate age/grade.
- My child does not receive immunizations due to medical reasons or religious affiliations.

**\*\*\*NOTE: NO CHILD WILL BE ADMITTED TO CAMP WITHOUT SUBMITTING THEIR IMMUNIZATION RECORD OR CHECKING THE STATEMENT ABOVE THAT THE CHILD DOES NOT RECEIVE IMMUNIZATIONS DUE TO MEDICAL REASONS OR RELIGIOUS AFFILIATIONS. PLEASE SIGN BELOW:**

Signature of Parent/Legal Guardian \_\_\_\_\_

**DOES THE PARTICIPANT:**

Wear glasses or corrective lenses?     Yes    No  
 Have an attention learning disorder?    Yes    No

Have frequent ear infections?     Yes    No  
 Have convulsions/epilepsy?     Yes    No

Have asthma?     Yes    No  
 Have diabetes?     Yes    No

Have heart defects?     Yes    No  
 Have a bleeding/clotting disorder?     Yes    No

If yes to any of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any other physical, mental, social, or psychological conditions requiring medication, treatment, restrictions or considerations while at camp. Please note the camp does not administer non-emergency medication to campers.

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

*We comply with the requirements of state and federal law in making reasonable accommodations to facilitate participation. Failure to supply pertinent information in advance may result in the dismissal of your child from camp.*

**PERMISSIONS/ACKNOWLEDGEMENTS**

I give permission for my child to walk to and from camp.     Yes    No

I give permission for a staff member to apply sunscreen to my camper if necessary.     Yes    No

I give permission for my child's picture to be on the Borough of Wharton social media sites and website.    Yes    No

**Parent Signature:** \_\_\_\_\_

**PLEASE SUBMIT THIS FORM ALONG WITH:**

- Copy of Child's Immunization Record
- Copy of your Insurance Card (front and back)

# WHARTON BOROUGH SUMMER RECREATION CAMP

## Camper Discipline Policy

**At Wharton Borough Summer Recreation Camp, we seek to provide a safe and fun environment where all children are respected and have an equal opportunity for fun. Your child's experience at camp will be an enjoyable and memorable learning experience. Our hope is to address behavioral problems that might impede this experience through our Discipline Policy.**

In the event that discipline becomes necessary, the following actions are standard and may be used in any combination during camp activities:

- Verbal Warning
- Time Out
- Exclusion from Activity
- Written Warning
- Incident Report
- Early Pick-Up
- Suspension and/or Removal from Camp

Please review the following guidelines with your child:

- Be Safe: Always obey Camp rules and guidelines and the directions of staff.
- Show Respect: Be respectful of the Camp staff as well as other campers.
- Talk Pleasantly: Foul language, sass, bullying, and put downs will not be tolerated.
- Take Care: Treat all equipment, supplies, and venues with proper care. No littering in the parks.
- Positivity: Have a positive attitude and have fun!

Automatic suspension of one or more days, at the discretion of the Summer Rec Camp Director, will be given as a result of any of the following incidences, but is not limited to:

- Repeated bullying
- Threatening another camper or staff member
- Repeated use of foul/offensive language
- Stealing
- Possession of drugs/alcohol/cigarettes, vapes/lighters/stink bombs/firecrackers, etc.
- Damaging Park or private property (Parents/Guardians will be responsible for repairs/replacement)

In the event that drugs/weapons are found, the incident will be reported to the Wharton Police Department. The Camp Directors, at their sole discretion, may remove any camper whose behavior violates Wharton Borough's Summer Recreation Camp Discipline Policy or infringes/interferes with the safety or rights of others. If, at any time, a parent refuses to pick up their child from Camp, it may be considered "abandonment" and referred to the Wharton Police Department.

I, \_\_\_\_\_, have read, understand, and will comply with Wharton Borough's Summer Recreation Camp Discipline Policy.

Parent Signature: \_\_\_\_\_

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



I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that the Borough of Wharton has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that the Borough of Wharton cannot guarantee that neither I nor my child will become infected by the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, inactions, omissions, or negligence of others, including, but not limited to, camp staff, other campers and their families.

I voluntarily seek services provided by the Borough of Wharton and acknowledge that, by doing so, I am increasing my and my child's risk to exposure to the Coronavirus/COVID-19. I acknowledge that I and my child must comply with all set procedures to reduce the spread of the Coronavirus/COVID-19 while attending the Borough of Wharton Summer Recreation Camp.

**I attest that:**

\* Neither I, my family nor my child are experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or loss of taste or smell.

\* Within the past 14 days, neither I, my family nor my child have traveled internationally.

\* Within the past 14 days, neither I, my family nor my child have traveled to an area within the United States of America which is highly impacted by the Coronavirus/COVID-19.

\* I do not believe that I, my family nor my child have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* Neither I, my family nor my child have initially been diagnosed with the Coronavirus/Covid-19 and not cleared by State or Local Public Health Authorities as non-contagious.

\* I, my family and my child are following all CDC recommended guidelines as much as possible and limiting our exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold the Borough of Wharton, its subdivisions and all current and former employees, elected officials, agents, attorneys, other representatives, insurers and reinsurers and all of their successors and assigns harmless from, and waive on behalf of myself, my heirs, children and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself, my children and/or property that may be caused by any act, or failure to act of the Borough of Wharton, its subdivisions, current and former employees, elected officials, agents, attorneys, other representatives, insurers and reinsurers and all of their successors and assigns or that may otherwise arise in any way in connection with any services received from the Borough of Wharton, its subdivisions, all current and former employees, elected officials, agents, attorneys, other representatives, insurers and reinsurers and all of their successors and assigns. I understand that this release discharges the Borough of Wharton, its subdivisions and all current and former employees, elected officials, agents, attorneys, other representatives, insurers and reinsurers and all of their successors and assigns from any liability or claim that I, my heirs, or any personal representatives may have against the Borough of Wharton, its subdivisions and all current and former employees, elected officials, agents, attorneys, other representatives, insurers and reinsurers and all other successors and assigns with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection with, any services received in relation to the Borough of Wharton Summer Recreation Camp.

*Signature:*

*Printed Name:*

*Date:*