



SUMMER DAY CAMP

Sponsored by
Blairstown Dept. of Recreation

Our very popular Day Camp Program offers weeks of socialization, entertainment, and recreation! Our Day Camp with Mrs. Besser, Mrs. Truelove, and our enthusiastic staff will keep our campers happy with fun activities, games, and so much more! Our Campers will have a blast with our special events, crazy contests, arts & crafts, Wet Wednesdays, and special entertainment. Our campers go home with special projects, surprises, and a smile on their face and GREAT memories! Priceless! (sneakers required)

WHO: PRE-SCHOOLERS: Ages 4 & 5 (age 4 by October 1, 2021)
GRADES: K - 6th (Grade in now - Currently as of June 14, 2022)

WHEN: Monday thru Friday, June 27 - July 8 - Closed July 4th
(Day Camp dates/times may be adjusted based on BES)

TIME: 9:00 am - 12:00 noon **WHERE:** Blairstown Elementary School

FEE: On or Before 5/12 Blairstown Residents \$85. / non-residents \$100.
After 5/12 Residents \$100.00 / non-residents \$115.00
Checks Payable to: Blairstown Recreation Department

REGISTRATION

At the Recreation Office: Tues. & Thurs. - 8:00 am - 1:00 pm
Or Mail In to: Recreation Department, 106 Route 94 Blairstown, NJ
Or drop off box located outside the Municipal Building - 24 hours
REGISTRATION CLOSES - June 14th - or if Camp fills at earlier date.

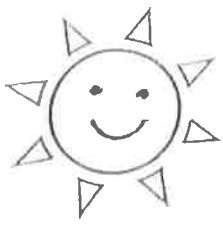
Sorry No Exceptions! Phone or email registration is not accepted.

All Registrations - Mail-In, Drop Off Box and In Person Must
be received by June 14th

QUESTIONS? Contact the Recreation Office at 362-6663 x232
Patricia M. Sagan, Director

Please complete the following Registration Form, 1 form per Camper >>>>>>>>>

This form must be submitted with payment on or before June 14th



Blairstown Department of Recreation
Summer Day Camp – 2022 Registration/Waiver Form

Our Summer Day Camp program offers the following special activities that parents/guardians must be aware of and must provide their additional consent for participation: One Form per Camper *Please print neatly*

- Decorating & Consumed Cookie/Cupcake _____ Can _____ Cannot
(dyes & food ingredients are used)
- Freezer Pops – Consumed _____ Can _____ Cannot
(food dyes are used)

Name _____ Age _____ DOB _____

Grade (completing as of June 14, 2022) _____ School Student Attends _____

Address _____ Telephone# 1 _____

Emergency Phone #2 _____ Medical Problems _____

Email _____

I have read the above activities and have checked what my child can/cannot participate in. I am aware that Freezer pops and the Cookie/Cupcakes may be consumed during the Day Camp hours. I understand that if I grant permission for my child to participate as noted above, and my child requires the use of an Epi-Pen for allergies to food and or insects or the use of an inhaler or any other medical treatment that he or she may need, I am responsible for being in attendance during the times that those activities operate. I understand the instructor, staff and volunteers cannot administer any medical assistance or aid in case of an emergency. I understand in the case of an emergency, 911 will be contacted along with the contact numbers I have listed on this form. I understand the School Nurse is not on duty during the time this program operates. I give permission for my child to participate in all the additional activities and events offered in this program. I am aware that Blairstown Twp. does not provide accident insurance. I agree to hold harmless the Twp., staff and volunteers from any liability for any injury which may occur while in this program. I agree my child will uphold all safety requirements of COVID-19 and COVID-19 Variants. I understand the camp may be altered or cancelled due to COVID. In addition, I give my permission to use any photo/video of my child.

Parents Signature _____ Date _____