



## 2017 Specialty Camps, Friday Fun Days, and Academic Prep

**Do NOT Use This Form For Sports Camps**

### For Office Use Only

<input type="checkbox"/> Log In	<input type="checkbox"/> APP/Payment
<input type="checkbox"/> Schedule	<input type="checkbox"/> Reg
<input type="checkbox"/> Proof	<input type="checkbox"/> Review Pay
<input type="checkbox"/> Medical Form	<input type="checkbox"/> Database

Age on September 30, 2017 \_\_\_\_\_ Birthdate: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_

Mo Day Yr

How many children from your family are enrolling in Camp College? \_\_\_\_\_ Name of School \_\_\_\_\_

(Please copy this form if you are registering more than one camper.)

\_\_\_\_\_ Sex M ☐ F ☐

MCCC Student ID (If known) \_\_\_\_\_

Last Name \_\_\_\_\_

First \_\_\_\_\_

MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Parent/Guardian #1 Daytime Phone \_\_\_\_\_

Ext. \_\_\_\_\_

Parent/Guardian #2 Daytime Phone \_\_\_\_\_

Ext. \_\_\_\_\_

Parent #1 Name \_\_\_\_\_

Parent #2 Name \_\_\_\_\_

Parent #1 Cell Phone \_\_\_\_\_

Parent #2 Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_

### Check one: (Sea Camp Only)

☐ Child T-shirt size: ☐ M (10-12) ☐ L (14-16)

☐ Adult T-shirt size: ☐ S ☐ M ☐ L ☐ XL

### How did you hear about us?

☐ Previously attended ☐ Website ☐ Friends

☐ Ad Which paper? \_\_\_\_\_ ☐ School

☐ Other \_\_\_\_\_

☐ Visa

☐ Mastercard

☐ Amex

☐ Discover

Number \_\_\_\_\_ CVV# \_\_\_\_\_

Charge customers only: Cardholder name \_\_\_\_\_ Card expiration date \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_ + \$10\* Cardholder signature \_\_\_\_\_

Check/money order enclosed \$ \_\_\_\_\_ + \$10\* payable to *Mercer County Community College*.

*\* Includes one time Continuing Studies Summer registration fee per year*

**Do not send cash. Payment in full required with registration. Submit separate check for each child.**

**Send mail registration to:**

Attn. Camp College, Mercer County Community College, PO Box 17202, Trenton, NJ 08690

**A completed copy of the medical form on page 50, Camper Code of Conduct on page 49 and Release forms on page 51 MUST be submitted with this application. No registration will be processed without it.**

*Please make sure you fill out both sides of this form.*





## CAMP COLLEGE 2017 CAMPER CODE OF CONDUCT AGREEMENT

Please Review Our Camp Mission and Code of Behavior on Page 57

\_\_\_\_\_  
Camper Name (please print)

I will always have the opportunity to meet with the camp director or other Camp College 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 with my camp program or trip at all times and will not leave without a camp administrator's permission.
2. I will not bring expensive **jewelry, electronic games, cellphones, trading cards, dolls or comics** to camp. If camper brings valuables, MCCC is not responsible for lost or stolen items.
3. I will respect camp property, off-site facilities, and all bus transportation. 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 in a moving vehicle and will obey all bus 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 counselors. 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.
9. I will show respect for everyone and only use appropriate language and gestures at camp.
10. I will obey Internet safety rules as instructed by my teacher. Failure to obey Internet safety may include immediate expulsion from camp.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

A completed Camper Code of Conduct Agreement, Health History and Medical Authorization must be submitted each year with every Camp Application.



MERCER COUNTY COMMUNITY COLLEGE—SUMMER CAMPS  
HEALTH HISTORY & MEDICAL AUTHORIZATION FOR ALL PERSONS UNDER AGE 18

**This form must be completed with immunization dates and returned with EACH camp application.**

**NOTE: A doctor's signature is NOT required on this form.**

NAME OF STUDENT \_\_\_\_\_

Male ☐ Female ☐

**Parent/Guardian #1 Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Parent/Guardian #2 Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

Cell Phone:

**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 sports? **YES\*** **NO**
2. List any malfunction or loss of an organ: \_\_\_\_\_
3. List any allergies including 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 doctor's signed authorization to the nurse on the first day your child attends camp.

- |                                       |  | YES* | NO    |
|---------------------------------------|--|------|-------|
| 7. Has this child:                    |  |      |       |
|                                       | (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 this 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.\*\* **IMPORTANT: Attach a CURRENT copy**

**IMPORTANT: Attach a CURRENT copy of Immunization Record from Doctor's office.**

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Mercer County Community College to treat 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 Mercer County Community College. My child's medical insurance carrier is \_\_\_\_\_.

I authorize MCCC 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 exemption to immunization of a child, a written statement must be submitted and signed stating that the child is in good health, that you (the parent) will assume full responsibility for his/her health while in camp, and that immunization interferes with the free exercise of the campers' religious rights.
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

# Camper Pick Up Authorization

For your child's safety, a valid picture ID authorizes your child's release to the bearer of the card. **Name listed below must be identical to drivers license or other picture ID. Campers will not be released without personal identification.** If you need emergency camper pick up, you **must** send a note or call the camp office at (609) 570-3773. **ID's must be in English (include the person's full name, relationship, and phone number, no nicknames please).**

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

Listed below are individuals authorized to pick-up my child from **Camp College**.

Parent/Guardian #1 (First & Last Name)	Relationship	Telephone
Parent/Guardian #2 (First & Last Name)	Relationship	Telephone
Name (First & Last Name)	Relationship	Telephone
Name (First & Last Name)	Relationship	Telephone

**THIS PAGE MUST BE INCLUDED WITH EACH REGISTRATION.**

## Emergency Information Procedures & Release

Camper Name	Last	First	Middle
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DOB \_\_\_\_\_ Sex: Male ☐ Female ☐

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

**LOCATIONS PARENTS/GUARDIAN CAN BE REACHED IF NOT AT HOME**

Parent 1 Name	(First & Last Name)	Cell	Phone/Office Phone
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Parent 2 Name	(First & Last Name)	Cell	Office Phone
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## NAME OF LOCAL PERSON OR RELATIVE TO CONTACT IF PARENT(S) CANNOT BE REACHED:

Name \_\_\_\_\_

Address	Phone
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## Release

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 Camp College to contact me. If the camp is unable to reach me, my signature below authorizes MCCC to exercise their judgment in contacting the physician indicated below and to follow his/her instructions. If this physician is unavailable, MCCC 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 Mercer County Community College. I understand that the photographs/videotapes will be used by Mercer County Community College for the purpose of promoting the college's programs and services, and that no compensation will be offered to the child or family.

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

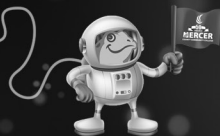
Remarks \_\_\_\_\_

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 MCCC immediately concerning changes to any information listed on this form.



## Before-Camp Care

If you would like your child to participate in an extended day program that allows you to bring your camper to MCCC as early as 7:15am, you should enroll your child in MCCC's "Early Bird BEFORE-CAMP" program. Early Bird participants may purchase breakfast in the Campus Eatery and will participate in supervised activities on campus during the weeks and days listed below. Experienced camp staff will ensure your child's safety and prompt check-in at their regularly scheduled camp programs. You may enroll for any or all of the weeks in which your child is attending camp. To register see pg. 53. **DAILY REGISTRATIONS NOT PERMITTED.**

CAMP WEEK	SECTION	DAYS	COST
6/19-6/23 (Pre-Camp)	NCBFC-CC001-20	M-F	\$32
6/26-7/21 (4 weeks)	NCBFC-CC001-01	M-F	\$94
6/26-7/20 (4 weeks)	NCBFC-CC001-02	M-Th	\$72
6/26-6/30 (Week 1)	NCBFC-CC001-03	M-F	\$32
7/3-7/7 (Week 2)	NCBFC-CC001-04	M-F*	\$26
7/10-7/14 (Week 3)	NCBFC-CC001-05	M-F	\$32
7/17-7/21 (Week 4)	NCBFC-CC001-06	M-F	\$32
7/24-8/18 (4 weeks)	NCBFC-CC001-07	M-F	\$98
7/24-8/17 (4 weeks)	NCBFC-CC001-08	M-Th	\$76
7/24-7/28 (week 5)	NCBFC-CC001-09	M-F	\$32
7/31-8/4 (Week 6)	NCBFC-CC001-10	M-F	\$32
8/7-8/11 (Week 7)	NCBFC-CC001-11	M-F	\$32
8/14-8/18 (Week 8)	NCBFC-CC001-12	M-F	\$32
<i>*No classes July 4</i>			

## After-Camp Care

If you would like your child to remain on campus for an optional swim period and additional activities following his or her regular camp day, **you can enroll your child in MCCC's "AFTER-CAMP" program.** Children enrolled in this program are escorted to a variety of supervised activities from 4-6pm, including a recreational swim period from 4-5:15pm, during the weeks and days listed below. You may enroll for any or all of the weeks in which your child is attending camp. **See pg. 54 for List of Activities. DAILY REGISTRATIONS NOT PERMITTED.**

CAMP WEEK	SECTION	DAYS	COST
6/19-6/23 (Pre-Camp)	NCAFC-CC001-20	M-F	\$55
6/26-7/21 (4 weeks)	NCAFC-CC001-01	M-F	\$180
6/26-7/20 (4 weeks)	NCAFC-CC001-02	M-Th	\$141
6/26-6/30 (Week 1)	NCAFC-CC001-03	M-F	\$55
7/3-7/7 (Week 2)	NCAFC-CC001-04	M-F*	\$42
7/10-7/14 (Week 3)	NCAFC-CC001-05	M-F	\$55
7/17-7/21 (Week 4)	NCAFC-CC001-06	M-F	\$55
7/24-8/18 (4 weeks)	NCAFC-CC001-07	M-F	\$195
7/24-8/17 (4 weeks)	NCAFC-CC001-08	M-Th	\$150
7/24-7/28 (week 5)	NCAFC-CC001-09	M-F	\$55
7/31-8/4 (Week 6)	NCAFC-CC001-10	M-F	\$55
8/7-8/11 (Week 7)	NCAFC-CC001-11	M-F	\$55
8/14-8/18 (Week 8)	NCAFC-CC001-12	M-F	\$55
<i>*No classes July 4</i>			

## 2017 Before- and After-Care Registration Form

## Do NOT Use This Form For Sports Camps

Age on September 30, 2017 \_\_\_\_\_ Birthdate: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_  
Mo Day Yr

Sex    M ☐    F ☐

Last Name

First

MI

Street Address

City

State

Zip Code

Parent/Guardian #1 Daytime Phone	Ext.	Parent/Guardian #2 Daytime Phone	Ext.
----------------------------------	------	----------------------------------	------

Parent #1 Name \_\_\_\_\_ Parent #2 Name \_\_\_\_\_

Parent #1 Cell Phone \_\_\_\_\_ Parent #2 Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

**A \$25 fee for every 15 minutes will be charged for children who arrive earlier than 7:15am or remain on campus after 6pm. Payment is due at time of drop-off or pick-up.**

☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Number \_\_\_\_\_ CVV# \_\_\_\_\_

Charge customers only: Cardholder name \_\_\_\_\_ Card expiration date\_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_ Cardholder signature \_\_\_\_\_

☐ Check/money order enclosed \$\_\_\_\_\_ payable to ***Mercer County Community College.***

**Do not send cash. Payment in full required with registration. Submit separate check for each child. DAILY REGISTRATIONS NOT PERMITTED EXCEPT FRIDAYS.**

Course #	Course Title	Date(s)	Cost
Total Cost			



## After-Care Activity Selection

Camper: \_\_\_\_\_ Sex **Male** ☐ **Female** ☐

Parent/Guardian #1 Name: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Alternate person(s) allowed to pick up child: \_\_\_\_\_

Please select and number (1, 2, 3) **three** favorite activities your child would most enjoy participating in **each** week he/she is registered for After-Camp Care. **We will make every effort to schedule your child according to his/her first choice, but limited space is available in some activities.** NOTE: Swimming will be assigned on a rotational basis throughout the camp session to ensure that every child who is interested in this activity will have an equal opportunity to participate. Please select carefully since we will be unable to accommodate schedule change requests.

Session 1

Session 2

PRE-CAMP Week June 19-23	Week 1 June 26- June 30	Week 2 July 3-7*	Week 3 July 10-14	Week 4 July 17-21	Week 5 July 24-28	Week 6 July 31- Aug 4	Week 7 Aug 7-11	Week 8 Aug 14-18	Activity Selection
									Swim from 4-5:15pm, then go to (CM building) until departure. NOTE: No early dismissal from the pool is permitted. <b>Based on the popularity of this selection, if necessary, spaces will be filled on a rotational basis throughout the four-week camp session. (Six-year-olds not eligible for this selection)</b>
									Outdoor sports and games activities.**
									Movie selection changes daily.
									Library summer reading fun for every grade.**
									Board Games**
									Computer Games individual and group challenges. <u>(Six-year-olds not eligible for this selection)**</u>

\*No class July 4

\*\*All after campers report to movies at 5:30pm.

***This form must be returned with your camp registration***