

MAHWAH SUMMER RECREATION 2019

MINI-REC REGISTRATION

Monday, July 1st through Friday, July 26th daily, 9 am-12 pm

RAIN OR SHINE! No Rec 7/4 & 5

DO NOT LEAVE FORMS AT TOWN HALL

- All children must be residents of Mahwah.
- **Mini-Rec:** children entering Kindergarten, Grade 1, and Grade 2 held at Joyce Kilmer School, Ridge Rd.
- **Children may sign up for any or all of the following sessions:**
WEEK 1: July 1 – July 3 - No Rec 7/4&5 (\$35/\$25) WEEK 2: July 8 – July 12
WEEK 3: July 15 – July 19 WEEK 4: July 22 – July 26

FEES: \$45.00 per child, per week. \$35.00 per additional child.

\$35 per week for Summer School children attending 10:00- 12:00.

**WEEK 1 - \$35 per child – Additional Child and Summer School \$25
NO REFUNDS WILL BE GIVEN.**

- **THE PROGRAM:** Includes games, sports, reading, arts and crafts and music. Children are in small, well-structured groups. A T-shirt is provided to each child.
- **PLEASE SEND A PEANUT FREE SNACK AND JUICE OR WATER WITH YOUR CHILD EACH DAY WITH HIS/HER NAME ON IT.**
- **THE STAFF:** Each site has six adults, including a school nurse. Counselors are grade 11 and up.
- Children who are attending Summer School at JK may attend Mini-Rec for the last 2 hours. Please be sure to fill out the Mini Rec Registration form.

Mail Registration Forms and Fees to:(Checks payable to **Mahwah Summer Rec**)

Mahwah Summer Recreation
PO Box 305
Mahwah, NJ 07430
201-529-1234

EMAIL QUESTIONS TO: mahwahsummerrec@yahoo.com

- **In Person Registration:** Wednesday, May 15th, from 6:00pm to 7:30pm, at the Recreation Building at 70 E. Ramapo Ave. (parking lot of Commodore Perry Field). You may mail in registration forms, drop them off at Rec Bldg in wooden mailbox or bring 5/15/19.
- **You MUST register your child before June 14th if they are to attend Week 1. There will be no exceptions. There will be no registration on any Monday. Children must be registered by the Wednesday the week before they come.**
- **Please note:** There are different registration forms for Big-Rec, Mini-Rec, and CIT programs. Be sure you have the correct one.
- **If you need a FSA letter, please get it during your four weeks of recreation.**

CAMPER'S LAST NAME

MINI REC REGISTRATION 2019
ONE FORM PER FAMILY AT MINI REC
DO NOT LEAVE FORM AT TOWN HALL

1 _____
2 _____
3 _____
4 _____

Parent/Guardian: _____ Phone #: _____

Address: _____ Cell Phone: _____

SCHOOL CHILD IS ATTENDING IN FALL

Child's Name / Age	Gr. <u>NEXT</u> Sept.	Which Weeks (circle all that apply)				T-Shirt Size (circle)						
		7/1	7/8	7/15	7/22	S	M	L	AS	AM	AL	XL
_____ / _____	_____	1	2	3	4	S	M	L	AS	AM	AL	XL
_____ / _____	_____	1	2	3	4	S	M	L	AS	AM	AL	XL
_____ / _____	_____	1	2	3	4	S	M	L	AS	AM	AL	XL

EMERGENCY NUMBERS

Mother's Phone during Rec. hours: _____ Father's: _____

Doctor's name: _____ Phone: _____

If you cannot be reached, where may we send or take your child if s/he becomes ill?

Name: _____ Address: _____ Phone: _____

Allergies or Special Needs: _____

Check which apply: **Music Lessons** **Sibling at Big Rec**
 Summer School (10:00 – 12:00 \$35 per week)

NOTE: Your child will not be released to go home with anyone but his/her parent or guardian unless we have written permission to do so.

Mail form and payment to: **Mahwah Summer Rec.,**
PO Box 305

NO REFUNDS WILL BE GIVEN

Mahwah, NJ 07430

YOU MUST register by mail 6/14 for WEEK 1

YOU MUST register by Wednesday the week before any other week.

PLEASE TURN PAGE OVER TO FILL OUT AND SIGN THE HOLD HARMLESS AND MEDICAL WAIVER.

MAHWAH SUMMER RECREATION

CHILD'S NAME

Date of Birth

Male/Female

Address: _____ **Phone:** _____

As a participant of the Mahwah Summer Recreation Program, I acknowledge this to be a voluntary activity, and assume all risks involved with my participation. Therefore, I release from all liability and hold harmless the Township of Mahwah, the Mayor, Township Council, all Township Elected or Appointed Officials, The Mahwah Recreation Committee, the Members of the Recreation Committee, collectively and individually, The Mahwah Board of Education, all Board of Education Members, employees and their designees.

Parent/Guardian Signature: _____ **Date:** _____

Witnessed by: _____ **Date:** _____

Waiver For Medical Treatment

As the Parent/Guardian of: _____, who is/are participating in the MAHWAH SUMMER RECREATION PROGRAM, I hereby grant permission to any authorized personnel of the program to have said child taken, in case of injury and in the absence of the parent/guardian, to a hospital in the area for emergency medical treatment. The hospital will be selected by the aforementioned personnel with regard to proximity and adequacy.

Parent/Guardian Signature: _____ **Date:** _____

Please state any special services your child gets during the school year.

NO REFUNDS WILL BE GIVEN!!

You may also email questions to mahwahsummerrec@yahoo.com.