

Washington Township

Summer Camp

At Sharon Elementary School



Washington Twp. Recreation

54 Robbinsville-Allentown Road
Robbinsville, NJ 08691

Summer Camp 2005!

Visit us at: www.washington-twp.org

WASHINGTON TOWNSHIP RECREATION DIVISION – 2005 SUMMER CAMP REGISTRATION

PAYMENT POLICY

A non-refundable deposit of **\$25/child** per session is required to hold a space for each child. If registering for more than one session, you must submit a deposit for each session. The balance due after deposit must be paid in full by **June 1, 2005**. Failure to pay your balance due by June 1st may result in the loss of your space in a camp session.

Make checks payable to "Township of Washington." Enrollment per session will be limited, so please register early. No discounts apply to non-resident registrations.

REFUND POLICY

No refunds will be issued after June 1, 2005. Refunds will only be issued if the Washington Township Recreation Division is notified in writing prior to June 1, 2005.

All registration deposits are non-refundable.

PARENT or LEGAL GUARDIAN AUTHORIZATION

I give my permission for the minor named above to participate in all normal and usual activities associated with the Washington Township Summer Camp. In the event of an emergency, accident or injury which occurs while this minor is participating in this program and I am not present, I hereby give my permission for the adult representative of the Washington Township Recreation Division to secure whatever medical or hospital care that may be necessary and agree to be financially responsible for such care. I further hold the Township of Washington, its employees, representatives, organizers and sponsors harmless from and indemnify them against any liability or loss incurred in connection with any injury to or as a result of any treatment rendered pursuant to the permission to participate for the minor above. I also authorize the Washington Township Recreation Division to use any photographs, video tapes, or recordings of the child named above as may be needed for public relations purposes. I have read, fully understand and accept the Payment and Refund Policies.

Parent/Guardian Signature _____ Date _____

(For office use)

Dep. Paid \$ _____ Check# _____ Date _____ Bal. Paid \$ _____ Check# _____ Date _____

2005 Washington Township Summer Camp

At Sharon School

Summer Rec Camp

Grades 1-5

8 Weeks

Welcome to another year of Summer Rec Camp. We offer your child the opportunity to have a memorable camp experience with friends right here in Washington Township. Our experienced and trained staff will plan a wide variety of indoor and outdoor activities in a friendly and safe atmosphere for all of our campers. Campers are grouped according to grade/age and participate in activities appropriate for their age level. Camp activities include: recreational sports & games, arts & crafts, swimming at the Peddie School, special guest entertainers, Mad Science workshops, special theme weeks, and much more!



Sports Camp

Grades 4-6

4 Weeks

Our new sports camp offers our campers an opportunity to learn and experience an assortment of exciting sports and physical activities. Camp will emphasize sportsmanship, learning, and fun! We'll focus on different sports each week including: basketball, flag football, soccer, indoor hockey, track & field, volleyball, wiffle ball, and more. Each day we'll focus on learning the rules and etiquette of each sport, developing the proper skills, and participating in games. Campers will also enjoy recreational swimming at the Peddie School and field trips to some cool locations. Some of the trips may include: a private tour of the Philadelphia Phillies' Citizens Bank Park, a Trenton Thunder game, Water Works at Seaside Heights, bowling and more.

Hope you'll join us for another summer of fun!

Our Facilities...

- Air-conditioned classrooms & gymnasium
- Outdoor playground area and athletic fields
- Off-site indoor swimming pool at the Peddie School, Hightstown

Our Staff...

- Experienced & Trained
- Staff/camper ratio of 1:10
- Certified in CPR and First Aid & Safety



Why Choose Us?

- ✓ Experienced Staff
- ✓ Affordable
- ✓ Conveniently Located
- ✓ Swimming
- ✓ Special Guest Entertainers
- ✓ Fun!

Summer Rec Camp 8 Weeks	
Week 1	June 27 – July 1
Week 2	July 5 – July 8 (no camp July 4th)
Week 3	July 11 – July 15
Week 4	July 18 – July 22
Week 5	July 25 – July 29
Week 6	August 1 – August 5
Week 7	August 8 – August 12
Week 8	August 15 – August 19

Sports Camp 4 Weeks	
Week 1	June 27 – July 1
Week 2	July 11 – July 15
Week 3	July 25 – July 29
Week 4	August 8 – August 12

Hours & Fees

9:00 AM – 3:00 PM

REC CAMP: \$110/week
(Non-resident Fee: \$120/week)*

SPORTS CAMP: \$120/week
(Non-resident Fee: \$130/week)*

- A non-refundable deposit of \$25 is required for each child per week.
- **\$10 discount/session for each additional sibling.** Discount applies to sibling(s) enrolled in equal or lesser weeks.

* No discounts apply to non-resident registrations.

Extended care is provided by S.A.F.E. (School-Age Fun & Enrichment)
Pre-camp: 7:00 AM – 9:00 AM Post-camp: 3:00 PM – 6:00 PM
To register or for more information, call S.A.F.E. at 259-1547

To register, complete both sides of the registration form below and mail it with your deposit to:

Washington Twp. Recreation Division
54 Robbinsville-Allentown Road
Robbinsville, NJ 08691



For more information, call us at (609) 259-7082 ext. 110

www.washington-twp.org

WASHINGTON TOWNSHIP RECREATION DIVISION – 2005 SUMMER CAMP REGISTRATION

Please complete both sides of this form. One registration form per person. This form may be duplicated.

Mail to: Washington Twp. Recreation, 54 Robbinsville-Allentown Road, Robbinsville, NJ 08691

ENROLLMENT (please check one or more):

REC CAMP: Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

SPORTS CAMP: Week 1 Week 2 Week 3 Week 4

Please Print

() M () F Child's Last Name _____ First Name _____ Grade entering in 9/05 _____

Home Phone _____ Age _____ D/O/B _____ School _____

Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Work Phone _____ Cell _____

Father's Name _____ Work Phone _____ Cell _____

Is your child registered for extended care by S.A.F.E.? Yes No

If, yes, please check one: Pre-camp Only Post-camp Only Both

Shirt Size (please check one): Youth: Medium Large XL Adult: Small Medium Large XL

Note: A non-refundable deposit of \$25 is required for each child per week.
Make checks payable to "Township of Washington."

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