



**HAZLET RECREATION
SUMMER CAMP PACKET
&
PARENT HANDBOOK
June 27 - August 12, 2022**



1766 Union Avenue, Hazlet NJ 07730

www.hazletwp.org

(732) 217-8683

REGISTER ONLINE AT www.hazlet.recdesk.com

WELCOME!

We welcome your family to the Hazlet Recreation Summer Day Camp program and look forward to a safe fun-filled summer! The Summer Camp program provides children with a positive, stimulating and happy summer day camp experience where they create wonderful memories and lasting friendships. Our dynamic staff is highly motivated to give each camper the best summer experience possible! We ask that all of our campers come to camp without cellphones or electronic devices, as we encourage everyone to learn social skills and make new friends!

The Hazlet Recreation Summer Day Camp is a co-ed camp for children in grades K-6. Our staff provides the support necessary to create an environment in which children can play, learn, and grow. Between daily swimming, special events, arts and crafts, fitness, science and nature, and games campers have the perfect setting to develop socially and physically. Social skills and self-confidence are promoted through stressing sportsmanship, emphasizing teamwork, teaching responsibility and building self-esteem.

As we believe that cooperation between parents and staff is essential to the success of our program and your child's enjoyment this summer, we ask that you read this Parent Handbook and familiarize yourself with our program. If you have any questions concerning the enclosed information, please call the Recreation Department 732-217-8683.

Registration Policy

1. **NEW** Summer Camp **7-week** session - June 27 to August 12, 2022
2. **NEW** hours of operation: 9 a.m. to 4 p.m.
3. **NEW** Camp **will be** in session Rain or Shine
4. Resident registration starts April 20, 2022
5. **NEW** Online registration is now available: www.hazlet.recdesk.com
6. Submit a fully completed camp registration form, including a completed health form
7. One registration form must be filled out for each camper
8. Include proof of residency: school report card, utility bill, mortgage or tax bill
9. Before Care (7:30 a.m. to 8:45 a.m.) & After Care (4 p.m.-5 p.m.) are available M-F
 - Before Care - \$5 per day
 - After Care - \$5 per day
 - Before & After Care - \$10 per day
10. Fees are non-refundable. (The only exception will be proof of Summer School)
11. **Fees:**
 - Resident – \$850 (7 weeks) Grades K-6
 - Resident - \$130 (weekly) Grades K-6
 - CIT - \$100 Ages 14-15
12. Payment Options:
 - Pay in full (cash/check/credit card has a processing fee of 3%). Make checks payable to **Hazlet Recreation**
 - Partial Payment: \$425 deposit at registration and balance due by June 1, 2022

Register online at www.hazlet.recdesk.com OR in person at
Hazlet Recreation Dept., 1766 Union Ave, Hazlet, NJ



HAZLET RECREATION SUMMER DAY CAMP

Veterans Park • 1776 Union Avenue • Hazlet • NJ

2022 BEFORE/AFTER CARE

PLEASE PRINT NEATLY and COMPLETE ALL SECTIONS

Camper Name _____ o Gender _____ Date of Birth _____
FIRST NAME LAST NAME

Street _____ Town _____ Zip _____

Resident of Hazlet: Yes No Is your child registered for 2016 Camp? Yes No

Grade completed by 6/22 _____ School _____

Please choose the before and aftercare sessions requested:

*7:30 to 8:45 a.m. & 4:00 to 5:00 PM Camp Season (7 weeks) \$340 (No refunds)

**7:30 to 8:45 a.m. only \$5 per day Monday Tuesday Wednesday Thursday Friday

**4:00 to 5:00 p.m. only \$5 per day Monday Tuesday Wednesday Thursday Friday

***SAME DAY AFTERCARE 4:00 to 5:00 p.m. \$10 per day Mon Tues Wed Thurs Fri

- * Entire camp season (7 weeks) must be paid by June 1, 2022
- ** Pre-registration and payment required **7 days before** needed day.
- *** Must be paid in cash the day of aftercare by 9 AM.

PLEASE LIST DATES BELOW:

Make check payable to: Hazlet Recreation and mail to: Amount enclosed \$ _____
1766 Union Avenue, Hazlet, NJ 07730

WAIVER AND RELEASE - I hereby waive and release all rights and claims I or my minor child, my heirs, executors and administrators may have now or that may come into existence against the Township of Hazlet, its employees, officials, agents, successors and assigns as a result of or in connection with any activity sponsored by the Hazlet Recreation Summer Day Camp. I hereby acknowledge that my registration fee for the Hazlet Recreation Summer Day Camp does not include or entitle my child to payment of medical expenses that may arise out of my child's participation in Summer Day Camp. I acknowledge further that I assume responsibility for my child's medical expenses.

Signature _____ Date _____ Parent Guardian



HAZLET RECREATION SUMMER DAY CAMP

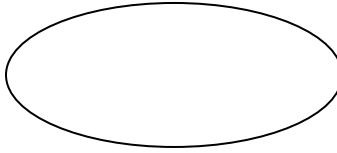
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2022 RESIDENT REGISTRATION

REQUIRED – PROOF OF AGE

- First time Kindergarten registrants only -

Please include a copy of child's birth certificate or other legal documentation verifying age.



REQUIRED – PROOF OF RESIDENCY

The following will be accepted:

- Hazlet School Report Card
- Mortgage Payment
- Current Utility Bill
- Tax Bill

PLEASE PRINT NEATLY and COMPLETE ALL SECTIONS

Camper Name _____ o Gender _____ Date of Birth _____
FIRST NAME LAST NAME

Street _____ City _____ Zip _____

Resident of Hazlet: Yes No Returning Camper Yes No

Grade completed **6/22** _____ School _____

Camper T-shirt size: **Youth:** S (6-8) M (10-12) L (14-16) or **Adult:** S M L XL XXL

	Parent/Guardian #1	Parent/Guardian #2
Name		
Street		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Email		

ACTIVITY NAME	DATE	LOCATION	FEE
Program: Summer Day Camp	June 27 - August 12	Veterans Park	\$
Resident	No Camp July 4th		

Use one registration form per child and one check per child. Fees are non-refundable (except for Summer School).

Make check payable to: **Hazlet Recreation and mail to:** Amount enclosed \$ _____
Hazlet Recreation -Summer Camp
1766 Union Avenue, Hazlet, NJ 07730

Registration closes June 17, 2022. In person or mailed registrations **MUST** be in and/or postmarked by June 16, 2022.

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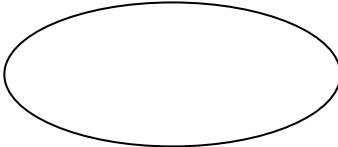
HAZLET RECREATION SUMMER DAY CAMP

Veterans Park • 1776 Union Avenue • Hazlet • NJ

2022 CIT REGISTRATION

REQUIRED – PROOF OF AGE

Please include a copy of child's birth certificate or other legal documentation verifying age.



REQUIRED – PROOF OF RESIDENCY

The following will be accepted:

- Hazlet School Report Card
- Current Utility Bill
- Mortgage Payment
- Tax Bill

PLEASE PRINT NEATLY and COMPLETE ALL SECTIONS

CIT Name _____ o Gender _____ Date of Birth _____
FIRST NAME LAST NAME

Street _____ City _____ Zip _____

Resident of Hazlet: Yes No Returning CIT Yes No

Grade completed **6/22** _____ School _____

CIT T-shirt size: Youth: S (6-8) M (10-12) L (14-16) or Adult: S M L XL XXL

	Parent/Guardian #1	Parent/Guardian #2
Name		
Street		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Email		

ACTIVITY NAME	DATE	LOCATION	FEE
Program: CIT	June 27 - August 12	Veterans Park	\$
Resident	No camp July 4th		

Use one registration form per child and one check per child. Fees are non-refundable (except for Summer School).

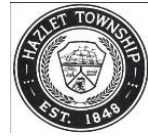
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Signature _____ Date _____ Parent Guardian

CAMPER & CIT HEALTH HISTORY & EMERGENCY CONTACT INFORMATION



Child's Name: _____
 Last First
 Address: _____
 Gender: _____ Birthdate: _____ Age: _____ Grade in June 2022: _____ Weight: _____ lbs.
 E-mail: _____

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY – PLEASE PRINT NEATLY!

Parent/Guardian #1	Parent/Guardian #2
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Camper lives with: () Mother () Father () Both () Other Indicate:	

Emergency/Authorized Pick-up #1	Emergency/Authorized Pick-up #2
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Please notify the Recreation Director in writing if there is someone who should NOT BE ALLOWED to pick-up your child. If a family member is not permitted to pick-up your child by court order, a copy must be forwarded to the Director. Court order date received: _____ Unauthorized person (s): Name: _____ Relationship: _____	

A copy of your child's Immunization Record is REQUIRED for them to attend camp

Doctor: _____ Address: _____ Phone: _____
 Insurance Carrier: _____ Policy # _____

HOSPITAL PREFERENCE (circle one): Bayshore Community Hospital Riverview Medical Center Other _____

If no doctor, please write NONE. If no hospital is checked, your child will be taken to the nearest emergency room.

HEALTH HISTORY – IF YES, GIVE DATES:

Asthma YES NO _____
 Seizures YES NO _____
 Diabetes YES NO _____
 Hay Fever YES NO _____
 Please Give Details: _____

MY CHILD IS ALLERGIC TO:

Insect Bites YES NO
 Food or Drug Allergy YES NO
 Other YES NO
 If YES, please describe: _____
 Is **EPI PEN** required **during camp**? YES NO
 Is **INHALER** required **during camp**? YES NO

Has camper had any operations or serious injuries? YES NO If YES, explain: _____
 Does camper have chronic or reoccurring illness? YES NO If YES, explain: _____
 Does camper have any medical, physical, behavioral condition(s) that we should be aware of? YES NO If YES, explain: _____
 Does child take any daily medications(s)? YES NO If YES, list medication & reason taking it: _____
 (prescription & non-prescription)

WAIVER & PERMISSION TO TREAT IN A MEDICAL EMERGENCY

In the instance of a medical emergency, I understand that Hazlet Recreation will always attempt to contact the parent/guardian first. I hereby give permission to Hazlet Recreation to seek emergency medical treatment including ordering x-rays, routine tests, or to provide or arrange necessary related transportation for my child/ward. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization for my child/ward. If there is a change in the above information, I will promptly notify Hazlet Recreation. I hereby give Hazlet Recreation permission to provide emergency care, as necessary. This completed form may be photocopied for trips out of camp. I further acknowledge that there is no medical insurance coverage included in my registration for any program offered by Hazlet Recreation. By participating in these programs, I assume my own medical insurance responsibilities.

Signature of Parent/Guardian: _____ Date: _____

PARENT AGREEMENT: Please Read and Initial	Initial
I understand that all campers are grouped by grade and that if a friend is in a different grade, they will not be able to be in the same group.	
I hereby consent and authorize the use and reproduction of photographs taken of my child to promote camp.	
I understand that cellphones and other electronics are prohibited from camp. If a child does bring one of these items, I understand that Hazlet Recreation/Summer Camp has the right to remove the items from the child and is not responsible for any device that is damaged, lost or stolen.	

MEDICATION POLICY:

- Camp is not authorized to give any camper any over-the-counter medication. Medication needs to be prescribed by a physician.
- No medication of any nature will be supplied by the camp.
- All medication must be brought in on or before the first day of camp, placed in the care of the Director, put in a locked cabinet, and must be labeled as followed:
 - A Medication Administration Authorization form must be submitted with all prescribed medication
 - Medication MUST BE in the original container, please DO NOT take the medications out of the container
 - The original container must be labeled as follows:
 - Prescribing physician
 - Name of medication
 - Dosage and frequency of administration
 - Child's name
 - Placed in Ziploc bag
 - Place current picture of child facing outside of closed bag
- If needed, Director or EMT will discreetly administer medications, as per the physician's specifications (in a designated area) and manually log the dosage, time, symptoms, etc. in the camp's medication log.

Parent/Guardian Signature: _____ Date: _____

SUNSCREEN PERMISSION FORM:

Child's Name: _____

All campers' should have sunscreen applied BEFORE arriving at camp. We ask that you clearly label it with there name and put your child's sunscreen in their backpack. All campers' will be carrying their backpacks throughout the day. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any reaction observed by staff will be reported promptly to the parent/guardian. It is your responsibility to provide sunscreen with a minimum SPF of 15.

Please check one:

In the event that my child's sunscreen is not available, my child may use the sunscreen provided by the camp.

I do not want my child to use any other sunscreen other than the one I send to camp.

Parent/Guardian Signature: _____ Date: _____



HAZLET RECREATION SUMMER DAY CAMP

DISCIPLINE & BULLYING POLICY

Hazlet Recreation Summer Day Camp strives to create the best summer camp experience for your child! The goal is for all campers to act appropriately in camp for their safety and the safety of others.

If campers are unable to exhibit appropriate behavior the following steps will be taken:

1. **Verbal Warning:** Staff will warn the camper(s) and attempt to redirect their behavior.
2. **Removal/Alternate Activity:** Staff will contact the Director and the camper will be removed from the activity and given time to self-calm, or an alternate activity will be given until the camper(s) are ready to return to the scheduled activities with the group.
3. **Parent/Guardian Contact:** The parent/guardian will be contacted when the above actions were not successful and/or the misbehavior continues or escalates.
4. **Dismissal:** The parent/guardian will be contacted to pick up the camper immediately for some of the following reasons. Unfortunately, sometimes the camper will have to be expelled from our program either on a short term or permanent basis, and the camper will not be eligible for a refund of camp fees.
 - Uncontrollable tantrums or angry outbursts
 - Ongoing physical or verbal abuse to staff or other children
 - Fighting/Excessive biting
 - Parents physical or verbal abuse to staff
 - Failure of a child to adjust after a reasonable amount of time

All conversations with parent/guardians regarding incidents will be kept confidential. Please note that if multiple campers are involved in an incident, camp staff will not discuss with you the consequences issued to the camper who is not your child.

Bullying is when one or more people exclude, tease, name call, use slurs or epithets, taunt, gossip, hit, kick or put down another person with the intent to hurt another. Bullying happens when a person or group of people want to have power over another and use their power to get their way at the expense of someone else. Bullying can also happen through cyberspace, through the use of e-mails, text messaging, instant messaging, or other less direct methods. This type of bullying can also lead to campers being hurt during or between camp seasons, and it can be especially hurtful when campers are targeted with meanness and exclusion.

If any camper is observed bullying another camper or campers, the Recreation Director will notify their parents along with the camper or campers being bullied. If the problem persists, Hazlet Recreation Summer Camp may remove the camper(s) who have committed the act or acts of bullying from camp.

Parent/Guardian Signature _____

Date: _____



**HAZLET RECREATION SUMMER CAMP
EARLY DEPARTURE FORM**

I, _____, am picking up (campers name), _____, early
from Hazlet Recreation Summer Camp, thereby relieving the program from any further responsibility.

Parent/Guardian Signature: _____

Date: _____ Time: _____

Child's Counselor: _____ Group #: _____



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