



# **SECAUCUS RECREATION**



## **REGISTRATION**

## **2022**

## **CHECKLIST**

*Please return the following to the Secaucus Recreation Department @ 20 Centre Ave.*

- ☐ Completed Application
- ☐ Check(s) made payable to **Secaucus Recreation**
- ☐ Copy of child's current immunization records
- ☐ Copy of child's health insurance card (**Front and back**)
- ☐ Copy of current proof of residency
- ☐ Initial and sign General Guidelines
- ☐ Initial and sign Parent Guidelines
- ☐ Initial and sign Medical Authorization (**EpiPen/Allergy Care**)
- If applicable***
- ☐ Initial and sign Medical Authorization (**Diabetes/Blood Sugar Care**)

***If applicable***

## **ATTENTION PARENTS:**

Once your packet is completed, and you have all your paperwork, please bring your packet and payment to Karyn Taylor at 20 Centre Ave. 201-330-2077

Please Note:

Camp will be a full 6-week session this year.

You can pay in full or make equal monthly payments. All payments must be made by Wednesday June 28<sup>th</sup>. If payment is not made your child will be removed from the camp roster.

Deposit of \$190.00/\$215.00 due at registration

**Registration must be done in person.**

# SUMMER CAMP PROGRAM PRICE

**Summer Day Camp Only  
(8:00 am-4:00 pm)**

\$1,115.00

**Summer Day Camp+Daily Extended  
Care (8:00 am-6:00 pm)**

\$1,255.00

## **Payments Options**

- Pay in full at registration.
- Monthly payments of equal amounts.
- Deposit of \$190.00/\$215.00 (extended) due at time of registration.

***\*\*\*All field trips are included in price\*\*\****

## **SECAUCUS RECREATION CAMP PROGRAM APPLICATION**

**Please indicate which program your child is enrolling in**

☐ Pee-Wee Camp (Grades K-2)

☐ Junior Camp (Grades 3-5)

☐ Senior Camp (Grades 6-8)

**\*Child must be registered for grade they will be entering in September 2022**

Name of Child \_\_\_\_\_

Child's Date of Birth\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Home Phone Number (\_\_\_\_\_)\_\_\_\_\_

**RELEASE OF LIABILITY** I hereby release and hold harmless Secaucus Recreation Summer Camp Program, the Town of Secaucus and its officers, employees, agents, representatives, volunteers, staff and assigns and indemnify them from and against any liability, claims, judgments or expenses that may arise out of or from participation in the in this Camp Program and any travel/transportation related to this Camp Program, including but not limited to, injury, accidents, loss of property, death, sickness or exposure other illnesses, whether or not such is caused by negligence of the Secaucus Recreation Summer Camp Program, the Town of Secaucus and its officers, employees, agents, representatives, volunteers, staff and assigns.

**Parent/Guardian**

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

### **1. Primary Contact**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

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

### **2. Secondary Contact (In the event primary contact is not available)**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

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

## **INSURANCE INFORMATION**

Does the child have health insurance coverage?

No ☐

Yes ☐

If No, please note you are responsible for your own

Does your child know how to swim?

Yes ☐

No ☐

**\*\*\*Campers may bring life vest or inflatable arm floaties with them to camp daily\*\*\***

## **MEDICAL CONDITION INFORMATION**

Does the child have any allergies?

☐

No

☐

Yes, please specify (medications, food, reaction to bee stings, etc.)

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Does the child carry an EpiPen? ☐ Yes ☐ No

***\*\*\*\*If yes, please make sure child has EpiPen with them daily.  
Camp Counselors DO NOT have extra EpiPens on hand.***

Does the child carry an inhaler? ☐ Yes ☐ No

Any dietary restrictions? (Vegetarian, vegan, etc.)

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### **Please check any medical conditions your child may have:**

1. Asthma

☐

Yes

☐

No

2. Diabetes

☐

Yes

☐

No

3. Wears Glasses

☐

Yes

☐

No

4. Seizures

☐

Yes

☐

No

5. Other

If yes to any of the above medical conditions, please specify (i.e. Type of seizures, type of insulin taken for diabetes, etc.)

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Please specify any additional information the camp counselors may need to know while Camper is attending the program

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**Parent/Guardian Signature:**

**Date:**

## **ALL ABILITIES CAMP PARTICIPANTS**

**\*\*\*\*Please fill out this form if the child is an All-Abilities Camp Participant, if not, please skip to the next section.**

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Does the Camper require any special accommodations while attending the program?

☐ No

☐ Yes, please specify (wheelchair accessibility, etc.)

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Please specify any general mobility and/or coordination considerations with which the Camper may need assistance (i.e., toileting, stairs, pool, etc.):

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Please specify any other information camp counselors should be aware of while your child is taking part in the Summer Camp Program including social interactions, peer relations, etc.

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Does the Camper have an **Individualized Education Program** (IEP)?

☐ Yes

☐ No

**\*\*\* Abby Gonzalez will call you to make accommodations for your child to maximize their camp experience.**

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



## **GENERAL GUIDELINES**

The Secaucus Summer Day Camp Program is designed to provide each child with a variety of activities; we want the children to enjoy their camp experience. To ensure the well-being and safety of every child, the below guidelines are to be followed. Please review with your child.

### **Summer Camp**

Starts Tuesday, July 5<sup>th</sup> and ends Friday, August 12<sup>th</sup>  
8:00 am to 4:00 pm (M-F Only)

### **Extended Care Program**

Starts Tuesday, July 5<sup>th</sup> and ends Friday, August 12<sup>th</sup>  
8:00 am to 6:00 pm (M-F Only)

**Daily drop-off and pickup location: Secaucus Middle/High School**

### **Rules for all Campers**

1. All Campers must obey and follow directions given by the camp counselors and supervisors.
2. All Campers are prohibited from bringing any dangerous objects/weapons to camp.
3. All Campers must bring at least 2 snacks, a lunch, and beverages each day.
4. All Campers must be able to independently dress themselves (unless otherwise specified) and be solely responsible for all their belongings.
5. Campers will be removed from camp immediately if they engage in any type of inappropriate behavior or use of foul language.

*\*\*\*Any violation of the written guidelines, verbal guidelines or a counselor's direction may result in the camper being permanently removed from summer camp. **No refunds** will be given if a camper is removed from the summer camp program due to any violation of the above guidelines.*

### **For Parents/Guardians**

1. **If the child is absent on any given day, please contact your Coordinator ASAP to advise that they will not be attending that day.** No substitutions will be permitted.
2. Please apply sunscreen daily prior to child arriving at camp.
3. **Summer Camp begins 8:00 am at Secaucus High/Middle School. Please DO NOT drop off your child before 8:00 am. Please walk your child to their designated entrance of the school and sign in. Each camp will have its own drop off location at the school.**
4. Campers **not participating** in the Extended Care program must be picked up no later than **4:00 pm**. **An additional \$25.00 late fee will be charged each day for any campers picked up after 4:00 pm.**
5. The director reserves the right to suspend/expel any camper who displays inappropriate behavior or overt violent tendencies.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PARENT GUIDELINES**

***PLEASE READ AND ACKNOWLEDGE YOUR ACCEPTANCE OF THE BELOW TERMS BY INITIALING NEXT TO EACH ITEM AND SIGNING AT THE END***

1. **Behavior Agreement:** My signature below indicates that I am ready and willing to support camp staff who may be working through behavioral, emotional or other challenges my child may experience while at camp. I understand that the Director reserves the right to terminate my child's participation in camp if his/her safety or the safety of other campers and staff cannot be ensured, or his/her behavior has become disruptive (i.e., biting, smacking, hitting, aggressions, self-injury, eloping, etc.) to the point of precluding other campers from enjoying a successful summer experience they will be suspended for 1 day. If occurrence happens more than once, my child's termination may be deemed necessary, I or my designee will pick up my child from camp within 1 hour of notification. I understand that dismissal from camp is non-negotiable, and I will honor the request of the Director to pick up my child.

**Parent/Guardian Initials:** \_\_\_\_\_

2. **Contact Information:** I understand that I must notify the Camp of any changes in my contact information (address, home or work number, cell number) between the time of the application and the end of Camper attendance, so that I can always be reached for information or in case of an emergency. If for some reason I will be unavailable, I will provide the camp with contact information of an adult who will be available and has permission to act in my place on behalf of my child.

**Parent/Guardian Initials:** \_\_\_\_\_

3. I certify that my child is physically fit and able to participate in the Summer Camp Program, events, and activities and that I or my child have not been advised otherwise by a medical professional.

**Parent/Guardian Initials:** \_\_\_\_\_

4. **Medical Emergencies:** In the event of a medical emergency, you will be notified immediately and/or if not available, the staff will make reasonable efforts to reach an emergency contact. While all reasonable efforts will be used to reach an emergency contact, failure to reach such shall not prevent the rendering of emergency care in the best interest of the health, safety, and welfare of the Camper. I grant permission to the Program Representative or their designee to furnish and arrange any emergency hospital or medical care that might be required in the event of a sickness, injury, or accident to the Camper.

**Parent/Guardian Initials:** \_\_\_\_\_

5. I understand that the following injury/medical policies are also in place:  
In the event the Camper sustains a minor injury (e.g. small scrape), you will be notified by camp staff when your child is picked up. Camp staff will provide necessary first aid. For more severe injuries, you will be notified immediately in accordance with #4 above.

**Parent/Guardian Initials:** \_\_\_\_\_

6. In the event of a Camper illness, you will be notified immediately and asked to come pick up your child.

**Parent/Guardian Initials:** \_\_\_\_\_

7. **Personal Property:** I understand the Secaucus Recreation Summer Camp, Staff, and Directors will not be liable for damage, theft, loss or other issues with personal belongings, valuables or electronic devices brought to camp. I understand that if my child attends camp with any electronic devices, money or other items of value, they do so at their own risk.

**Parent/Guardian Initials:** \_\_\_\_\_

8. **Late Fee:** I agree and will pick up my child by 4:00pm Regular day 6:00pm Extended promptly and understand that it is my responsibility to provide alternate arrangements for picking up my child if I am not available. **\$25.00 per day late fee will occur if you are not on time.**

**Parent/Guardian Initials:** \_\_\_\_\_

9. **Absent:** If your child is going to be absent, please contact your coordinator via phone or email letting us know that they will not be attending that day.

**Parent/Guardian Initials:** \_\_\_\_\_

10. I consent to the transportation of my child to and from any activities off site.

**Parent/Guardian Initials:** \_\_\_\_\_

11. I understand that I/my child may be photographed during participation in Summer Camp Program, and that the photos may be used for promotional purposes, newspaper releases or placed on the Town's public website.

**Parent/Guardian Initials:** \_\_\_\_\_

*I have read the above guidelines for the Secaucus Summer Camp. I fully and completely understand the above Guidelines and am agreeing to such freely and voluntarily.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Complete only if applicable**

**TOWN OF SECAUCUS SUMMER PROGRAMS  
MEDICAL AUTHORIZATION & WAIVER  
(EpiPen/Allergy Care)**

***\*ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY***

Name of Program: \_\_\_\_\_  
Participant Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Participant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian E-mail: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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***PLEASE READ AND ACKNOWLEDGE YOUR ACCEPTANCE OF THE BELOW  
TERMS BY INITIALING NEXT TO EACH ITEM AND SIGNING AT THE END***

I understand that the Town of Secaucus and its Summer Program staff will inform me of policies and guidelines that my child and I will need to be familiar with. In addition to the Parent Guidelines and other documents and/or waivers completed for my child's enrollment in the Secaucus Summer Programs, I fully and completely understand the following pertaining to my child's allergy management and care:

1. I hereby give permission to the Program Director and any other Program staff who has received training on the administration of an Epinephrine (EpiPen) injection, to administer such treatment to my child if deemed necessary based on their training. I understand that staff members are not licensed medical professionals. I further hold harmless the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns from any and all liability, claims, judgments, or damages as it relates to any treatment, intervention or procedure they may undertake in an effort to assist my child with his/her medical needs, including but not limited to, the use of the EpiPen.

**Parent/Guardian Initials** \_\_\_\_\_

2. I certify that I have provided written orders from my child's medical professional relevant to my child's participation in programming and the administration of any treatment, intervention, or procedures.

**Parent/Guardian Initials** \_\_\_\_\_

3. I have supplied any medication or emergency treatment in a sealed original container labeled appropriately from my pharmacy or medical professional with my child's name identified.

**Parent/Guardian Initials** \_\_\_\_\_

4. I consent to the release of my child's allergy management needs and plan to all staff members who may need to know this information to maintain my child's safety and health.

**Parent/Guardian Initials** \_\_\_\_\_

**Can participant self-administer their own medications or injections?**

☐ Yes

☐ No

5. **If YES**, I authorize my child to carry and self-administer, as medically necessary, his/her prescribed injections/use of the EpiPen. I confirm that my child has the knowledge and the skills to safely carry, handle, and self-administer injections in the Summer Program. I understand that I am responsible for my child's actions and agree to release, indemnify, and hold harmless the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns from any and all liability, claims, judgments, or damages as it relates to my child carrying, handling and using his/her own EpiPen injections.

**Parent/Guardian Initials** \_\_\_\_\_

6. Medical Emergencies: In the event of a medical emergency, you will be notified immediately and/or if not available, the staff will make reasonable efforts to reach an emergency contact. While all reasonable efforts will be used to reach an emergency contact, failure to reach such shall not prevent the rendering of emergency care in the best interest of the healthy, safety and welfare of my child. I grant permission to the Program Representative or their designee to furnish and arrange any emergency hospital or medical care that might be required in the event of a sickness, injury, or accident to my child.

**Parent/Guardian Initials** \_\_\_\_\_

7. I understand the Program Director or other Program Staff shall/will inform a parent or guardian if any treatment, intervention, or procedures are administered, and the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns shall not be held liable for any injury resulting from any treatment, intervention or procedure.

**Parent/Guardian Initials** \_\_\_\_\_

I have read the above medical management and care Authorization and Waiver for the Secaucus Summer Camp. I fully and completely understand the above and am agreeing to such freely and voluntarily.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Complete only if applicable**

**TOWN OF SECAUCUS SUMMER PROGRAMS  
MEDICAL AUTHORIZATION & WAIVER  
(Diabetes/Blood Sugar Care)**

***\*ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY***

Name of Program: \_\_\_\_\_  
Participant Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Participant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian E-mail: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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***PLEASE READ AND ACKNOWLEDGE YOUR ACCEPTANCE OF THE BELOW  
TERMS BY INITIALING NEXT TO EACH ITEM AND SIGNING AT THE END***

I understand that the Town of Secaucus and its Summer Program staff will inform me of policies and guidelines that my child and I will need to be familiar with. In addition to the Parent Guidelines and other documents and/or waivers completed for my child's enrollment in the Secaucus Summer Programs, I fully and completely understand the following pertaining to my child's diabetes management and care:

1. I hereby give permission to the Program Director and any other Program staff who has received training on diabetic care tasks and the administration of a glucagon injection to administer treatment to my child, including but not limited to a glucagon injection, if deemed necessary based on their training. I understand that staff members are not licensed medical professionals. I also give permission to the Program Director and any other Program staff to take other reasonable steps in an effort to assist my child as have been discussed with staff and written out and provided to the Program, which includes the provision of food or snack items. I further hold harmless the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns from any and all liability, claims, judgments, or damages as it relates to any treatment, intervention or procedure they may undertake in an effort to assist my child with his/her medical needs.

**Parent/Guardian Initials** \_\_\_\_\_

2. I certify that I have provided written orders from my child's medical professional relevant to my child's participation in programming and the administration of any treatment, intervention, or procedures.

**Parent/Guardian Initials** \_\_\_\_\_

3. I have supplied any medication or emergency treatment in a sealed original container labeled appropriately from my pharmacy or medical professional with my child's name identified.

**Parent/Guardian Initials** \_\_\_\_\_

4. I consent to the release of my child's diabetic medical management needs and plan to all staff members who may need to know this information to maintain my child's safety and health.

**Parent/Guardian Initials** \_\_\_\_\_

**Can participant self-administer their own insulin/injections?**

☐ Yes ☐ No

5. **If YES**, I authorize my child to carry and self-administer, as medically necessary, his/her prescribed insulin/injections. I confirm that my child has the knowledge and the skills to safely carry, handle and self-administer insulin/injections in the Summer Program throughout the day. I understand that I am responsible for my child's actions and agree to release, indemnify, and hold harmless the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns from any and all any liability, claims, judgments, or damages as it relates to my child carrying, handling and using his/her own insulin/injections.

**Parent/Guardian Initials** \_\_\_\_\_

6. Medical Emergencies: In the event of a medical emergency, you will be notified immediately and/or if not available, the staff will make reasonable efforts to reach an emergency contact. While all reasonable efforts will be used to reach an emergency contact, failure to reach such shall not prevent the rendering of emergency care in the best interest of the healthy, safety and welfare of my child. I grant permission to the Program Representative or their designee to furnish and arrange any emergency hospital or medical care that might be required in the event of a sickness, injury or accident to my child.

**Parent/Guardian Initials** \_\_\_\_\_

7. I understand the Program Director or other Program Staff shall/ will inform a parent or guardian if any treatment, intervention, or procedures are administered, and the Program Director, Program Staff, Town of Secaucus, and the entities' officers, employees, agents, representatives, volunteers, staff and assigns shall not be held liable for any injury resulting from any treatment, intervention or procedure.

**Parent/Guardian Initials** \_\_\_\_\_

I have read the above medical management and care Authorization and Waiver for the Secaucus Summer Camp. I fully and completely understand the above and am agreeing to such freely and voluntarily.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



## Town of Secaucus

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Municipal Government Center  
Secaucus, N.J. 07094

Tel: 201-330-2000  
Town Web: [www.secaucusnj.org](http://www.secaucusnj.org)

May 2021

Dear Parents/Guardians:

### Re: **Nut Policy**

This letter is written to request that each family assist us in providing a "Nut Free Zone" within the Summer Camp Program, not just peanuts, but all nuts. We have been made aware of the tremendous risk children who are allergic to nuts can face from even the smallest taste of peanut butter, a piece of a nut, or even airborne nut odor. The consequences are life threatening in many cases and require immediate intervention with medication, hospitalization, or even life support. We want to do all we can to eliminate the possibility of such an occurrence in the Summer Camp Program. We need your help to do this.

We are asking you to assist us in implementing guidelines to provide a "**NUT FREE ZONE**".

Please **do not allow** your child to bring any food items into the Summer Camp Program that may contain nuts in any form, under any circumstances. Parents choosing to send a snack are asked to follow the **No Nut Policy**.

Your understanding and support in helping us to provide a "**NUT FREE ZONE**" within the Summer Camp Program is greatly appreciated. The Summer Camp continues to work towards an inclusive environment that supports and acknowledges the right of each person to be fully protected and safe throughout their time at the After-Care Program. It is crucial that we abide by these guidelines, as our children are very important to all of us and their well-being must be our first priority. If you have any concerns, please feel free to call me at any time. Your continued cooperation is always appreciated.

Thank You,

Michael Pero  
Recreation Superintendent  
(201) 330 – 2078



**PLEASE RETAIN THE FOLLOWING**  
**PAGES FOR YOUR RECORDS**

**Summer Camp**

Starts Tuesday, July 5<sup>th</sup> and ends Friday, August 12<sup>th</sup>  
8:00 am to 4:00 pm (M-F Only)

**Extended Care Program**

Starts Tuesday, July 5<sup>th</sup> and ends Friday, August 12<sup>th</sup>  
8:00 am to 6:00 pm (M-F Only)

**Daily drop-off and pickup location: Secaucus High/Middle School**

**\*\*\*\* Campers not participating in the Extended Care program must be picked up no later than 4:00 pm. An additional \$25.00 late fee will be charged each day for any campers picked up after 4:00 pm.**

**REMINDERS:**

1. Campers must bring lunch, 2 snacks and drinks every day.
2. On pool days, campers must come to camp with their bathing suit under their clothes and with sunscreen already applied. **(No sunscreen will be applied by counselors at camp).**
3. In a bag, Campers must bring a change of clothes (including underwear) and a towel. They must be able to dress themselves.
4. If your Camper cannot swim, arm floats (blown up) or a life jacket with the Camper's name on it should be brought daily.

**Pool days are Monday through Friday on any day that there is not a field trip** (not including movie trips). We look forward to having a fun, safe and active Secaucus Summer Camp experience for your children to enjoy!

**General Questions Contact**

Toni Salvatore  
Summer Programs Director  
tsalvatore@secaucus.net



## **Important Contacts**

Michael Pero  
Secaucus Recreation Superintendent  
(201) 330-2078  
[MPero@secaucus.net](mailto:MPero@secaucus.net)

Toni Salvatore  
Summer Programs Director  
551-235-7618  
[tsalvatore@secaucus.net](mailto:tsalvatore@secaucus.net)

Denise Imperato  
Pee Wee Patriot Camp Coordinator  
201-434-3106

Jeanette Rodriguez  
Junior Patriot Camp Coordinator  
551-337-1415

Samantha Boczon  
Senior Camp Coordinator  
201-401-0707

Larisa Kandareli  
Pee Wee All Abilities Camp Coordinator  
551-337-1414

Natalee Cary  
Junior All Abilities Camp Coordinator  
201-852-2221

Yulisa Proenza  
Senior All Abilities Camp Coordinator  
201-724-8186

