

**Musconetcong Valley Community Association – Camp 2017 – (908) 876-3141**

**Application for Camp Musconetcong and Explorers Camp with optional transportation**

*Please note: a separate application is required for each camper. Print clearly, especially phone numbers*

**Child's Name:** \_\_\_\_\_ Grade in fall: \_\_\_\_\_ M/F \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_  
**Home Phone Number:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ (for MVCA only) **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

<b>Mother's Name:</b> _____ Cell Phone: _____ Place of Employment: _____ Business Address: _____ Business Phone: _____ Hours: _____	<b>Father's Name:</b> _____ Cell Phone: _____ Place of Employment: _____ Business Address: _____ Business Phone: _____ Hours: _____
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**In case of an emergency in which a parent cannot be reached, please provide at least one local contact who will assume responsibility for your child:**

Name: _____ Address: _____ Phone: _____ Cell: _____ Relationship to Child: _____	Name: _____ Address: _____ Phone: _____ Cell: _____ Relationship to Child: _____
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**The individuals named below have my permission to pick up my child on the following days:**

Name: _____ Address: _____ Phone: _____ Cell Phone: _____ Relationship to Child: _____ <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Name: _____ Address: _____ Phone: _____ Cell Phone: _____ Relationship to Child: _____ <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
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**MY CHILD WILL ATTEND THE CAMP AND SESSIONS INDICATED:**

<b>CM</b> = Camp Musconetcong (Long Valley-Rock Spring Park) <b>EX</b> = Explorers Camp (drop off/pick up at all sites) <b>CV</b> = Mount Olive Before Care, After Care or Bus Stop at the BC/AC site (also check BC/AC if needed)	<b>BC</b> = Before Camp supervision (7:00 – 9:00am) <b>AC</b> = After Camp supervision (4:00 – 6:00pm) <b>LM</b> = Liberty Meadows/Mansfield Bus Stop (also check the camp (CM or EX) that your child will attend)
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Week 1	“TRANSFORMERS”	6/26 – 6/30	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(1)
Week 2	“CAPTAIN AMERICA”	7/3 – 7/5-7	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(2)
Week 3	“A BUG’S LIFE”	7/10 – 7/14	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(3)
Week 4	“HOTEL PENNSYLVANIA”	7/17 – 7/21	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(4)
Week 5	“INSIDE OUT”	7/24 – 7/28	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(5)
Week 6	“PIRATE KIDS”	7/31 – 8/4	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(6)
Week 7	“FIELD OF DREAMS”	8/7 – 8/11	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(7)
Week 8	“CAMP ROCK”	8/14 – 8/18	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(8)
Week 9	“SURF’S UP”	8/21 – 8/25	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(9)
Week 10	“ICE AGE”	8/28 – 9/1	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(10)

I will drop off and pick up my Explorers camper at:  CV BC/AC or Bus Stop  Camp Musconetcong  LM Bus Stop

CIT Program Group A at CM	7/3 - 7/28	<input type="checkbox"/> CM	<input type="checkbox"/> MO	<input type="checkbox"/> LM	<input type="checkbox"/> BC	<input type="checkbox"/> AC
CIT Program Group B at CM	7/31- 8/25	<input type="checkbox"/> CM	<input type="checkbox"/> MO	<input type="checkbox"/> LM	<input type="checkbox"/> BC	<input type="checkbox"/> AC

**As the parent/legal guardian of the above-named child, I certify that the foregoing program selections are complete (subject to additions) and correct to the best of my knowledge, and I acknowledge responsibility for full payment of all applicable tuitions and fees (see Registration/Tuition information section of MVCA Summer Day Camp Guide 2017).**

Parent or legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	Date Received: _____	Deposit Received: _____	Check Number: _____ CC _____
	File Number: _____	A _____ B _____ C _____	Registration Fee: _____

**MEDICAL HISTORY FORM**

**\*\*MUST BE COMPLETED AND RETURNED BEFORE YOUR CHILD WILL BE REGISTERED FOR CAMP\*\***

**Child's Name:** \_\_\_\_\_ **Grade in Fall:** \_\_\_\_ **Sex:** \_\_\_\_ **Age:** \_\_\_\_ **DOB:** \_\_\_\_\_  
**Name of Child's Physician:** \_\_\_\_\_ **Physician's Phone:** \_\_\_\_\_  
**Address of Physician:** \_\_\_\_\_

**Health History: Give applicable dates – If **NO PROBLEM**, indicate by writing **NO or N/A****

Heart Trouble: \_\_\_\_\_ Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_  
Kidney Trouble: \_\_\_\_\_ Seizures: \_\_\_\_\_ Fainting: \_\_\_\_\_  
Diabetes: \_\_\_\_\_ Serious Injury: \_\_\_\_\_  
Asthma (Give Details): \_\_\_\_\_  
Behavior: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Penicillin or other drug reactions: \_\_\_\_\_  
Reactions to Insect Bites or Stings: \_\_\_\_\_ Check if never been stung

Does your child have any other special problems or needs that the staff should be aware of? \_\_\_\_\_  
Is your child now receiving medication? \_\_\_\_\_ If yes, what? \_\_\_\_\_ Give at camp? \_\_\_\_\_

**Immunizations: Give most recent dates – Required by State – "Up to Date" will not be accepted**

DPT: \_\_\_\_\_ Measles: \_\_\_\_\_ H.I.B.: \_\_\_\_\_  
Polio Series: \_\_\_\_\_ Mumps: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_  
Tetanus: \_\_\_\_\_ Rubella: \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_ Check here if you have attached a copy of the physician's record. (Not Required)  
\_\_\_\_ Check here if you submitted immunization dates last year and there are no updates

*I hereby certify that the information herein provided is complete and correct to the best of my knowledge, and that this child is in good health and can participate in the normal activities of the program. In the event that I cannot be reached in an emergency, I give the MVCA permission to seek emergency transportation for my child, and for the physician selected by the Director of the MVCA program to hospitalize and/or otherwise secure proper treatment, including anesthesia and surgery, for the above named child.*

**Parent or legal guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please initial if the camp staff has permission to help your child apply sun block and/or insect repellent provided by you. \_\_\_\_\_ (INITIALS) This must be initialed for your child to have these products applied while at camp.*

*My above named child has permission to participate in all activities that are part of this program, including field trips and swimming.*  
**Parent or legal guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I give permission for MVCA to use any photos of my child taken during this program for publicity or program literature.*  
**Parent or legal guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please provide details about any child custody arrangements in place, including days each parent is allowed to pick up the child from camp. If no custody situation is applicable, please check and sign.  
 Not applicable.  Court order attached.

**Parent or legal guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*If any of the information provided changes, it is the responsibility of the parent or guardian named above to notify the MVCA in writing.**

Please mail this application with payment to MVCA, P.O. Box 399, Long Valley, NJ 07853 or hand-deliver to the MVCA at the Valley Professional Center, 59 East Mill Rd., Building 3, Unit 101, Long Valley. Those paying by credit card may also fax to 908-876-9435 or email to [director@mvca.org](mailto:director@mvca.org). Please do not write any credit card information on this application.  
Thank you for registering your child/children for MVCA Camp 2017 – for the best summer ever!