

Musconetcong Valley Community Association – Camp 2025 – (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 use only) **Age:** _____ **DOB:** _____

Parent 1 Name: _____ Cell Phone: _____ Place of Employment: _____ Business Address: _____ Business Phone: _____ Hours: _____	Parent 2 Name: _____ 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 (check all that apply):

CM = Camp Musconetcong (Long Valley-Rock Spring Park) **BC** = Before Care at Rock Spring Park (7:00 – 9:00am)
EX = Explorers Camp (choose drop off/pick up site or bus) **AC** = After Care at Rock Spring Park (4:00 – 6:00pm)
CV = New Beginnings Bible Church before or aftercare/Bus stop *(if BC/AC at NBBC, please check CV and BC/AC. For bus stop only check CV)*
LM = Liberty Meadows/Mansfield Bus Stop (also check the place your child will get on/off the bus below)*

Week 1 "Swinging Safari"	6/23 - 6/27	<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 "Out of this World"	6/30 - 7/3	<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 "Harry Potter"	7/7 - 7/11	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(3)
Week 4: "Crazy Carnival"	7/14 - 7/18	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(4)
Week 5: "Happy Holidays"	7/21 - 7/25	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(5)
Week 6: "Ship Wrecked"	7/28 - 8/1	<input type="checkbox"/> CM	<input type="checkbox"/> EX	<input type="checkbox"/> BC	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> LM	(6)
Week 7: "MVCA Olympics"	8/4 - 8/8	<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: "MVCA Spirit Week"	8/11 - 8/15	<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)

BUS STOPS – Great Meadows Middle School _____ Weis in Mansfield _____ New Beginnings Bible Church _____

CIT Program at CM **7/7 – 8/1** CM CV LM BC AC
 (make-up week 8/4 – 8/8)

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 Camp Brochure 2025).

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: _____
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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: _____ COVID-19: _____
____ Check here if you have attached a copy of the physician's record.
____ 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. Please do not write any credit card information on this application.
Thank you for registering your child/children for MVCA Camp 2025 – “The best summers EVER just keep getting BETTER!”