

THE RECREATION COMMISSION OF LOPATCONG TOWNSHIP
Lopatcong Township Municipal Building
232 South Third Street
Phillipsburg NJ 08865
908 859-3355, Ext. 224

April 14, 2016

Dear Parents:

The Recreation Program will run from Monday, June 27, 2016 through Friday, August 5, 2016 . Our program is open to children who will be entering Kindergarten through the 8th Grade in September. The program will take place at the Lopatcong Township Municipal Pool.

The program will run from 9:00 am – 1:00 pm, Monday through Friday. Please bring a lunch or snack for your child, as they will get a ½ hr. break.

Below are the 2016 fees for Residents. Non-residents will be charged an additional \$25.00/child.

\$400.00 per child
\$250.00 Registration Fee for Drop-Ins with a Daily Fee of \$5.00

Registrations will be considered incomplete unless payments in full accompany all completed forms, thus securing a space in the program. Remember, we have a limited amount of space for children, so get your forms in early.

All registration forms must be returned to the Township at the above address by Wednesday, June 15, 2016. If you have any questions, please contact the Clerk's office at 908 859-3355, Ext. 224.

Looking forward to seeing you this summer!

Sincerely,

Margaret B. Dilts, CMC
Clerk/Administrator

REGISTRATION FORM – RECOLT – 2015

PLEASE CHECK ONE OF THE FOLLOWING:

DROP-IN REGISTRATION: []

FULL-TIME REGISTRATION: []

Please fill out a form for each child to be registered.

Child's Name: _____

Birth Date: _____

Grade in September 2015: _____

Parent's Name: _____

Home Address: _____

Home Phone: _____

Mother

Father

Cell Phone: _____

Mother

Father

Mother's Place of Employment: _____

Work Phone: _____

Father's Place of Employment: _____

Work Phone: _____

If you cannot be reached, please list two other people to call in case of emergency:

Name: _____

Phone: _____

Relationship to Child: _____

Name: _____

Phone: _____

Relationship to Child: _____

LOPATCONG TOWNSHIP SUMMER RECREATION PROGRAM

MEDICAL FORM

Name of Child: _____

Parent/Guardian's Name: _____

Relationship to Child: _____

Telephone Number where you can be reached: (Cell and/or Home Phone)

Does your child have any allergies or medical problems including learning/behavioral, that we should be aware of? _____

If so, please explain: _____

Is your child currently on any medication? _____

If so, please explain: _____

Doctor's Name, Address and Telephone Number:

Dentist's Name, Address and Telephone Number:

As part of the Lopatcong Township Recreation Program, the Township of Lopatcong will not be responsible for providing payment for first aid or medical bills of any type incurred due to an accident/incident while participating in the Lopatcong Township Recreation Program. The responsibility remains that of the parent/guardian of the participant.

UNOFFICIAL IMMUNIZATION RECORD

The State of New Jersey, Department of Health requires an unofficial immunization record for each child participating in the Summer Recreation Program. This can be filled out by the parent.

Immunizations as follows:

Please return to JoAnn McGann by Monday, June 30, 2014

LOPATCONG TOWNSHIP SUMMER RECREATION PROGRAM

CODE OF CONDUCT

Dear Parents:

Please read the following rules, as they are designed to protect all participants of the RCOLT program. Any participant in the RCOLT program who chooses to break any of these rules will be treated firmly and appropriately and is subject to one or more of the following disciplinary actions.

UNACCEPTABLE BEHAVIOR

- Bullying/harassment;
- Defiance of authority/threats;
- Fighting/hitting/spitting;
- Inappropriate language;
- Theft;
- Vandalism of property;
- Dress Code (Inappropriate attire);
- Leaving without permission.

DISCIPLINARY ACTION

1. Director/Assistant, Director/Counselor will talk with the student describing the inappropriate behavior which will then be documented. A time-out will be imposed and the parent/guardian will be notified.
2. Conference will be held with parent, student, and director to discuss the inappropriate behavior Which will be documented, and a three-day suspension will be imposed.
3. Same student continues to violate the rules, he/she will be suspended from attending the remainder of the program.

PLEASE NOTE THAT THERE IS NO APPEAL PROCESS

Parent's Signature: _____ Date: _____

LOPATCONG TOWNSHIP SUMMER RECREATION PROGRAM

PERMISSION TO SIGN-OUT FORM

Dear Parents:

The school is close enough for some children to walk or ride their bikes to and from school for our Summer Recreation (RCOLT) Program.

In order to ensure the safety of your children and allow them to do so, we must have a permission slip on file from you.

Kindly fill in the permission slip below and return this with your other RCOLT papers to the Clerk's Office.

Thank you!

My child has permission to walk or ride their bicycle to and from RCOLT.

Yes: []

No: []

My Child has permission to sign himself/herself out of RCOLT:

Yes: []

No: []

Please note that if your child is not authorized to sign out, then it is understood that you or another designated adult will come to get your child.

If you are unable to pick up your child personally, and you send someone who is NOT on your application as being allowed to do so, please provide a note that morning to the Counselor or Director, noting who will be picking up your child.

Please do not send personal items such as hand-held computer/video games, toys, or stuffed animals, etc. to camp with your child. RCOLT will not be responsible for any items that are lost, stolen or damaged while your child is at camp.

Parent's Signature: _____ Date: _____