

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

April 25 2017

Dear Parents:

The Recreation Program will run from Monday, June 26, 2017 through Friday, August 4, 2017. Our program is open to children who will be entering Kindergarten through the 8<sup>th</sup> Grade in September. The program will take place at the Lopatcong Township Municipal Pool, 9 Wildew Ave., Phillipsburg, N.J. 08865.

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 be a ½ break.

Below are the 2017 fees for residents. Non-residents will be charged an additional \$25.00 per child.

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

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 14, 2017. 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

**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. A conference will be held with the parent, student and director to discuss the inappropriate behavior, which will be documented and a three-day suspension will be imposed.
3. If the 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  
MEDICAL FORM**

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

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone Number Where You Can Be Reached (Cell and/or Home Phone Number):

\_\_\_\_\_

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 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.

**LOPATCONG TOWNSHIP SUMMER RECREATION PROGRAM**

**PERMISSION TO SIGN-OUT FORM**

Dear Parents:

The Lopatcong Pool is close enough for some children to walk or ride their bikes to and from the pool 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 signed 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!

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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 into the pool area to pick up 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 make sure the other person has a photo I.D.

Please do not send personal items such as electronics (i.e. tablets, etc.)/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: \_\_\_\_\_

**REGISTRATION FORM – RCOLT – 2017**

**PLEASE CHECK ONE OF THE FOLLOWING:**

**DROP-IN REGISTRATION**      [ ]

**FULL-TIME REGISTRATION**      [ ]

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

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade in September 2017: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother

\_\_\_\_\_

Father

Cell Phone: \_\_\_\_\_

Mother

\_\_\_\_\_

Father

Mother's Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**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:**

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Please return to JoAnn McGann by Monday, June 26, 2017