

MIDLAND PARK COMMUNITY SCHOOL

JR. PANTHERS SUMMER CAMP 2024

FOR GRADES K-6

Midland Park Community School is pleased to offer Summer Camp for children entering Grades K-6 (as of September 2024). Registration numbers will determine how the grades will be separated. Maria Cornetta and Anthony Cornetta will be returning as your Camp Coordinators to help make this Summer the best it can be! Maria Cornetta is an elementary school teacher of over 25 years in a local school district. Anthony is studying to become a Health and Physical Education teacher and will be graduating this May.

Campers will enjoy a variety of creative, fun and educational activities in an air-conditioned facility at Midland Park High School. Planned activities include: STEM, games, arts & crafts, painting, sports and exercise, mindfulness, movies, fun theme days, field trips (mornings), pool time (Waldwick) and lots of outdoor play. Camp will run Monday through Friday for 6 weeks starting July 1 - August 9. No Camp will be held on July 4 & 5. Full Day Option from 9:00 a.m. - 4:00 p.m. and Half Day Option from 9:00 a.m. - 12:30 p.m. Campers must bring their own snacks and lunch (for full day camp). No food will be provided. See Camp Schedule and Fees included in this packet. A one-time non-refundable registration fee of \$25 per child or \$40 per family (max) will apply. A 50% deposit plus the registration fee is due at time of sign-up (or full payment) to hold your spot. All balances must be paid in full by May 1, 2024. Please fill out separate forms for each child registered.

Please mail or drop off your completed registration packet to MPCS-250 Prospect St., Midland Park, NJ 07432. It may be faxed or e-mailed if paying by credit card or E-Check (see info below). Online registration is only available if you are making full payment.

Summer Camp Location	Midland Park High School, 250 Prospect St., Midland Park, NJ 07432 Room: Cafeteria
MPCS Office Telephone/Fax	201-444-2030 / Fax 201-444-2091
Camp Contacts	Beth Kasbarian, Maggie Kauker, JoAnn Francolino
Summer Camp Telephone	201-965-1791 (starting July 1 - August 9 , 2024)
Website	www.mpsnj.org (Community School)
Staff Email Addresses	mpcs@mpsnj.org ; bkasbarian@mpsnj.org ; mkauker@mpsnj.org
Online Registration	https://register.communitypass.net/midlandpark

MIDLAND PARK COMMUNITY SCHOOL - SUMMER CAMP 2024

GENERAL INFORMATION AND GUIDELINES (keep for your records)

DROP OFF/PICK UP PROCEDURES:

- Parents should drop off/pick up children in the back of the High School(rear summer camp entrance) via Dairy Street.
- Please do not walk to drop off/pick up your child in the back of the High School(rear summer camp entrance).
- If you will be walking to drop off/pick up your child, please call the MPCS office 201-444-2030 for instructions.
- For the safety of your child, it is strongly recommended that your child enter and exit your vehicle on the right side.
- Parents are not permitted to enter the building through the back of the high school(rear summer camp entrance).
- If you need to drop off anything for your child or if you will be dropping off/picking up your child before or after the times posted, please come to the MPCS office located in the front of Midland Park High School by the main entrance.
- If your child will not be attending camp on a scheduled day or arriving later than the 9:00 a.m. start time, they should call or text the Summer Camp phone (201-965-1791).

DROP OFF:

Camp starts at 9:00 a.m. When entering the roundabout, please drive up to the 2nd cafeteria door entrance (Door #5 – Room 51) and our counselors will come out and greet you.

PICK UP:

Camp ends at 4:00 p.m. As you enter the circle (roundabout), please give your child's name to our camp counselor, who will be waiting there. Then, drive in a single line, all the way up to the second "STUDENT DROP-OFF AND PICK-UP AREA" sign behind the high school. Once you are at the second sign, our counselors will bring your child to your car.

BEHAVIOR POLICY:

Please refer to the BSCC/ASCC Program Handbook listed on our website: www.mpsnj.org, select Community School/Located under BSCC/ASCC Program Tab.

WHAT TO BRING:

Every day campers should bring a backpack with their name on it that includes: healthy lunch (meal & beverages-full day campers only), snack, spray sunscreen. Sneakers and a small beach towel to be used for outdoor activities and snack time. Bathing suits/towels and sunscreen for pool days (full day campers only). Campers should also bring a labeled water bottle that is securely fastened. All items must be clearly labeled with your child's name. Children should not bring iPads, Tablets, Nintendo Switch, etc. to camp. MPCS is not responsible for any lost, damaged or misplaced items.

HEALTH AND SAFETY:

Please keep your child home if they are experiencing any Covid symptoms. A Medical/Emergency Information form (attached) must be completed for each child. There is no nurse available during the morning or afternoon programs and our staff cannot administer medication. Our employees are not trained health care professionals, but have been trained to administer the Epi-Pen/Inhaler. Parent/Guardian will be responsible for providing the Camp with an Epi-Pen/Inhaler, in its original box with the original prescription, labeled with the child's name. The device will be kept in a readily available, secure location at the child's site. In the event that the child is in need of an Epi-Pen for allergic symptoms, the Camp staff will administer an Epi-Pen/Inhaler to the child. His/her parent/guardian, should be aware of the expiration date and renew the injector/inhaler when needed. Epi-Pen/Inhaler: The child's parent/guardian must be notified once an Epi-Pen is used and 911 must be called as a precaution should the child need additional Epi-Pen serum. If the parent cannot get to the school for their child, the emergency contact will be notified and they become the responsible party. In addition, a person 18 or older must accompany the child and ride along with the 911 responders to the hospital.

INSURANCE:

The parent/guardian's primary insurance will be used in case of accident or injury while participating in the program. The District only provides secondary insurance coverage; the parent/guardian is responsible for expenses related to any accidental injuries. Emergency Medical Procedure: In the event of a medical emergency, the staff will first attempt to contact the parent/guardian listed. If both the parent/guardian and the emergency contacts cannot be reached and the child needs immediate medical attention, the staff will act on your behalf in granting permission for the child to receive emergency treatment by Professional Emergency Personnel.

LIABILITY POLICY:

We shall indemnify and hold the Midland Park Board of Education harmless from any and all claims for injuries, losses, damages and costs that may be incurred while my child attends the Midland Park Community School Summer Camp.

****Please sign the statement on the registration form acknowledging receipt of above guidelines****

SUMMER CAMP 2024 SCHEDULE AND FEES

Please check which week(s) your child will be attending. Costs are per week.

10% Discount for each additional child per week, register your child for all 6 weeks and receive a 5% discount
A 50% deposit plus the registration fee is due at time of sign-up (or full payment) to hold your spot. All balances must be paid in full by May 1, 2024. Please fill out separate forms for each child registered.

_____ Check here if you wish to only pay 50% plus the registration fee at this time.

Please mail or drop off your registration packet to MPCS-250 Prospect St., Midland Park, NJ 07432. It may be faxed or e-mailed if paying by credit card or E-Check. Online registration is only available if you are making full payment.

Camp Week Costs are Per week	Full Day 9:00 a.m.-4:00 p.m. Week 1 \$230 (3 days) Weeks 2-6 \$365 p/w	Half Day 9:00 a.m.-12:30 p.m. Week 1 \$145 (3 days) Weeks 2-6 \$225 p/w
<u>Week 1</u> July 1-3 (3 Days)		
<u>Week 2</u> July 8-12 (5 Days)		
<u>Week 3</u> July 15-19 (5 Days)		
<u>Week 4</u> July 22-26 (5 Days)		
<u>Week 5</u> July 29-August 2 (5 Days)		
<u>Week 6</u> August 5-9 (5 Days)		
*Total Due		

Please include a one-time registration fee of \$25 per child or \$40 per family (max) with your payment.

NO CAMP WILL BE HELD ON: July 4 & 5, 2024

REFUND POLICY:

- Registration Fees are non-refundable.
- No refunds or credits will be issued for cancellations for any reason after June 1, 2024.
- No refunds or credits will be issued for vacations or any incidental absences.

LATE PICK UP FEES: A late fee charge of \$3.00 per minute will be charged to your account if your child is picked up after their scheduled pick up time.

PAYMENT OPTIONS:

___ Visa ___ Master Card ___ Discover ___ E-check ___ Check -payable to "MPCS"

Mail to: 250 Prospect Street, Midland Park, New Jersey 07432

CC Account # _____ Exp. date _____ CVC# _____

Name of Bank (E-Check) _____ Individual Company

Routing # (E-Check) _____ Bank Acct.# (E-Check) _____

Signature _____

MIDLAND PARK COMMUNITY SCHOOL SUMMER CAMP 2024

REGISTRATION FORM (SPACE IS LIMITED!)

Child's Last Name _____ First Name _____
 (Please fill out separate forms for each additional child)

Grade (as of 9/2024) _____ Age _____ Date of Birth _____ Gender _____

	Parent/Guardian #1	Parent/Guardian #2
Name		
Address		
City, State, Zip		
Home Phone		
Cell Phone #		
Additional Phone #		
Email Address		
	Mobile Provider _____ <input type="checkbox"/> Receive alerts via text messaging. By checking this box, I understand that standard text messaging rates may apply.	Mobile Provider _____ <input type="checkbox"/> Receive alerts via text messaging. By checking this box, I understand that standard text messaging rates may apply.

- Visit us at www.mpsnj.org, click on Community School/Programs/Summer Camp 2024
- Register online at <https://register.communitypass.net/midlandpark>
- Drop off or mail registration forms to MPCS, 250 Prospect Street, Midland Park, N.J. 07432 or fax to 201-444-2091

MEDICAL/EMERGENCY INFORMATION

(Any changes must be in writing (e-mail is acceptable))

Camper Name (Please complete separate forms for each child registering)

Emergency Name/Numbers (other than parents): Please list the name, and phone number of person(s) that your child may be released to in case of emergency or illness when parent(s) or guardian(s) are not available.

Name/Relationship	Phone # (Please circle: Home/Cell/ Work)	Alt. Phone # (Home/Cell/Work)
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Name/Relationship	Phone # (Please circle: Home/Cell/ Work)	Alt. Phone # (Home/Cell/Work)
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MEDICAL CONDITIONS/DISABILITIES/RESTRICTIONS:

ALLERGIES: Please list all known allergies, allergic reactions and management

CURRENT MEDICATIONS:

Does your child require an Inhaler? (Please circle): YES or NO

Does your child require an Epi-Pen? (Please circle): YES or NO

If yes, please sign the authorization below:

The child's Parents/Guardians must be notified once an Epi-Pen is used and 911 must be called as a precaution should the child need additional Epi-Pen serum. If the parent cannot get to the school for their child, the emergency contact will be notified and they become the responsible party. In addition, a person 18 or older must accompany the child and ride along with the 911 responders to the hospital.

Epi-Pen/Inhaler Parental Permission - Authorization to Administer:

I understand that this employee is not a trained health care professional, but has been trained to administer the Epi-Pen/Inhaler. I also understand that I will be responsible for providing the MPCs program with an Epi-Pen/Inhaler, in its original box with the original prescription, labeled with my child's name. The device will be kept in a readily available, secure location at my child's site. In the event my child is in need of an Epi-Pen for allergic symptoms, I authorize MPCs staff to administer an Epi-Pen/Inhaler to my child. I, as his/her parent/guardian, will be aware of the expiration date and renew the injector/inhaler when needed.

Parent/Guardian Signature

Date

Insurance: The parent/guardian's primary insurance will be used in case of accident or injury while participating in the program. The District only provides secondary insurance coverage; the parent/guardian is responsible for expenses related to any accidental injuries.

Name of Insurance Company

Policyholder

Policy #

Emergency Medical Permission: In the event of a medical emergency, the staff will first attempt to contact the parent/guardian listed. If both the parent/guardian and the emergency contacts cannot be reached and my child needs immediate medical attention, I authorize the MPCs staff to act on my behalf in granting permission for my child to receive emergency treatment by Professional Emergency Personnel.

X

Parent/Guardian Signature

Date

FIELD TRIP CONSENT

I give permission for my child to attend the MPCS sponsored field trip to the HOLIDAY BOWL on Friday, July 12, 2024 (week 2). I understand that the bus will depart the Midland Park High School at approximately 9:15 a.m. and return at approximately 12:15 p.m.

I give permission for my child to attend the MPCS sponsored field trip to the HAWTHORNE MOVIE THEATER on Friday, July 19, 2024 (week 3). I understand that the bus will depart the Midland Park High School at approximately 9:15 a.m. and return at approximately 12:15 p.m.

I give permission for my child to attend the MPCS sponsored field trip to the MONSTER Mini Golf on Friday, July 26, 2024 (week 4). I understand that the bus will depart the Midland Park High School at approximately 9:15 a.m. and return at approximately 12:15 p.m.

I give permission for my child to attend the MPCS sponsored field trip to the SUPERDOME on Friday, August 2, 2024 (week 5). I understand that the bus will depart the Midland Park High School at approximately 9:15 a.m. and return at approximately 12:15 p.m. I understand that a link for the SUPERDOME will be on my receipt and I agree to complete the waiver so that my child can participate in all activities. I also understand that if I do not, my child will not be able to participate in the activities at SUPERDOME.

Please complete the SUPERDOME waiver. If this waiver is not completed your child will not be able to participate in the activities at SUPERDOME:

<https://waiver.smartwaiver.com/w/5cdf0b9f9cb28/web/>

I understand that if I opt out of any field trips or pool days, my child will still attend but not participate, as we do not have staff to stay behind.

X _____
Parent/Guardian Signature Date

GENERAL INFORMATION AND GUIDELINES

I have read and understand the terms and agree to abide by the regulations as stated in the “General Information & Guidelines” (located in this packet) and Refund Policy in consideration of my child being accepted in the MPCs Summer Camp program. I understand that failure to abide by any part of this agreement may result in dismissal of my child from the program.

X _____
Parent/Guardian Signature Date

WEBSITE/PUBLICITY CONSENT

Under both District guidelines* and State law, student photos will only be used for publicity purposes with prior parental permission. Therefore we request that you complete the form below and return it to the school as soon as possible.

*WEBSITE PHOTOS – the District will not post any personally identifiable information about our students on our website for students in grades K-8. Personally identifiable information includes students’ full names, residential addresses, email addresses, and phone numbers. Neither will post the locations and times of class trips on our website. A student’s first name and the first initial of their last name will be used to identify student work (artwork, poetry, etc.) posted. Any photographs posted on the website would not include any student names. “NEWSPAPER PUBLICITY – local newspaper photos may be posted with student names. If you, as a parent or guardian, wish to rescind this agreement, you may do so at any time, in writing, by sending a letter to the principal of your child’s school and it will take effect upon receipt.

_____ I/We GRANT permission for this student’s photos, including video images, to be published in area newspapers and on the District website.

_____ I/We DO NOT GRANT permission for this student’s photos, including video images, to be published in area newspapers or on the District website.

X _____
Parent/Guardian Signature Date

WALDWICK POOL CONSENT

I give permission for my child to attend the MPCs sponsored trip to the WALDWICK POOL. Please also review and sign the attached Pool Rules.

I understand that if I opt out of any field trips or pool days, my child will still attend but not participate, as we do not have staff to stay behind.

X _____
Parent/Guardian Signature Date



POOL RULES

1. Patrons of the pool facility are required to purchase a seasonal tag or daily guest tag to gain entrance. There are no refunds or rain checks for tags. Individuals are permitted to pick up children without purchasing a tag.
2. Seasonal or guest tags must be presented upon entering the pool facility, or at any time when requested by pool facility staff.
3. Swimming is not permitted without a lifeguard on duty.
4. Running is not permitted on any surfaces around the pools.
5. Shorts are not permitted to be worn in the pools.
6. Face masks and snorkels are not permitted.
7. Glass containers are prohibited in all areas, including the food and drinking areas.
8. Loud radios are prohibited.
9. Smoking, including smokeless tobacco, tobacco products, vaping and vaping products, is prohibited.
10. Alcohol is prohibited.
11. Persons suspected of being under the influence of alcohol or drugs are prohibited from entering the pool facility.
12. Only Coast-Guard-approved flotation devices are permitted.
13. All children must be accompanied by a parent or guardian at all times.
14. Children aged 14 and under must pass a deep-water test, administered and judged by the lifeguards, to enter the roped-off deep end of the main pool.

15. Conduct which endangers the safety and comfort of others is prohibited. Profanity, rough housing, spitting or any other unacceptable behavior will not be tolerated. In the judgment of the Pool Manager or Head Lifeguard, said individuals may be expelled from the pool facility. In the event of a serious act of an individual(s), the Mayor and Council of the Borough of Waldwick may revoke his/her pool tag for the remainder of the pool season.

16. Any person showing evidence of any communicable skin disease, sore or inflamed eyes, cold, nasal or ear discharges, or any communicable disease shall be denied admission.

17. Any person with excessive sunburn, open blisters, cuts or bandages shall be denied admission.

18. Do not enter the water if you are experiencing or recovering from diarrhea or have had any signs or symptoms of gastrointestinal (stomach) disease in the past seven days.

19. Children in diapers must wear diapers specially designed for immersion in water (such as swimming diapers). Do not wash soiled diapers in bathing water.

20. Children should be encouraged to use the restroom before entering the water. Immediately report any accidents you “observe” in the bathing waters to a lifeguard.

21. No animals, except for service animals, shall be allowed in the main pool, wading pool, dressing rooms, or other parts of the pool grounds.

22. All persons shall shower before entering the water.

23. Outdoor bathing is prohibited during electrical storms. If at any time the Pool Manager or Head Lifeguard deem it unsafe for bathers to swim due to weather or other conditions, they will order the pools closed to all individuals. The facility shall be cleared during electrical storms.

24. Diving is permitted in designated areas only.

25. Obey all directions from pool facility staff.

26. The Municipal Pool closes at 8:00 p.m. or sundown, whichever is earlier.

_____ I have read, understand, and will abide by the rules of the Waldwick Municipal Pool.

Printed Name: _____

Signature: _____ Date: _____