

# 2009 REC FULL DAY SUMMER CAMP

**Sampson G. Smith School • June 29 - July 31, 2009 • 8:30 am - 4:30 pm**



Participants will engage in a variety of activities including: Arts & crafts, sports & games, educational activities, tennis, swimming, computer and dance. A swim trip is also included in the weekly fee. A major trip is planned for each week. *Trips are optional and require an additional fee.* (A trip package is available for all 7 trips. The trip package payment is due by June 26, 2009.)

**ELIGIBILITY:** Children of Franklin Township residents who have completed 1st through 5th grades are eligible. All participants must turn 7 by 10/31/2009. The following paperwork is required: Report card for current school year, registration and medical history forms, birth certificate for private school students.  
**EXTENDED CARE:** 7:00-8:30 am and/or 4:30 – 6:00 pm. An additional fee of \$30 per week is required to enroll campers in either the before or after care program.

**TRANSPORTATION:** Parent/guardian must arrange for transportation to and from the school. Permission slips are required for all off-site activities.



**MEDICAL HISTORY:** The current medical history form must be completed and submitted at the time of registration. No child will be considered enrolled until this form is completed and returned.

**LUNCH & SNACK:** All campers are required to bring their own non-perishable lunch and snack. No glass containers please. If lunch is not brought by the child, parents shall be notified to bring lunch or pick up the child.

**CLOTHING:** Campers should be dressed for the weather—camp is held rain or shine. Children should wear socks and sneakers, no open-toed footwear is allowed. A bathing suit and towel are required for swim days.

**T-SHIRTS:** Each child will be supplied with a free camp T-shirts which must be worn on all major trip days. If children forget to wear their camp shirt on trip days one will be provided at the cost of \$5, **payable on the trip day.**

**SAFETY & SECURITY:** All children must be signed in and out each day. Parent/guardian ID may be requested.

**BEHAVIOR:** Proper behavior is required at all times. Rules of the summer camp program and safety regulations shall be strictly enforced at all times. The Franklin Recreation Department reserves the right to exclude any child from the program who threatens the safety and/or happiness of others, damages property or for any other just cause without refunding registration fees.

**MEDICATION:** Recreation staff members are prohibited from dispensing medication to any child. Campers under certain circumstances are able to self administer certain medications, i.e. inhalers. Please contact the Recreation Department for more details.



**REGISTRATION:** A \$50 non-refundable deposit plus completed registration and medical history form, current year report card and birth certificate (for private school students) are required to register. Registration is done on a first-come, first-served basis as spaces are limited. Please return to the Recreation Department at 505 DeMott Lane, Somerset, NJ 08873.

**PAYMENT AND REFUND POLICY:** Payment in full must be made by June 5, 2009 to receive weekly discounts (\$200/week). Payments made after **June 5, 2009** will be charged at a rate of \$225/week. **NO REFUNDS** will be considered for any reason other than medical, with a doctor's note.

**PLEASE NOTE, WEEKLY INSTALLMENT PAYMENTS MUST BE MADE BY THE THURSDAY BEFORE THE PROGRAM WEEK. (EXAMPLE: PAYMENT FOR THE WEEK OF JULY 6 - 10 IS DUE THURSDAY, JULY 2, 2009.)**

**Franklin Township  
Parks & Recreation Department  
505 DeMott Lane, Somerset, NJ 08873  
732-873-1991  
Monday - Friday 8:30 p.m. – 4:30 p.m.**



## 2009 FRANKLIN RECREATION FULL DAY SUMMER CAMP

### Registration Form (Please fill out a separate registration form for each camper.)

Please include a copy of all required documentation. Registration without proper identification will not be processed.

<b>PARTICIPANT INFO</b>	Last Name	First Name	Age	Sex	D.O.B.	Grade as of 6/09	Cash	Check#
<b>ADULT, PARENT OR GUARDIAN</b>	Last Name		First Name					
	Address			City	State	Zip Code		
	Home ( )		Email Address					
Father/Guardian Name		Work/Cell Phone		Mother/Guardian Name		Work/Cell Phone		
Emergency Contact Name		Relationship		Home Phone		Work/Cell Phone		
My child will be picked up by (Mothers Name) _____ (Fathers Name) _____								
Other _____ (Relationship) _____ My child has permission to walk/bike home (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO								

### PAYMENT SCHEDULE (LOWER RATE VALID UNTIL JUNE 5TH)

A \$50 non-refundable deposit is due for each child at the time of registration. **PLEASE NOTE:** The \$50 deposit will become part of your first registration payment. Payment must be received in FULL by June 5, 2009 in order receive discounted rate. Payments received after June 5th on will be calculated at the higher rate.

**ALL FEES ARE NON-REFUNDABLE TRIP FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

Program Weeks	Weekly Rate	2nd Child Discount	Before (7-8:30am)	After Care (4:30-6pm)	Add Fee After 6/5	TOTAL
Week 1 June 29 - July 3	\$160 or	\$140.00	____ \$30	____ \$30	\$20	\$ _____
Week 2 July 6 - 10	\$200 or	\$180.00	____ \$30	____ \$30	\$25	\$ _____
Week 3 July 13 - 17	\$200 or	\$180.00	____ \$30	____ \$30	\$25	\$ _____
Week 4 July 20 - 24	\$200 or	\$180.00	____ \$30	____ \$30	\$25	\$ _____
Week 5 July 27 - July 31	\$200 or	\$180.00	____ \$30	____ \$30	\$25	\$ _____

**Trip Fees Optional Trip Package includes all trips (pay by 6/26) \$132**

Week	Trip	Payment Due By	Amount
Week 1	Roller Skating	Friday, June 26	\$20
Week 2	Funplex	Thursday, July 2	\$30
Week 3	Ice Skating	Thursday, July 2	\$8
Week 3	Movie Day	Thursday, July 9	\$20
Week 4	CoCo Key	Thursday, July 16	\$35
Week 5	Carnival Day	Thursday, July 26	\$10
Week 5	Bowling	Thursday, July 23	\$20
<b>TOTAL AMOUNT DUE</b>			\$ _____

Please select T-shirt size:  Child 6-8  Child 10-12  Child 14-16  Ad. Small  Ad. Med  Ad. Large  Ad. XL

My child has my permission to be transported from the Franklin Township Full Day at Sampson G. School in vehicles provided by the Township of Franklin to the following:

- Inman Park for Tennis \_\_\_\_\_ (PLEASE INITIAL)  Middlebush Park for Activities \_\_\_\_\_ (PLEASE INITIAL)  
 Somerset Pool & Fitness for Swimming\* \_\_\_\_\_ (PLEASE INITIAL)

\*Check One: My child can swim in  deep water/ shallow water.

I understand that my child is participating in a publicly run program and that the Township may use photographs taken at the program for display and publicity purposes. Please check the appropriate box:  Yes, I will  No, I will not allow my child's picture to be used for display and publicity purposes by Franklin Township.

I, the undersigned, hereby agree to allow the individual named hereon to participate in Township of Franklin/Sports for Life, Inc. activities. I certify that, to the best of my knowledge, the participant named hereon is physically fit and able to engage in Recreational activities. My signature acknowledges that I understand and agree to the above conditions.

Circle One: Parent/Guardian \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Name Printed \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL HISTORY

Please provide a copy of your child's immunization record with this registration form.

- Please indicate whether your child wears the following:  Glasses  Contact Lenses  Hearing Aid
- Allergy/Asthma?  Yes  No If yes, explain \_\_\_\_\_
- Please list effective medications and dosages \_\_\_\_\_
- Please list your child's other prescription medications \_\_\_\_\_
- Are there any known drug sensitivities \_\_\_\_\_
- Does your child have any behavioral or educational needs \_\_\_\_\_
- Are there any previous serious illnesses or injuries that we should be aware of \_\_\_\_\_



Child's Physician \_\_\_\_\_ Phone number \_\_\_\_\_

In extreme emergency, when you cannot reach me, transport my child to \_\_\_\_\_ Hospital.

Health Plan \_\_\_\_\_ Group ID# \_\_\_\_\_

Subscribers Name \_\_\_\_\_ Subscribers ID# \_\_\_\_\_

I, hereby, give permission for the Franklin Twp Recreation Department/Sports for Life, Inc., to obtain medical treatment for my child \_\_\_\_\_ (child's name) in the event of an emergency when I cannot be contacted. This permission slip authorizes medical personnel to perform emergency treatment subject to the following restrictions: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Tax Assessments Back On Schedule

After a year of research and analysis, the Township's assessment program is back on track. The final 2009 tax assessments were certified by the Somerset County Board of Taxation on February 23, 2009.

The last time the Township completed a reassessment was two years ago. A reassessment or revaluation is generally undertaken to ensure "fair and equitable" assessments, therefore providing a basis for an even distribution of the municipal tax burden. Under this process, each property is appraised at its full market value as of October 1 of the pre-tax year. For example, a property would be valued as of October 1, 2008 for the 2009 tax list.

Once the assessments have been established, each property owner is mailed an informal tax assessment notice. Upon receipt of this notice, the property owner has an opportunity to discuss their assessment and present additional information for the assessor's consideration.

Upon completion of the informal review, the tax list is filed and eventually certified by the Somerset County Board of Taxation. Once the list is certified, it can only be changed by a formal tax appeal to either the Somerset County Tax Board or directly to the New Jersey Tax Court provided the assessment exceeds \$750,000.

Franklin Township's goal is to inspect each property on a four year cycle. The assessor's office has already started working on the 2010 assessments and conducting inspections. **Property owners should be aware that tax assessors are knocking on doors for the annual inspections. Inspectors carry identification and drive Franklin Township vehicles.**

**Do not allow anybody into your house without proper identification.**