

**Township of Teaneck
Teaneck Recreation Department**

Camp Sun-Sational



2023





Welcome to Teaneck Recreation Department's Camp Sunsational ☺



Our camp is offered Monday-Friday, 9:00 a.m.-4:00 p.m. at the air conditioned Richard Rodda Community Center for children 3 years old through children entering the third grade. No partial attendance is permitted.

Camp Sunsational's philosophy is to encourage all campers to develop a sense of identity, independence and to explore the world in a new and exciting way. Our camp will boost a child's self esteem, communication skills, courage, decision making and sense of autonomy.

Children must be 3 years old by October 1, 2022 and not yet in Kindergarten.

All children must be toilet trained



Campers Daily Needs: we request each child bring a bathing suit, towel, extra mask water bottle, packed lunch, and sunscreen

All personal articles are to be labeled with the children's name.

Parents are required to provide transportation to and from the day camp

Routine disinfecting as required will be performed daily.



DAILY ACTIVITIES

Arts & Crafts

Projects include painting, craft projects, collages, clay work, beading, lanyards & sand art.



Sports

Organized games of pickleball, basketball, soccer, relay races etc.

STEM/STEAM

Learn about the human body, earth and environment, space, weather, art and much more, through interactive engagement and exploration.



Music

Learn to count beats, create rhythm and create your own songs.



Special Events

A variety of entertainment, exposure and fun.

"After Camp" Activities

Board games, sports activities, crafts and occasional movies.



Trips
TBA

HOW MUCH WILL IT COST?:



- ◆ There is an annual one time **non-refundable** registration fee of \$30.00 for each child.
- ◆ The fee for each one week session per child is \$125.00 payable at the time of registration.
- ◆ The fee for additional siblings in the same household for Phase I or Phase II or Sports & Arts is \$87.50 Sibling applications must be received in the same envelope for the same session; subsequent children fee to apply. (In order to receive sibling discount all siblings must be registered during the same transaction)
- ◆ Applicants may request:
 - Before Camp (8 a.m. - 9 a.m.) for \$20.00 per week
 - OR**
 - After Camp (4 p.m. - 6 p.m.) for \$30.00 per week
 - OR**
 - Both Before/After Camp for \$40.00 per week

LATE PICKUP FEE: There will be a late pickup fee of \$30.00 per child if picked up more than 15 minutes after camp or After Care ends and must be paid prior to the next day of camp.



For financial assistance, call the Bergen County Office For Children at **(201) 336-7150** for information and/or eligibility requirement

REGISTRATION PROCEDURE:

Registration for all sessions will begin **Monday, April 3, online using RecPRO* or Walk In at the Rodda Center**. Registration is for Teaneck residents only. Parents must provide copies of proof of residency and a birth certificate** for your child.

*ONLINE REGISTRATION AVAILABLE. To register online you can reserve sessions by paying the non-refundable fee, however registration will not be completed until all required documents are submitted (completed application, copy of birth certificate** and proof of residency). Due date will be provided for these documents , approximately five (5) business days after reserving sessions or when requested. Applications form are available at www.teanecknj.gov—> Recreation Department—> Documents and Forms

All checks are payable to: **"TOWNSHIP OF TEANECK"**

** *Unless previously submitted for other programs*

TOWNSHIP OF TEANECK



Camp-Sunsati😊nal



2023 REGISTRATION PACKAGE

PLEASE READ CAREFULLY

You may register for all sessions at the time of your registration.

Session 1	Monday	June 26 -	Friday, June 30
Session 2	Tuesday	July 3 -	Friday, July 7 (4 days only, no camp July 5)
Session 3	Monday	July 10-	Friday, July 14
Session 4	Monday	July 17 -	Friday, July 21
Session 5	Monday	July 24 -	Friday, July 28
Session 6	Monday	July 31 -	Friday, August 4

WHO IS ELIGIBLE:

The program, for residents only, will be held at the Richard Rodda Community Center, 250 Colonial Court and is for children ages 3 to those entering the third grade. This program is broken into the two camps listed below. One T-shirt will be given to each participant, each week. We require that the camp T-shirts be worn daily for identification purposes.

CAMP Sunsati😊nal Phase I

Is for children 3 years old by October 1, 2022
and not in Kindergarten before September, 2023
No partial attendance permitted.

CAMP Sunsati😊nal Phase II

Is for children going into Kindergarten thru children entering third grade in
September, 2023.
No partial attendance permitted.

ALL CAMPERS MUST BE TOILET TRAINED

Camp hours are 9:00 a.m. – 4:00 p.m. Before and/or After Camp program is available for an additional fee. Before Camp will be available from 8:00 a.m. - 9:00 a.m. and After Camp will be available from 4:00 p.m. - 6:00 p.m. Applicants can choose Before Camp, After Camp or both. Spaces are limited and on a first come, first served basis.



2023 CAMP SUNSATIONAL APPLICATION FORM

(Please Print)



Last Name _____ First Name _____ Preferred Gender _____

Address _____ Phone _____

Father's Name _____ Mother's Name _____

Work phone # _____ Work Phone # _____

Cell Phone # _____ Cell Phone # _____

Legal Guardian _____

Please provide preferred email address to receive notification _____

In case of emergency, notify _____

Address _____ Phone _____

Date of Birth _____/_____/_____

Phase I-Age ____

Month Day Year

Phase II- Grade Entering in Fall 2023 ____

Pictures may be by a Teaneck Recreation Department employee to use for publicity purposes. If you have any questions or concerns please contact the Recreation office in writing.

IMPORTANT: This program does not carry an accident insurance policy. We suggest you check your family policy coverage.

ALL refunds must be submitted **in writing** at the Recreation Office **on or before Friday, June 9, 2023.** **Starting June 12, 2023** refunds will be granted only if there is a wait list.

I agree and understand that by inserting my electronic signature or by typing my name to the within form, my electronic signature or typed name is the legal equivalent of my manual/handwritten signature and that I consent to be legally bound thereby.

Parent Signature _____ Date _____



CAMP SUNSATONAL APLLICATION PAGE 2



Please Check

(Ages 3&4)

(K-3rd Grade)

<u>PAYMENT</u>	<u>First Child</u>	<u>Second Sibling</u> <u>(same household)</u>	
Registration fee (non-refundable) \$30.00			
Session 1 June 26-June 30	@ \$125.00	OR	@ \$87.50
Before Care or	\$20.00		_____
After Care or	\$30.00		_____
Both Before & After Care	\$40.00		_____
Session 2 July 30-July 7	@ \$125.00	OR	@ \$87.50
Before Care or	\$20.00		_____
After Care or	\$30.00		_____
Both Before & After Care	\$40.00		_____
Session 3 July 10-July 14	@ \$125.00	OR	@ \$87.50
Before Care or	\$20.00		_____
After Care or	\$30.00		_____
Both Before & After Care	\$40.00		_____
Session 4 July 17-July 21	@ \$125.00	OR	@ \$87.50
Before Care or	\$20.00		_____
After Care or	\$30.00		_____
Both Before & After Care	\$40.00		_____
Session 5 July 24- July 28	@ \$125.00	OR	@ \$87.50
Before Care or	\$20.00		_____
After Care or	\$30.00		_____
Both Before & After Care	\$40.00		_____
Session 6 July 31-August 4	@ \$125.00	OR	@ \$87.50
Before Care or	\$20.00		_____
After Care or	\$30.00		_____
Both Before & After Care	\$40.00		_____
<u>TOTAL AMOUNT ENCLOSED</u>			\$ _____

Office Use ONLY

Check # _____ RP _____

Cash _____ OFC _____

Proof of Age _____

Proof of Residency _____

Immunization _____

Expulsion Policy _____

Background Medical _____



Please make checks payable to: **TOWNSHIP OF TEANECK**

- ◆ **No Partial Attendance is permitted:** All campers are expected to attend the full day of activities. Campers who are attending other programs during the day are not eligible to attend Camp Sun-sational. (The only exception being the Teaneck Board Of Education Programs).

For further information or questions regarding registration procedure please call (201) 837-7130



BACKGROUND MEDICAL INFORMATION—CAMP SUNSATIONAL, SUMMER 2023

NOTE: This form MUST accompany your child’s application.

MEDICAL RESTRICTIONS: Even though this is listed on your child’s health record, please note below additional information our counselors should be aware of.

Child’s Name _____
(Last) (First)

Address _____ Home Phone _____

Father’s Name _____ Mother’s Name _____

Father’s Work Phone # _____ Mother Work Phone # _____

Cell Phone # _____ Cell Phone # _____

Email _____

Legal Guardian Name(s) _____

In case of emergency Call:

(Name) (Phone) (Address)

Asthma _____ (if your child has asthma they must have an inhaler at camp labeled with their complete name and doctor’s note).

Does your child need a modification because of a disability or special need to enjoy this program ?

Yes or No (circle one)

If yes, please explain _____

Is your child under any medical/physical restrictions?

Is your child allergic to any medications/food/insect stings? _____

Is your child taking any medications?

Please name _____

Has your child been under a doctor’s care or hospitalized within the past three years

If yes, please explain _____

Can your child swim? Yes _____ No _____ Explain _____

*** Camp staff will not administer any medications other than for life threatening illnesses.***

I agree and understand that by inserting my electronic signature or by typing my name to the within form, my electronic signature or typed name is the legal equivalent of my manual/handwritten signature and that I consent to be legally bound thereby.

I give my child permission to participate in activities sponsored by the Teaneck Recreation Department summer program which includes crossing Colonial Court into Votee Park daily.

I will be fully responsible for my child’s medical coverage. In case of a medical emergency involving my child _____, I hereby give permission to the staff of Camp

Sun-sational to obtain pertinent medical treatment (example, hospital emergency room and/or follow these instructions), but only after having made extensive effort to contact parents, emergency person and pediatrician unless there is a life- and- death emergency.

List Hospital preferred: _____

Parent Signature _____ Date _____

I agree and understand that by inserting my electronic signature or by typing my name to the within form, my electronic signature or typed name is the legal equivalent of my manual/handwritten signature and that I consent to be legally bound thereby.

NAME OF CENTER: Township of Teaneck – Camp Sunsational

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____ DATE: _____

Unfortunately, there are sometime reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION

The child is at risk of causing serious injury to other children or himself/herself
Parent threatens physical or intimidating actions toward staff members
Parent exhibits verbal abuse to staff in front of enrolled children

CHILD’S ACTIONS FOR EXPULSION

Failure of child to adjust after a reasonable amount of time
Uncontrollable tantrums/angry outbursts
Ongoing physical or verbal abuse to staff or other children
Excessive biting
Other (explain)

SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child’s parent/guardian will be advised verbally and in writing about the child’s or parent’s behavior warranting expulsion. And expulsion action is meant to be a period of time so that the parent/guardian may work on the child’s behavior or to come to an agreement with the center.

The parent/guardian will be informed regarding the length of the expulsion period.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.

The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks’ notice, depending on the risk to other children’s welfare or safety).

Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED

If a child’s parent(s):

Made a complaint to the Office of Licensing regarding a center’s alleged violations of the licensing requirements.

Reported abuse or neglect occurring at the center.

Questioned the center regarding policies and procedures.

Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION

Staff will try to redirect the child from negative behavior.

Staff will reassess classroom environment, appropriateness of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control.

Child’s disruptive behavior will be documented and maintained in confidentiality.

Parent/guardian will be notified verbally.

Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

The director, classroom staff, and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation on premises.

Recommendation of evaluation by the local school district child study team.

CAMP SUNSATIONAL CHILD'S HEALTH RECORD—SUMMER 2023

Child's Name _____
(Last) (First)

NOTE: This form or equivalent must be submitted from doctor, to the Teaneck Recreation Department Administrative Office by **June 7, 2023.**

IMMUNIZATIONS AND TESTS

(Exact dates from certificates signed by physician or official agency)

	Combined Diphtheria Pertussis-Tetanus	Polio Vaccine	Measles	Rubella	Varicella	HIB	Hept "B"	Mantoux TB
	Date	Date Specify type	Date	Date	Date	Date	Date	Date
1st								
2nd								
3rd								
4th								Flu Vaccine
1st Booster								Date:
2nd Booster								
3rd Booster								

EMERGENCY MEDICAL INFORMATION:

Has or is subject to: (check and give details)

_____*Asthma____ Convulsions____ Heart Trouble____ Diabetes____ Fainting Spells

____ High Blood Pressure____ Allergy or reaction to medication/food/insect stings

____ Any other condition that may require emergency/special care or knowledge

Explain recommendation, restrictions or limitations: _____

*** If your child has asthma they must have their inhaler at camp labeled with their complete name, and doctor's note.**

MEDICAL HISTORY

Date of most recent physical exam (Month & Year) _____

Any current health problems _____

Remarks _____

Approved for participation in camp activities: long walks, water activities, competitive sports, and playground activities: _____ Yes _____ No

Physician's Signature _____ Date _____

Address & Phone _____