

CAMP LAUREL REGISTRATION FORM 2022

Make checks/money orders payable to: Mount Laurel Community Education or Camp Laurel

Mail Payments to:

Mount Laurel Community Education
436 Masonville Road
Mount Laurel, NJ 08054

REGISTRANT NAME:

ADDRESS:

CITY, STATE, ZIP CODE:

CELL PHONE:

EMAIL ADDRESS: _____

GRADE OF CHILD FOR THE 2021-2022 SCHOOL YEAR: _____

DATE OF BIRTH: _____

(K-6th grade for regular camper. CIT camper must be in 7th or 8th grade to participate in the CIT program) _____ (Check here if child is a CIT)

At Camp Laurel, we seek to provide a safe, fun environment where all children are respected and have equal opportunity for participation. In the interest of that goal, Camp Laurel reserves the right to refuse admittance or dismiss from camp any person who presents a risk of harm to themselves or others by exhibiting behavior that is disruptive, inappropriate or unsafe.

If your child becomes ill, injured, or presents a danger to themselves or others during the camp day and needs to be picked up, you or a person identified as your emergency contact will be notified immediately. _____ (Initial)

The Mount Laurel Township School District has a board policy concerning Harassment, Intimidation and Bullying. You may refer to the school district website to locate Board Policy #5131.1 for additional information and details. If your child attends Mount Laurel schools/programs, this policy pertains to you. Should you have any questions or concerns, please contact your child's staff and/or my office if you suspect you may have an allegation to report. _____ (Initial)

Please be advised that COVID-19 conditions in our community will drive the extent that Camp Laurel may operate based upon the New Jersey Health Department's guidelines.

FOR OFFICE USE ONLY			
Fee _____	Also See _____		
Amt. Pd. _____	Cash/Check _____	Bal. Due _____	
Amt. Pd. _____	Cash/Check _____	Bal. Due _____	
Amt. Pd. _____	Cash/Check _____	Bal. Due _____	
Refund Given _____	Date _____		