



Department of Health and Human Services

Robert M. Damming, Freeholder Director
Jim Jefferson, Freeholder Liaison

APPLICATION
CIRCLE OF FRIENDS SUMMER PROGRAM 2016

PERSONAL INFORMATION:

STUDENT'S NAME: (first) (last) (nickname) AGE

HOME ADDRESS: (street) (city, state, zip)

PARENTS'/GUARDIANS' NAME:

HOME PHONE #: WORK PHONE #:

E MAIL: CELL PHONE 1 : CELL PHONE 2:

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING PERSON (other than parent/guardian):
NAME: RELATIONSHIP: PHONE #:

SCHOOL ATTENDING IN SEPT. 2016:

I.E.P. CLASSIFICATION:

PLEASE WRITE A PARAGRAPH ABOUT YOUR CHILD SO THAT WE MAY GET TO KNOW HIM OR HER. INCLUDE ANY SPECIAL LIKES OR DISLIKES THAT HE/SHE MIGHT HAVE.

Multiple horizontal lines for writing a paragraph about the child.

**PERSONAL HEALTH AND MEDICAL HISTORY:**

**MEDICATION AND TIMES ADMINISTERED:**

\_\_\_\_\_

\*IF ADMINISTERED DURING SCHOOL HOURS, PLEASE SEND WEEKLY DOSAGE IN A LABELED CONTAINER W/ INSTRUCTIONS

**MOST RECENT PHYSICAL EXAM:** \_\_\_\_\_ **PLEASE SEND/FAX PHYSICIAN'S PRINTOUT**

**DOES CHILD HAVE ANY CURRENT HEALTH PROBLEMS?** \_\_\_\_\_ **IF YES, PLEASE EXPLAIN:**

\_\_\_\_\_

\_\_\_\_\_



**EMERGENCY MEDICAL INFORMATION:**

**DOES THE CHILD HAVE ANY ALLERGIES TO FOOD, MEDICINE, PLANTS, INSECTS OR ANIMALS? IF YES, PLEASE LIST:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST ANY BEHAVIORAL CONDITIONS THAT THE STAFF SHOULD BE AWARE OF (attach additional sheets if needed):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE CHILD HAS HAD OR IS SUBJECT TO THE FOLLOWING (please check all that apply):**

SEIZURES: \_\_\_\_\_ FAINTING SPELLS: \_\_\_\_\_ DIABETES: \_\_\_\_\_  
HEART DISEASE: \_\_\_\_\_ HIGH BLOOD PRESSURE: \_\_\_\_\_ ASTHMA: \_\_\_\_\_

**PLEASE LIST ANY OTHER CONDITION THAT MAY REQUIRE EMERGENCY OR SPECIAL CARE:**

\_\_\_\_\_

\_\_\_\_\_

**THE CHILD'S PHYSICAL CONDITION IS OF SUCH A NATURE THAT SOME ACTIVITIES SHOULD BE RESTRICTED (please indicate with a check):**

HIKING: \_\_\_\_\_ JUMPING: \_\_\_\_\_ SWIMMING: \_\_\_\_\_ RUNNING: \_\_\_\_\_ CLIMBING: \_\_\_\_\_  
ANY OTHER ACTIVITIES TO RESTRICT \_\_\_\_\_

**REGISTRATION and TUITION INFORMATION:**

- TUITION IS \$280.00 PER WEEKLY SESSION - \$1,400.00 FOR ALL 5 WEEKS
- WE DO RECOMMEND A FULL FIVE WEEKS TO ATTAIN OUR PROGRAM GOALS FOR YOUR CHILD.

**SESSIONS** ( please put check in boxes for desired weeks):

<u>SESSIONS</u>	<u>DATES</u>	<u>CHECK WEEK(S)</u>
Week 1	Monday, July 11 - Thursday, July 14	
Week 2	Monday, July 18 - Thursday, July 21	
Week 3	Monday, July 25 - Thursday, July 28	
Week 4	Monday, July 31 - Thursday, August 4	
Week 5	Monday, August 8 - Thursday, August 11	

♦ **MAIL** THE COMPLETED APPLICATION TO:

LEONA MATHER, EXECUTIVE DIRECTOR  
115 BUDD BLVD. WEST DEPTFORD, NJ 08096

♦ **OR FAX:** (856) 686-8343

♦ **OR EMAIL:** [lmather@co.gloucester.nj.us](mailto:lmather@co.gloucester.nj.us)

**ACCEPTANCE REQUIREMENTS:**

- ♦ CHILD must be between the ages of five and seventeen years of age.
- ♦ Must be a Gloucester County resident: out of county residents will be admitted if space is available.
- ♦ In order to fully benefit from the Circle of Friends Summer experience, your child should be toilet-trained, have basic self-help and personal care skills and be able to join in group activities.

**PARENTAL/GUARDIAN CONSENT:**

I, the undersigned parent/guardian of above named camper, hereby grant consent for the child/adult to attend Gloucester County's Summer Program at Bankbridge Regional School. I understand that every precaution is taken to protect the safety of each camper and I hereby release and indemnify the County of Gloucester, and the Special Services School District, from liability for injury and in connection with medical administration and emergency medical treatment as well as damage or loss to personal property of my child.

Permission is hereby granted to use child's/adult's name and pictures in publicizing the work and program activities of the Summer Program. If your child/adult is accepted for attendance at the program, it is understood that no refund will be made unless notice of inability to attend is received before July 1, 2015.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Relationship)