



# **INFORMATION**

# **WIDE WORLD OF SUMMER**

The WIDE WORLD OF SUMMER is a summer program for students who will enter Grades 1-8 in September 2017. Children participate in a wide variety of activities such as arts and crafts, hands-on science, sports, computers, and more.

**REGISTER AND PAY IN FULL  
BY APRIL 1, AND \$50 REGISTRATION  
FEE IS WAIVED!**

**LOCATION:** Central Middle School

**DATES:** June 26<sup>th</sup> (Monday) through August 18<sup>th</sup> (Friday)

**HOURS:** Full Day Program: 8:00 am – 5:00 pm (Monday – Friday)  
Early drop off (7:15 am) and late pick up (6:00 pm) available at an additional cost.

**ENROLLMENT: Enrollment will close when maximum enrollment is met.**

- ❖ Open to all students entering Grades 1 through 8 in September 2017.
- ❖ Enrollment is limited and is available on a first come, first serve basis.
- ❖ Staff will make reasonable accommodations to provide access to the program for students with disabilities. One-on-one supervision cannot be provided. All students must have independent toileting skills.

**FEES:**

Week One	June 26 – June 30	\$290
<b>Week Two</b>	<b>July 5 – July 7</b>	<b>\$150</b>
Week Three	July 10 – July 14	\$290
Week Four	July 17 – July 21	\$290
Week Five	July 24 – July 28	\$290
Week Six	Aug. 1 – Aug. 4	\$290
Week Seven	Aug. 7 – Aug. 12	\$290
Week Eight	Aug. 14 – Aug. 18	\$290
<b>Total For All Eight Weeks</b>		<b>\$2,180</b>

**\*A \$50 field trip/transportation fee will be deducted from any week canceled/changed after May 31<sup>st</sup>.**

**REGISTRATION:** There is a \$50 per child non-refundable registration fee.

**EXTENDED CARE:**

Early Drop-Off:	7:15 am – 8:00 am	(\$25 per week)
Late Pick-Up:	5:00 pm – 6:00 pm	(\$25 per week)

**PAYMENT POLICY:** Half of total payment is due by **May 31, 2017.**  
Remainder of balance due by **June 16, 2017.**

**\*\*\*No child may start camp until full payment is received.\*\*\***

**LUNCH & SNACKS:** Children must bring their own snacks, lunch and beverages. No glass containers please. There is time provided for a snack in the morning and afternoon and one hour for lunch with a supervised recess.

**STAFF:** The staff is comprised of certified teachers, teacher aides and counselors.

**MEDICAL EMERGENCIES:** A current medical form must be completed and on file with the registration (see attached)

# **REGISTRATION**



# WIDE WORLD OF SUMMER

Enrollment is open to all students entering Grades 1-8 in September 2017. Enrollment is limited and is available on a first come, first serve basis.

PLEASE COMPLETE THIS PACKET IN FULL. ANY INCOMPLETE REGISTRATIONS RECEIVED OR REGISTRATIONS RECEIVED WITHOUT \$50 REGISTRATION FEE WILL BE RETURNED.

**Register by mail:** PACE-WWS  
292 Parsippany Road  
Parsippany, NJ 07054

**Register in person:** Office hours are:  
8:30 am – 3:30 pm  
Monday- Friday

## **STUDENT INFORMATION:**

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_  
(LAST) (FIRST)

GRADE IN SEP. 2017: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME/CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CAN YOUR CHILD SWIM? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, AT WHAT LEVEL: \_\_\_\_\_ INDEPENDENTLY \_\_\_\_\_ WITH HELP

## **OFFICE USE ONLY**

Counselor In Training Program: Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

## **PARENT/GUARDIAN:**

Parent/guardian's name: \_\_\_\_\_  
*Primary* (LAST) (FIRST)

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_  
*Secondary* (LAST) (FIRST)

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## **T-SHIRT SIZE:**

CHILDREN'S: \_\_\_\_\_ SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ XL

ADULT: \_\_\_\_\_ SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE

**SCHEDULE**



CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (LAST) (FIRST)

**PLEASE CHECK THE WEEKS YOU WILL ATTEND (Two week minimum)**

WEEKS	DATES	FEE	EARLY DROP OFF	LATE PICK UP
One	June 26 – June 30	\$290	____ \$25	____ \$25
Two	July 5 – July 7	\$150	____ \$25	____ \$25
Three	July 10 – July 14	\$290	____ \$25	____ \$25
Four	July 17 – July 21	\$290	____ \$25	____ \$25
Five	July 24 – July 28	\$290	____ \$25	____ \$25
Six	July 31 – Aug. 4	\$290	____ \$25	____ \$25
Seven	Aug. 7 – Aug. 11	\$290	____ \$25	____ \$25
Eight	Aug. 14 – Aug. 18	\$290	____ \$25	____ \$25
	Total for 8 weeks	<b>\$2,180</b>	<b>\$200</b>	<b>\$200</b>
	<b>Total Tuition</b>			

Registration fee: \_\_\_\_\_ + \$50\* (due at time of registration)  
 (Non-refundable)  
 EARLY DROP-OFF (Before 8 am) \_\_\_\_\_ (\$25 per week)  
 LATE PICK-UP (After 5 pm) \_\_\_\_\_ (\$25 per week)  
**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_ Visa MC Disc  
 Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (3 digit #) \_\_\_\_\_  
 Address credit card is registered to: \_\_\_\_\_

I authorize the PACE office to charge the credit card listed: \_\_\_\_\_ full tuition amount.  
 \_\_\_\_\_ half now, balance on June 16<sup>th</sup>.  
 \$ \_\_\_\_\_ (dollar amount)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment may also be made by cash or check. All checks should be made payable to **PARSIPPANY BOE**.

- REGISTRATION CHECK LIST:** \_\_\_\_\_ REGISTRATION FORM  
 \_\_\_\_\_ \$50 REGISTRATION FEE (\*waived if paid in full by April 1<sup>st</sup>)  
 \_\_\_\_\_ EMERGENCY MEDICAL FORM  
 \_\_\_\_\_ MEDIA RELEASE

**Payment Policy:** The \$50 registration fee is due at the time of submitting registration forms. Half of total payment is due by May 31<sup>st</sup>. The balance is due by June 16<sup>th</sup>. (The registration fee will be waived if tuition is paid in full by April 1<sup>st</sup>.) A \$50 field trip and transportation fee will be deducted from any week canceled/changed after May 31<sup>st</sup> and which will not be applied toward tuition for weeks added.

**❖ No student may attend without payment in full.**

# **EMERGENCY MEDICAL INFORMATION**



CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(LAST) (FIRST)

***IN AN EMERGENCY IF I AM UNAVAILABLE, I HAVE ARRANGED FOR THE FOLLOWING PEOPLE TO PICK UP MY CHILD:***

- 1. \_\_\_\_\_ Phone No. \_\_\_\_\_
- 2. \_\_\_\_\_ Phone No. \_\_\_\_\_

***Other person(s) authorized to pick up your child:***

- 1. \_\_\_\_\_ Phone No. \_\_\_\_\_
- 2. \_\_\_\_\_ Phone No. \_\_\_\_\_

The SKIP/WWS program provides reasonable accommodations for students with special needs. It is helpful for the staff to be aware of children whose medical, physical, learning, or social disabilities require special consideration. All children must have independent toileting skills. Accommodations are made within the framework of existing staffing ratios and program organization, but do not extend to substantial modifications in the childcare purpose, cost, or availability of appropriate supervision for all participants.

**Does your child have:**

- 1. Any health issues that require assistance in any activities of daily living, i.e. toileting, eating, communicating? Yes\_\_\_ No\_\_\_

If yes, please list \_\_\_\_\_

- 2. Any allergies to food, medication, bee stings pollen, latex or foods? Yes\_\_\_ No\_\_\_

If yes, please list \_\_\_\_\_

Type of reaction: Rash? Hives? Other skin condition? (Circle all that apply.) Take any medications/Epipen taken for allergy symptoms? Please list: \_\_\_\_\_

- 3. A chronic or ongoing illness (such as diabetes or asthma)? Yes\_\_\_ No\_\_\_

Use an inhaler or other prescription medicine to control asthma? Yes\_\_\_ No\_\_\_

- 4. Any prescribed or over the counter medications that are taken on a regular basis? \_\_\_ Yes\_\_\_ No

If yes, please list \_\_\_\_\_

- 5. Does your child require special attention? Yes\_\_\_ No\_\_\_

- 6. Does your child have a one-to-one aide during the school day? Yes\_\_\_ No\_\_\_

- 7. Is your child in a self-contained classroom? Yes\_\_\_ No\_\_\_

If you answered yes to questions 5, 6, or 7, please specify the nature of your child's needs and your recommendations in caring for them:

\_\_\_\_\_  
\_\_\_\_\_

In the event of an extreme emergency, if parent, guardian or emergency contacts cannot be reached, I give permission to the school authority to arrange proper medical care at the following hospital/medical/dental facility: \_\_\_\_\_

***You may call our family physician, if necessary:***

Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent's printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

## Media Release Permission Statement

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_'s  
(Parent's name) (Child's full name)

picture to appear in the newspaper via a Parsippany-Troy Hills Township School's press release, highlighting his/her accomplishment or in the WWS newsletter. I also give my permission for the district to recognize him/her on Video on the Go.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_