

CAMP
SHINING STAR
**** 2019 ****
SUMMER CAMP



The Fair Lawn Recreation Department presently operates a special needs summer camp called Camp Shining Star. This diversified program is run by the Borough of Fair Lawn with the cooperation of the Fair Lawn Board of Education.

The camp program runs for six weeks starting July 1 and ending on August 9, 2019. The camp will be divided into 6 weeks. Please see our new fee schedule. The hours of operation are Monday through Friday from 1:00 p.m. - 5:00 p.m. The participants, aged 5-18, are divided into groups according to age and ability. Please see details in the application.

From the onset Camp Shining Star is designed to reward all of those involved in the program. Before the scheduled opening all new parents are invited to an orientation. At this time they personally meet with the counselors and supervisors who will be working with the children, and are given a "walk through" of a typical day of what their child's summer will be like.

Located in the Fair Lawn Memorial Park, the camp has the advantage of using over 29 acres of open space, shade trees, walkways, sports fields, and the fully supervised Memorial pool bathing facility. The campers also utilize the new multi functional playground structure located at Memorial Park. The participant's daily activities include group and individual games, music and rhythmic activities, daily supervised water safety and swim lesson instruction. New activities for our campers are outdoor/nature activities and programs, music and dance, and increased sports, fitness and exercise activities.

Each week various shows including clown acts, magic shows and folk singing are on hand to entertain. The children also take field trips to the Fair Lawn Bowlero Bowling Alley for bumper bowling, Fair Lawn Recreation/Community Center (movies, gymnasium, and arcade), Bounce-U (an interactive play facility), and Fun Time Junction (an interactive play facility).

The Camp Shining Star program does not close for inclement weather. The participants are simply moved indoors to the Memorial Middle School (located next to Memorial Park) for indoor passive and active games, films, and other activities. When possible, the Fair Lawn Community Center will also be used. Both facilities are fully accessible to the handicapped.

We are extremely proud of Camp Shining Star and hope our program can help make the summer a very special and fun-filled time of the year for your children.

***** **GENERAL INFORMATION** *****

2019 CAMP SHINING STAR

SUMMER CAMP

July 1, 2019 to August 9, 2019

(No camp on Thursday July 4, 2019 – Independence Day Holiday)

1. **APPLICATION FORM:** Due 6/10/2019. This must be filled out completely and returned with a check made out to the **Borough of Fair Lawn.**
2. **CAMP HEALTH HISTORY:** These must be returned by June 14, 2019.
*****NO CHILD WILL BE ADMITTED TO CAMP WITHOUT THIS FORM COMPLETED.*****
THIS IS A NEW JERSEY STATE LAW.
3. **CAMP WAIVER FORM:** This must be returned by June 14, 2019.

4. The Fair Lawn Recreation Department will be holding an orientation day consisting of no more than 1 hour in which all new parents will be able to meet our staff, go over camp rules of departure, pick-up, and other miscellaneous items. **This orientation is mandatory for all parents who will be joining camp for the first time.**
The orientation is set for 6:30 p.m. on Tuesday, June 11, 2019. The meeting location will be at the Fair Lawn Community Center located at 10-10 20th Street.

Please mark your application on the next page to let us know if you are attending.

We ask that only parents attend this orientation.

All forms can be mailed to: Fair Lawn Recreation Department
8-01 Fair Lawn Avenue
Fair Lawn, N.J. 07410

To Hand Deliver call: Fair Lawn Recreation Department at 201-796-6746

If you have any further questions or concerns call the Fair Lawn Recreation Department at 201/796-6746, Monday through Friday, 8:30 a.m. to 4:30 p.m.

THIS FORM IS DUE ON: JUNE 10, 2019

2019

APPLICATION FORM

CAMP SHINING STAR SUMMER DAY CAMP

Conducted by the Recreation Department, Fair Lawn, N.J. in cooperation with the Fair Lawn Board of Education, for students of the Fair Lawn Special Education Program and Bergen County.

NAME _____ TELEPHONE NUMBER _____

ADDRESS _____

AGE _____ (last birthday) Birth date _____

Important: Please no answering machine telephone numbers. Someone other than the parents who can be reached in an emergency and can take care of the child if he or she becomes ill during camp day.

Name _____ Day Phone _____

Relationship _____

Camp Period from July 1 through August 9, 2019 (NO camp Thursday 7/4/2019)

PLACE: Fair Lawn Memorial Park - back of Memorial School by the tennis courts/Schmidt field.

HOURS: 1:00 p.m. to 5:00 p.m., Monday through Friday

REGISTRATION FEE: Checks should be made payable to: **Borough of Fair Lawn**

Fee Schedule

Fair Lawn residents- \$60.00 per week

Non-residents-\$125.00 per week

1. July 1 to July 5

2. July 8 to July 12----(*No camp 7/4/19)

3. July 15 to July 19

4. July 22 to July 26

5. July 28 to August 2

6. August 5 to August 9

Please **check off** the weeks you are attending.

***Weekly payments are available. Contact Camp Director for details.**

7. My child is attending the F.L.B.O.E Extended School Year---YES/NO---Circle one.

In order to be accepted into the camp program, you must also have the attached medical form and waiver completed and returned with your check by Friday, 6/14/2019.

Please mail all forms directly to the:

or hand deliver to:

Fair Lawn Recreation Department
8-01 Fair Lawn Avenue
Fair Lawn, NJ 07410

Fair Lawn Recreation Department
10-10 20th Street
Fair Lawn, NJ 07410

We will be scheduling an orientation night on Tuesday, June 11, 2019, to meet our staff and discuss the camp . It will be at 6:30 p.m. If you have any questions, please call 201-796-6746.

Yes, I will be attending _____

No, I will not be attending _____

If your child is new and you wish to attend the orientation to see if the camp is appropriate for your child, and then register after the orientation, please contact Scott Homa (Camp Director) at 201/796-6746 to confirm your attendance. **PLEASE DO NOT SHOW UP UNANNOUNCED!!!**



★ 2.

THIS FORM IS DUE ON: JUNE 14, 2019

2019
WAIVER

CAMP SHINING STAR - SUMMER DAY CAMP

Please return this form no later than Friday, June 14, 2019 directly to:

Fair Lawn Recreation Department
Camp Shining Star
8-01 Fair Lawn Avenue
Fair Lawn, N.J. 07410

★ Camper's Name _____ Telephone Number _____

★ Address _____

★ Age _____ Date of Birth _____

★ I DO HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PROGRAM AT CAMP SHINING STAR AND IN CASE OF AN ACCIDENT OR INJURY TO WAIVE ALL CLAIMS AGAINST THE SPONSORS OR ANY SUPERVISORS DESIGNED BY THEM.

Parent or Guardian Signature

EMERGENCY MEDICAL AUTHORIZATION

★ In the event that I am unable to be reached by telephone, I do authorize:

★ Name _____ Telephone Number _____

★ To act on my behalf, or if neither can be reached, do hereby grant permission to a licensed physician or hospital to perform diagnosis, treatment, and surgery on the aforesaid minor for any emergency illness or injury, as deemed as necessary by such competent medical opinion.

Parent or Guardian Signature

★ If you have any questions, please call 201/796-6746, Monday through Friday, between the hours of 8:30 a.m. to 4:30 p.m.

★ Date _____



3a.

THIS FORM IS DUE ON: JUNE 14, 2019

2019

HEALTH HISTORY

CAMP SHINING STAR
Recreation Department
Fair Lawn, NJ

This form is to be completed by a physician and the parents of the camper.

No camper will be allowed to enter camp without the completed form!

Please Print

Camper's Name Last First Sex D.O.B.

Address Home Phone

Camper's Primary Disability/Handicap

Mother's Name Mother's Day Phone

Mother's Address

Father's Name Father's Day Phone

Father's Address

Camper's Physician Physician's Phone

Physician's Address

Primary Health Insurance Camper's ID#

Important: Please no answering machine telephone numbers. *Someone other than the parents who can be reached in an emergency and can take care of the child if he or she becomes ill during camp day.

Name Day Phone

Relationship

Has child had any of the following:

Chicken Pox Diabetes Hay Fever

Head Injury Poison Ivy TB

Ear Infections Convulsions Seizures

Frequent Headaches Drug Allergy

Heart Disease Bleeding/Clotting Disorders

Kidney Disease Hypertension

Any Fears

Surgery (what/when)

Asthma Medication for

Stung by bee Reaction

Current medication (send with enclosed release and instructions)



★ 3b.

PHYSICAL EXAMINATION

★ Height _____ Weight _____ Blood Pressure _____

★ Hearing _____ Vision _____

★ Coordination and Motor Skills _____

★ Allergies to Medication _____

★ Allergies to food, plants, insects, etc _____

★ Is child currently taking medication that will need to be administered at camp?

★ Please indicate dosage _____

★ Any physical/emotional/mental handicap that will affect participation in any camp activity? _____

★ _____

★ _____

IMMUNIZATION RECORD - Please list dates

★ *DPT #1 _____ #2 _____ #3 _____ #4 _____

★ TD #1 _____ #2 _____ #3 _____

★ Tetanus #1 _____ #2 _____ #3 _____ #4 _____

★ *Oral Polio (Sabin) #1 _____ #2 _____ #3 _____ #4 _____

★ Polio (Salk) #1 _____ #2 _____ #3 _____ #4 _____

★ *Measles _____ *Mumps _____ *Rubella _____ *Tuberculin Test _____

★ *Required by law or must have note of exemption from physician

★ Signature of Physician _____ Address _____ Phone Number _____

★ Date of Examination _____

★ Camp Shining Star is NOT appropriate for children who present physical aggression toward others, themselves, or the environment including throwing objects, self-injurious behavior, running away, threats to harm self or others, significant oppositional/defiant behavior.

★ Please indicate if the child has displayed any of the listed behaviors in the last 12 months.

★ Yes _____ No _____

★ This health record is correct as far as I know, and the person described has my permission to engage in all prescribed activities except as specifically noted. In the event that my family's physician cannot be reached in an emergency, I hereby give my permission to the medical personnel selected by the Camp Directors or the Camp Medical Director to hospitalize, secure proper treatment for, order injection, anesthesia, and surgery for my child as named herein.

★ Parent/Guardian Signature _____ Date _____

★ **PLEASE NOTE:** If for religious reasons you cannot sign this form, you must provide a legal waiver.

★ **This medical form is due Friday, 6/14/19** and returned to the Fair Lawn Community Center
★ **or mailed to:** Fair Lawn Recreation Department, 8-01 Fair Lawn Avenue, Fair Lawn, NJ 07410





5.

CAMP SHINING STAR

PARTICIPANTS MISCELLANEOUS INFORMATION

Note to all Parents: Please pay close attention to this section. This information will be reviewed by the camp coordinator and director and any pertinent information will be passed along to the staff members responsible for your child's safety and well-being. This section is not designed to just find out any confidential information and does not just concern medical problems. **Its purpose is to help make your child's summer camp experience as enjoyable and fun filled as possible.** Please fill out the comment areas as best as possible. **The more we know about what your child likes, dislikes, and what he/she is good at, the more enjoyable the camp will be.**

COMMENT AREA

Does your child have any fears (loud noise, etc.)? Can they go on trips outside of camp? Can they ride bus (30 minutes max.)? Any restrictions (physical ability-vision, climbing stair, etc.)?

Is your child involved in any behavior modification programs and if so how can we continue the program at camp? Will we be using a Daily Communication Book for your Child?

What is your child's swimming ability? Can't swim, Beginner, Intermediate, Extremely good swimmer? Are they confident and unafraid of the water? Have they ever learned water safety?

Is your child toilet trained or currently being trained? Are they in diapers or pull ups? Are there any key words we should know that are used at home to let us know your child has to go to the bathroom? ****Your child must be toilet trained to be allowed to attend the camp!**

Any other comments? Food restrictions, Food allergies, specific behavior, phrases used at home, or any other miscellaneous information concerning your child's needs?

Type of School program placement:

___ Regular education/Mainstream ___ Resource Center/Room
 ___ Self contained Classroom ___ Special Education School ___ 1:1 assistant/paraprofessional provided

****Please feel free to let us know if you would like any information kept strictly confidential and please use the back of this page to continue on with any comments.**

