



FRANKLIN TOWNSHIP SUMMER
RECREATION PROGRAM

**Open to township children entering
kindergarten through grade 8.**

Program Dates: July 10-21

Time: 9:00 a.m. – 12:00 p.m.

Registration is available at Franklin Township
School, the Municipal Building, and on-line
www.franklin-twp.org.

**Deadline for registration
May 19, 2016**

For additional information, call Joanne Hyland 730-7912.

Franklin Township Recreation
Summer Program 2017

Dear Parent,

It's time to start thinking July! The township summer program, open to township residents, will run July 10 to July 21 from 9:00-12:00 noon at Franklin Township School rain or shine. Arts and Crafts, Board Games, Group Games, and Snack Time will be scheduled. Children will be responsible to provide his/her own snack and drink to be brought in a labeled bag with your child's name and group. Individual snacks will accommodate those on restrictive diets. Many special activities will be planned throughout the two weeks and a schedule will be provided on the **first day of the program**.

Children will be broken into age groups. Group I consists of children entering kindergarten, Group II are for children going into first and second grades, Group III are for those going into third and fourth grades, and children in fifth through eighth grade will be in Group IV.

The cost of the program for those who register by **May 19 is \$25 per child. After May 19, the registration is \$35 per child.** Late registration ends June 9.

Return the form below to Franklin Township Municipal Building: Attention Summer Program, 202 Sidney Road, Pittstown, NJ 08867. Only one form is needed per family.

For more information call Joanne Hyland- 730-7912

***Please no cell phones at camp. A phone is available for emergencies.**

Detach and return

Child's Name

Group (I, II, III, IV)

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____

home phone _____

address _____

emergency contact _____

Please list any known allergies or restrictions. Circle: Check/Cash \$ _____

Complete both sides of this page

Franklin Township Recreation

Throughout the program I have been taking pictures of the children having fun. I would like to share these photos with our community as well as forward them to the local newspaper in hopes of getting published. If you do not wish your child's photo to be published, please note so below.

I do not wish my child's photo to be published.

_____ *child's (children's) name + Group*

_____ *signature*

**Franklin Township Recreation Summer Program
Field Trip Permission Slip**

Dear Parent/Guardian:

We will be taking a trip to the Frenchtown Roller Rink on July 19. We plan to leave by 9:00 and return by 12:00. The fee for this trip which covers the cost of the bus ride and regular skates is \$10.00. Your child will be able to rent in-line skates for an additional fee of \$1.50 on the day of the trip.

The signed permission slip must be returned along with camp registration to Franklin Township Municipal Building by June 9. There is a limited number of openings available.

** Do not include in-line skate rental money at this time.*

_____ I hereby give my child (children) permission to attend the field trip. I understand that there are certain risks of injury. I hereby waive release and hold harmless Franklin Township Recreation, its Counselors, Directors, and Representatives from any injury that may be suffered by my child (children) in the course of participation in this trip.

_____ My child (children) will be unable to attend the field trip. I understand that there are no alternative activities planned for that day.

Child's Name _____ Group _____

Child's Name _____ Group _____

Child's Name _____ Group _____

Child's Name _____ Group _____

Parent/Guardian Signature _____

Date _____

**TOWNSHIP OF FRANKLIN FIELD TRIP PERMISSION SLIP WITH MEDICAL
RELEASE 2017**

This form must be signed by parent/guardian and returned to the Recreation Department BEFORE the trip

Field Trip _____ Date of Trip _____

Time/Place of Departure: _____ Arrival Back to Franklin _____

MEDICAL RELEASE

I give my permission for _____
(Student's full name- please print) (Grade)

to attend the above trip, and authorize any medical treatment in my absence, for the well being of the participant, in case of an emergency. As the parents or guardians of the above named child we confirm our child is fit for the event and we consent to our child's participation. In consideration of allowing our Child to participate in this field trip, we consent to the liability release form attached to this form and agree that its terms shall bind us, our Child and our heirs, legal representatives and assignees.

CONTACT INFORMATION

Name of 1st Emergency Contact: _____

Name of 2nd Emergency Contact _____

Home Tel. # _____

Home Tel. # _____

Work Tel. # _____

Work Tel# _____

Cell # _____

Cell # _____

MEDICAL INSURANCE

Name of Company: _____

Policy # _____

Group# _____

Please list any special medical or physical needs, medical conditions, or allergies the personnel should be aware of. I understand if my child requires and inhaler/epi-pen that the child is responsible for taking it with him/her on the trip.

Date: _____ Signature of parent or legal guardian _____

Complete both sides of this page