



Mayor Michael Melham and the
Township Council present

CAMP

BELLEVILLE

AT BELLEVILLE HIGH SCHOOL

July 1st – August 16th

Monday through Friday

Hours: 8AM – 4PM

ONLY
**\$75 per
Week**

Activities Planned

- ✓ Liberty Science Center
- ✓ Medieval Times
- ✓ Bowling
- ✓ Turtle Back Zoo



**FUN & CREATIVE
ACTIVITIES FOR
BOYS & GIRLS
GRADES 1 – 6**

For camp information call:

973-450-3323

**For registration form please email:
summercamp@BellevilleNJ.org**

Camp Pricing

Grades 1st - 6th

6 weeks paid in full: \$375.00

\$75.00 weekly = \$450.00

Summer Camp Hours

(8:00 am - 4:00 pm)

1st Week of Camp will be: July 1st - Wednesday July 3rd (NO Charge)

No Camp July 4th or July 5th

BELLEVILLE RECREATION CAMP PROGRAM
APPLICATION

Name of Child _____

Child's Date of Birth ____ / ____ / ____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number (_____) _____

Cell Phone Number (_____) _____

Shirt size : Small _____ , Medium _____ , Large _____ , Extra Large _____

RELEASE OF LIABILITY I hereby release and hold harmless Belleville Recreation Summer Camp Program, the Township of Belleville and its officers, employees, agents, representatives, volunteers, staff and assigns and indemnify them from and against any liability, claims, judgments or expenses that may arise out of or from participation in the in this Camp Program and any travel/transportation related to this Camp Program, including but not limited to, injury, accidents, loss of property, death, sickness or exposure other illnesses, whether or not such is caused by negligence of the Belleville Recreation Summer Camp Program, the Township of Belleville and its officers, employees, agents, representatives, volunteers, staff and assigns.

Parent/Guardian

Signature: _____ **Date:** _____

EMERGENCY CONTACT INFORMATION

1. Primary Contact

Name _____ Relationship to Camper _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone # (____) _____ Secondary Phone (____) _____

E-mail _____

2. Secondary Contact (In the event primary contact is not available)

Name _____ Relationship to Camper _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone # (____) _____ Secondary Phone (____) _____

E-mail _____

Parent/Guardian Signature: _____ **Date:** _____

MEDICAL CONDITION INFORMATION

Does the child have any allergies?

No

Yes, please specify (medications, food, reaction to bee stings, etc.)

Please specify any additional information the camp counselors may need to know while Camper is attending the program.

Parent/Guardian Signature: _____ **Date:** _____