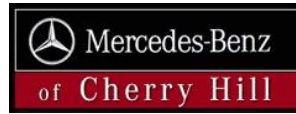




Recreation Department



Dear Parent/Guardian:

Welcome to Cherry Hill Township Recreation's Morning Fun Camp. We hope your child will have a fun and enriching experience this summer. ***Please be advised that the camp will be open 4 days a week, Monday – Thursday, with the option to register for Friday field trips.***

Morning Fun Camp is \$70 for one child; \$50 for each additional sibling until June 17. After June 17, 2011, the fee increases to \$80 for one child; \$50 for each additional sibling.

To help our staff provide a safe environment and the best possible care for your child, please read the guidelines below. You are then requested to fill out the Camper Information Form, Medical Information Form, and sign and return the last page confirming you read the expulsion and discipline policies for camp. ***Please return all completed forms to the Recreation Department upon registering. If you register for camp after June 27, all forms must be completed and returned prior to attending. Information for Friday field trips is available in this packet. Money will not be accepted at your camp site or the field trip site.***

GENERAL GUIDELINES

1. A Staff Supervisor is available at each site to address your concerns. Your input is important to us.
2. Please plan to have your child arrive at 9 am and be picked up at 12 pm. The staff is not available to supervise your child before/after program hours.
3. Children are expected to remain at the site between 9 am and 12 pm. Under no circumstances are children permitted to leave at will.
4. If a child needs to leave early, a note from you is required in advance. He/she must be picked up by a parent, guardian, or someone you designate. This is for the protection of your child. Please make sure you note exactly who may pick up your child.
5. If your child has your permission to walk or ride a bike alone to and from their Morning Fun site, ***you must attach a letter signed by a parent or guardian and return it to your Site Supervisor.***
6. *Please send a snack and drink each day.* Please list any dietary restrictions on the registration form where indicated.
7. The Recreation Department will continue to provide the best experience for your child. We welcome any suggestions and concerns you may have. If you have any questions please call (856) 488-7868.
8. ****** NEW *** All campers will be required to wear a camp T-shirt every day of camp and on trip days. Please refer to the shirt order form in this packet for specific details.***

Sincerely,

A handwritten signature in cursive script that reads 'Megan J. Brown'.

Megan Brown, Director of Recreation

Morning Fun Camp Registration Form

Please fill out and return along with Universal Health Record Form prior to the start of camp for each registrant.
The Morning Fun program is for Cherry Hill residents ONLY.

Please check the appropriate camp site:

- Carusi Carusi Drama Sharp Woodcrest
 Knight Paine Mann

Child's Name _____ D/O/B _____ Grade entering Sept 2011 _____
Child's Address _____ City _____ State _____ Zip _____
Parent/Guardian Full Name _____ Email _____
Home # () _____ Work # () _____ Cell # () _____

Emergency Contact Information:

Name _____ Relationship _____ Phone # _____

List those people, including yourself, who may pick up your child. No child will be released to anyone other than those listed. You must make any changes to this list in writing to the site supervisor.

Name _____ Home # () _____ Work # () _____ Cell # () _____
Name _____ Home # () _____ Work # () _____ Cell # () _____
Name _____ Home # () _____ Work # () _____ Cell # () _____

- Please check this box to inform us if your child has special needs, developmental or physical disability, or any dietary restrictions so that we may help accommodate your child in our camp programs. Please elaborate below:

NOTICE OF CODE OF CONDUCT

Cherry Hill Township seeks to provide a safe environment for all participants in our recreation programs. It is our policy to provide a safe environment for all Cherry Hill Recreation Department Staff as well as all children enrolled in our programs. In order to preserve this safe environment, Cherry Hill Township reserves the right to dismiss any child who commits any act that may compromise the safety of our programs. Threats, assaults, vandalism, possession of drugs or alcohol are just some examples of inappropriate behaviors and activities that could result in the dismissal of an individual from a Cherry Hill Recreational program.

I have read and understand the terms and conditions of the Cherry Hill Township Department of Recreation Code of Conduct.

Signature of Parent/Legal Guardian _____

Printed Name of Parent/Legal Guardian _____

Date _____

EMERGENCY RELEASE

In the event my child should become injured or ill at a Cherry Hill Township sponsored camp, I hereby authorize the staff of the camps to arrange for whatever emergency medical care is deemed necessary and reasonable at the time, including transportation to a local hospital.

Signature of Parent/Legal Guardian _____

Printed Name of Parent/Legal Guardian _____

Date _____

I, the **registrant/guardian** (circle one), by applying to participate in a Cherry Hill Township Recreation Program, do hereby waive, release, absolve, indemnify and agree to hold harmless Cherry Hill Township, the organizers, sponsors and supervisory of the program.

Signature _____ Printed Name _____ Date _____

Instructions for completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- ♦ **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- ♦ **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- ♦ **Head Circumference** - Only enter if the child is less than 2 years.
- ♦ **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Dept. of Health & Senior Services, Immunization Program at 609-588-7512.

- ♦ The Immunization record must be attached for the form to be valid.
- ♦ "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history.
If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow. A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.doc. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included. PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permission slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible

and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breast feeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding or ADHD.

h. **Emergency plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- ♦ For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- ♦ For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- ♦ Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different).

- ♦ Print the health care provider's name.
- ♦ Stamp with health care site's name, address and phone number.

UNIVERSAL CHILD HEALTH RECORD -

For Morning Fun Only

Camp Site: _____

Endorsed by: American Academy of Pediatrics, New Jersey Chapter; New Jersey Academy of Family Physicians; New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender Male _____ Female _____		Date of Birth ____/____/____	
Does Your Child Have Health Insurance? Yes _____ No _____			If yes, name of child's health insurance carrier: _____		
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date _____			This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)		_____	
		Height (must be taken within 30 days for WIC)		_____	
		Head Circumference (if < 2 years)		_____	
		Blood Pressure (if ≥ 3 years)		_____	
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List plan needed & signs/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
Box MUST be checked <input type="checkbox"/> I have examined the above child and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Doctor's Office Stamp		
Signature/Date					

EXPULSION POLICY

The Morning Fun program takes every action to avoid the expulsion of a child from our program, but there are sometimes reasons we have to expel a child either on a short term or permanent basis. The Township would like you to know that we have staff at each camp site that will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to terminate or suspend a child from our camp site.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Physical or verbal abuse to staff
- Physical or verbal abuse to any other child in camp
- Habitual tardiness when picking up your child

CHILD'S ACTIONS FOR EXPULSION

- Ongoing physical or verbal abuse to staff or other children.
- Repeated biting of other children
- Uncontrollable tantrums/angry outbursts
- Failure of child to adjust after a reasonable amount of time
- Having an illness/sickness that may be detrimental to other campers/staff

PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment, appropriateness of activities, supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise appropriate behaviors
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion
- The director/supervisor and parent/guardian will have a conference to discuss how to promote positive behaviors

SCHEDULE OF EXPULSION

- If actions above do not produce results, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
 - The parent/guardian will be informed regarding the length of the expulsion period
 - The parent/guardian will be informed about the expected behavioral changes required for the child or parent to return to the center
 - Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED

- If a child's parent(s):
 - Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements (1-877-667-9845)
 - Reported abuse or neglect occurring at the center (1-877-NJ ABUSE)
 - Questioned the center regarding policies and procedures.

I have read and understand the Expulsion and Discipline Policy for the Morning Fun Camp 2011.

****Please return this with your registration form.***

Child's Name

Camp Site

Print Name

Date

Signature

Date



**Morning Fun Camp 2011
Camp T-shirt Order Form**

*** PLEASE PAY BY CHECK ***

(Make checks payable to Cherry Hill Township)

Dear Parent/Guardian:

For the safety of our children, all campers are required to wear an official camp t-shirt each day (with the exception of the first day), including on field trips. T-shirts are \$10 for the first shirt, \$5 for each additional shirt. To purchase a shirt, please fill out the t-shirt order form below and return with payment (checks made payable to **Cherry Hill Township**) to the **Recreation Department, Room 102, 820 Mercer St.** before the first day of camp. T-shirts will be delivered to the appropriate camp site on the first day. If you have any questions, please call the Recreation Department at 856-488-7868.

Morning Fun Camp T-Shirt Order Form

Available sizes: Youth Medium, Adult Small, Adult Medium, or Adult Large

NAME OF CHILD	PHONE #	CAMP SITE	SIZE**

Total Dollar Amount: _____

Signature _____ Date: _____

**** No refunds will be given for T-shirts. Sizes are not guaranteed.**



Morning Fun Camp 2011 Field Trip Registration Form

PLEASE PAY BY CHECK
(make checks payable to Cherry Hill Township)

Dear Parent/Guardian:

The Recreation Department is happy to offer field trips for your child to participate in this summer. The field trips include bowling, skating and the "National Day Out" Camp Day. Each trip requires your child to be registered prior to the date of the event and all forms MUST be returned to the **Recreation Department, Room 102, 820 Mercer St.** and all checks or money orders (**payable to Cherry Hill Township**) must be received **no later than 2** days before any trip. There will be NO REFUNDS for any of the Morning Fun trips. Please note the location, arrival and departure time for each trip. Additional forms will be available at each camp site and in the Recreation Department. Please call 856-488-7868 with any questions.

BOWLING TRIPS

Location: Playdrome of Cherry Hill,
1536 North Kings Highway
Dates: Friday, July 1st, 8th, 15th, 22nd and 29th
Cost: \$10.00 per child (includes shoe rental and food package*)
* Package includes Pizza/Hot Dog and a Soda
Arrival: 9:00 am / **Pick Up:** 11:30 am*
*(no later than 11:45am)

Please indicate which food option:

Pizza Hot Dog

Please check which dates you will be attending:

July 1 July 8 July 15 July 22 July 29

SKATING TRIPS

Location: Cherry Hill Skating Ctr,
664 Deer Rd.
Dates: Tuesday, August 2nd or
Thursday, August 4th
* Date will be determined by camp site.
Cost: \$7.00 per child (includes skate rental and food package*)
* Package includes Pizza/Hot Dog and a Soda
Arrival: 9:00 am / **Pick Up:** 11:30 am*
*(no later than 11:45am)

Please indicate which food option:

Pizza Hot Dog

NATIONAL DAY OUT

Location: Municipal Softball Field, 820 Mercer
Date: Friday, August 5th
Cost: Free*
**This event has no charge, but registration is required for head count. Campers will receive a free hot dog, water and pretzel.*
Arrival: 9:00 am / **Pick Up:** 12:00 pm
Campers will enjoy a magician, karate demonstration and an interactive activity with the Cherry Hill Police.

Please indicate whether or not you will attend:

Yes No

Sponsored by



Funded by GCADA

NAME OF CHILD	PHONE #	CAMP LOCATION

I, _____ (Parent/Guardian), hereby give my child/children permission to attend a Cherry Hill Township Morning Fun Field Trip.

Signature _____ Date: _____

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DEPARTMENT OF HEALTH AND SENIOR SERVICESPO Box 360
Trenton, NJ 08625-0360Mary E. O'Dowd, M.P.H.
Acting CommissionerFor Release:
April 27, 2011For Further Information Contact:
Office of Communications
609-984-7160**Public Health Alert -- Measles Exposures Related to Camden County Man; DHSS Urges Residents to Get Up-to-Date on Vaccinations**

The New Jersey Department of Health and Senior Services has identified a Camden County man with probable measles who may have exposed an unknown number of people at public locations in South Jersey between April 21 and 24. The man had been exposed to an infected woman who recently traveled here from Italy. This case is not related to possible measles exposures DHSS announced last week involving two French women.

Measles is a highly contagious viral illness that can cause serious medical complications. As a result, DHSS recommends that anyone who was in the following locations, which were visited by the Camden County man during the incubation period for measles, contact a health provider immediately to discuss potential exposure and risk of developing the illness:

- On April 21, anyone who visited the Pop Shop, 729 Haddon Ave., Collingswood, between 6:30 p.m. and 9:30 p.m.
- April 22, anyone who visited the Home Depot, 2160 Route 70, West Cherry Hill, between 8 a.m. and noon
- April 23, anyone who visited Kohl's, 2133 Route 38, Cherry Hill, between 6 and 9 p.m.
- April 24, anyone who visited:
 - Magnolia Nursery, 405 S. White Horse Pike, Magnolia between 11 a.m. and 4 p.m.
 - Toys R Us, 500 New Jersey 38, Cherry Hill, between 11 a.m. and 4 p.m.
 - Walmart, 500 New Jersey 38, Cherry Hill, between 11 a.m. and 4 p.m.
 - Home Depot, 2160 Route 70, West Cherry Hill, between 11 a.m. and 4 p.m.
 - Lowe's, 122 W. Oak Ave., Lawnside, between 11 a.m. and 4 p.m.

Anyone who suspects an exposure is urged to call a health care provider before going to a medical office or emergency room. Special arrangements can be made for you to be evaluated while also protecting other patients and medical staff from possible infection. Symptoms may develop as early as April 26 or as late as May 15. Measles symptoms include rash, high fever, cough, runny nose and red, watery eyes.

"We urge everyone to check to make sure they and their family members are up-to-date

on measles/mumps/rubella (MMR) vaccine and all other age-appropriate immunizations. Getting vaccinated not only protects you, it protects others around you who are too young to get the vaccine or can't receive it for medical reasons. Two doses of measles vaccine is more than 99 percent effective in preventing measles," said Dr. Christina Tan, acting deputy commissioner and state epidemiologist.

"And if you're planning an international trip, the World Health Organization recommends that adults or adolescents unsure of their immune status get a dose of measles vaccine before traveling," she added. Europe is in the midst of a serious measles outbreak, with more than 6,500 cases reported in 33 countries so far in 2011

Measles is easily spread through the air when an infected person talks, coughs or sneezes. People can also get sick when they come in contact with mucus or saliva from an infected person. Anyone who hasn't been vaccinated or has not had measles is at risk if they are exposed to the virus.

Measles can cause serious complications such as pneumonia and encephalitis (swelling of the brain) in 20 percent of patients, especially children under 5 and adults older than 20. Measles infection in a pregnant woman can lead to miscarriage, premature birth or a low-birth weight baby.

The Camden County man is considered a probable case because he has measles symptoms and documented exposure to a confirmed measles case, but no laboratory confirmation at this time. Laboratory test results are pending. The vaccine status is unknown for the infected woman who had traveled to the U.S. from Italy.

DHSS is working with local health departments and with the U.S. Centers for Disease Control and Prevention to locate the Camden County man's contacts, and continues to investigate exposures to the earlier, unrelated cases of measles in the two French women who developed symptoms on April 10, three days after arriving in New Jersey. The women have since recovered.

However, because the women were infectious when they attended a party at a Livingston restaurant, DHSS continues to recommend that patrons of the Eppes Essen restaurant on East Mount Pleasant Avenue on April 10 between 11 a.m. and 4 p.m. contact their health care provider immediately to discuss their potential exposure and risk of developing the illness.

People exposed at the restaurant in Livingston could develop symptoms as late as May 1.

For more information about measles, contact your health care provider or visit the U.S. Centers for Disease Control and Prevention's web site at www.cdc.gov/measles.

#

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