

REGISTRATION FORM

Completed forms can be mailed to, Mt Holly Township Recreation Dept, 23 Washington St, Mt. Holly, NJ Delivered to the Recreation office at 23 Washington St, or Email to: jrjones@twp.mountholly.nj.us
Contact Jim Jones, Recreation Director with any questions you may have at 609-267-1742

PLEASE TYPE OR PRINT CLEARLY - ONE FORM PER CHILD - PROOF OF ADDRESS IS REQUIRE

Child's Name:

T-Shirt Size

Address: _____

Home Phone

Age: ____

DOB: _____

My child is currently registered in which school: _____ Grades completed: ____

Interested in Volunteering with Summer Recreation Program (Ages 13 - 18) Yes ___ No ___

1st Parent or Guardian Name

Relationship:

Mobile:

Email:

2nd Parent or Guardian Name:

Relationship:

Mobile:

Email:

Will child be picked up daily or walk home?

Person picking up child

Relationship

Phone: _____

In Case of Emergency, please list 2 names and numbers below:

Name:

Relationship:

Phone: _____

Name:

Relationship:

Phone: _____

I agree that my child is responsible for all rules of the Mount Holly Summer Program. I understand that there is no supervision prior to 9:00am or after 3:00pm, unless it is a scheduled trip day, and my child is participating.

Parent/ Guardian Signature

****NO CHILD WILL BE ABLE TO PARTICIPATE WITHOUT ALL FORMS BEING COMPLETED****
This is NOT a Mt. Holly Twp. Public Schools sponsored program



2024

TOWNSHIP OF MT. HOLLY

SUMMER RECREATION MEDICATION REQUEST FORM

The NJ Department of Education, Office of Educational Support Services, recommends that **ALL MEDICATION (both prescription and over the counter OTC)** must be accompanied by written permission from **BOTH** the **PARENT** and **PHYSICIAN**. The Township of Mt. Holly follows the recommendation that permission is required from **BOTH PARENT AND PHYSICIAN** for administration of any medication. In order for a program participant to receive any medicine including Tylenol, Advil or Motrin, the Township Summer Recreation Program needs written permission from both the parent and the physician.

Prescription medication must be brought to camp by the parent, unless other arrangements have been made with the Head Camp Counselor. It must be in the original prescription container, labeled with the name of the child, medication, dosage and name of the physician.

All prescription and specific non-prescription medications (i.e. Zyrtec, Claritan, Excedrin, Aleve, etc.) should be provided by the parent/guardian with a written permission of the child's physician and parent/guardian including the child's name, purpose of the medication, the time at which (or the circumstances under which) the medication shall be administered, and the length of time for which the medication is prescribed.

Only those medications which are medically necessary during recreation program hours for a child's well being should be sent to the Recreation Department.

Child's Name:

DOB:

Medication Name:

Reason for Medication:

Dosage:

Time to be given:

Dates Medication to be Given from:

To:

How is it taken:

Example: by mouth, inhaler, with food, crushed, not applicate, etc.

Additional Comments:

Parent's Signature

Physician's Signature

Telephone

Telephone

I hereby agree that all information contained within is accurate and truthful

Please Attach additional Pages for any other medical information needed

www.twp.mountholly.nj.us/recreation

23 Washington Street, Mount Holly, NJ 08060 • TEL: (609) 267-1742 • FAX: (609) 267-8155