

# CAMP BRIGANTINE 2024

at

BRIGANTINE ELEMENTARY SCHOOL GYM  
301 E. Evans Blvd., Brigantine, NJ 08203

7 Weeks

June 24<sup>th</sup> to August 9<sup>th</sup>

9:00 A.M. to 4:00 P.M.

Children Entering 1<sup>st</sup> through 6<sup>th</sup> Grades

Fee Structure:

	<u>3 Weeks</u>	<u>4 Weeks</u>	<u>5 Weeks</u>	<u>6 Weeks</u>	<u>7 Weeks</u>
1 <sup>st</sup> Child	\$1400.00	\$1500.00	\$1600.00	\$1700.00	\$1800.00
2 <sup>nd</sup> Child	\$1700.00	\$1800.00	\$1900.00	\$2000.00	\$2100.00
3 <sup>rd</sup> Child	\$2100.00	\$2200.00	\$2300.00	\$2400.00	\$2500.00

Attendance Option: The camper may attend Camp Brigantine for 3, 4, 5, 6 or the entire 7 weeks. The weeks must be selected at the time of registration. Once the weeks are selected there can be no change.

\*We are also offering the option of the child attending for one or two weeks. The cost would be \$300.00 per week. Please contact the CER office at 264-7350 Ext. 1 for more information.\*

A \$100.00 deposit, per child, will be due at registration with the balance due by June 21<sup>st</sup>.

Payment must be in form of *check* or *money order* payable to **BRIGANTINE CER**, 265 42<sup>nd</sup> Street, Brigantine, NJ 08203.

### NO CASH ACCEPTED!

Refund policy: Prior to June 7 - 100%  
Prior to June 14 - 75%  
Prior to June 21 - 50%

NO REFUNDS- After June 24<sup>th</sup>

We reserve the right to dismiss any camper whose conduct is detrimental to the camp and no refund will be issued. No deduction is made for late arrival or early departure. No refund will be made for withdrawal or absence due to illness or family vacations.



There will be a \$300.00 Discount for those who apply  
for the full 7 week program by February 15, 2024

# CAMP BRIGANTINE

## 2024

### FEATURES

Professional Supervision: Camp Director is a certified teacher  
Experienced Camp Counselors

Enrichment Subjects:      Computers                  Arts & Crafts  
   Music                                  Yoga  
   Reading                                Chess

Activities:                      Swimming                      Softball  
   Basketball                      Special Events  
   Soccer                            Indoor games  
   Volleyball                      Fitness

Theme Days:                      Every Thursday will be a "Theme Day"

(Tentative)  
Field Trips:                      Pirate Adventures Boat Ride  
   Cape May County Zoo  
   Egg Harbor City Lake Day  
   Atlantic City Aquarium  
   Funny Farm Rescue  
   Movies

Camp Notes:                      - Lunches are the responsibility of the parents.  
   - Snacks and drinks will be provided.  
   - All Campers will receive a T- shirt.  
   - Bus transportation is not available.  
   - Parents are responsible for the child's accident and health insurance coverage.

# CAMP BRIGANTINE

## 2024

### REGULATIONS

1. Camp hours are 9:00 A.M. to 4:00 P.M. Please do not drop off your child early.
2. Parents must give appropriate notification to the staff if the child is going to be absent. Please call **John Clement - 561-714-0929** either before the absence occurs or between 8:00 a.m. and 9:00 a.m. on the day of the absence.
3. On field trip days, campers must bring a bag lunch along with a drink. Money is optional, but the camper is solely responsible for his/her own money. Campers must wear their camp shirts on field trip days so they can be easily identified.
4. On Beach Days we will require campers to bring beach attire, beach shoes, towels and sunscreen.
5. We understand that campers are going to bring phones to camp but we will make an effort to monitor the amount of time campers are spending on phone and expect phone use to be limited.

### DISCIPLINARY PROCEDURES

A disciplinary problem exists when a child is disrupting the Camp by either requiring constant one on one attention, inflicting physical or emotional harm on other children or staff, or is unable to conform to the rules of the Camp.

#### **Step 1**

Child will be prohibited from participating in specific activities (i.e. play time, computer time) for a specific period of time (to be determined by Camp Director).

**VERBAL** notification to parents as to extent of problem.

#### **Step 2**

Conference with parent to discuss problem and solution.

**WRITTEN** notification to parents.

#### **Step 3**

Suspension for specific period of time (as determined by Camp Director).

**WRITTEN** notification to parents.

#### **Step 4**

Permanent removal from program.

**WRITTEN** notification to parents.

# CAMP BRIGANTINE

## 2024

### APPLICATION

(Please Print)

Camper's Name \_\_\_\_\_ Grade in September 2024 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Sex (Circle) M F Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work phone # \_\_\_\_\_

**EMERGENCY** Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_

The Camper will attend the entire seven weeks of Camp.

The Camper will attend three to six weeks of Camp - please select the weeks by placing an X in the appropriate boxes:

June 24 – June 28

July 22 – July 26

July 1 – July 5

July 29 – August 2

July 8 – July 12

August 5 – August 9

July 15 – July 19

I hereby authorize the staff of Camp Brigantine to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release Camp Brigantine from any and all liability for any injuries or illnesses incurred while at Camp. I have no knowledge of any physical impairment that would be affected by the above named Camper's participation in the Camp program.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# CAMP BRIGANTINE 2024

Camper's Name \_\_\_\_\_ Grade \_\_\_\_\_

(Please Print)

One FREE T-shirt included with application - Shirt Size (ADULT SIZES):

Youth - Small \_\_\_\_\_ Youth - Medium \_\_\_\_\_ Youth - Large \_\_\_\_\_

I would like to purchase Additional T-shirts \_\_\_\_\_ @ \$12.00 per shirt \_\_\_\_\_

*Please make checks payable to: Brigantine C.E.R.*

## **PERMISSION SLIP to ATTEND FIELD TRIPS**

I give my child \_\_\_\_\_ permission to attend any of the scheduled field trips for the time period within which my child is enrolled in Camp Brigantine.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## **PERMISSION SLIP to WALK HOME**

I give my child \_\_\_\_\_ permission to walk home from Camp Brigantine.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## **MEDICAL PROFILE**

(Please *circle* answers)

Immunizations Updated: Yes - No

Allergies: Yes - No \_\_\_\_\_

Allergic to stings: Yes - No Will medication need to be dispensed?: Yes - No

Asthma: Yes - No What medication and time: \_\_\_\_\_

Is there any other condition we should be aware of? Please explain: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_