

On the calendar below, please indicate which weeks your child will be attending -or- Check here for the full summer session: _____

SUN	MON	TUES	WED	THUR	FRI	SAT
JUNE	19	20	21	22	23	24
25	26	27	28 POOL DAY	29	30	July 1
2	3	4 No Camp	5 POOL DAY	6	7	8
9	10	11	12 POOL DAY	13	14	15
16	17	18	19 POOL DAY	20	21	22
23	24	25	26 POOL DAY	27	28	29
30	31	Aug 1	2 POOL DAY	3	4	5
6	7	8	9 POOL DAY	10	11	12

Pool days are subject to change. You will receive a finalized calendar prior to the beginning of camp.



2017 Camp Cape May Ages 4-12 Kiwanis Park

Sponsored by Kiwanis Club of Cape May



Camp Cape May Information

DATES AND TIMES

Monday through Friday
 June 19 to August 11
 9 AM to 3 PM
 Extended Hours are available upon request

FEES AND REGISTRATION

Fees: All Summer \$725

One Week: \$150

\$50 discount for each additional sibling for the full summer session
 Additional fee of \$4 per hour between 8 AM and 9 AM and between 3 PM and 5 PM
 All payments for camp must be made in full by June 1
 No Refunds **Payment must accompany registration to secure the child's position in camp.**

To register, please fill out the form on the right, then detach and **mail to:**

City of Cape May
 Office of Tourism, Recreation, and Civic Affairs
 643 Washington Street
 Cape May, NJ 08204

Or drop off at:

Cape May Convention Hall
 714 Beach Ave.
 Cape May, NJ 08204

Contact Info:

Phone: (609) 884-9565

Website: www.DiscoverCapeMayNJ.com

PAST CAMP CAPE MAY PROGRAMS

Local Excursions:

Outdoor Education
 Cape May County Zoo
 Cape May Point State Park
 Lighthouse Climb



Entertainment:

Turtle Singer
 Stan the Fireman
 Kids Playhouse Shows
 Story Time
 Special Guests

Community Events

Cape May Baby Parade
 Chocolate Week
 Picnic and Parent's Day



Activities

Arts and Crafts
 Parachute Games
 Beach Days
 Pool Days Sports Music
 Dancing



Camp Cape May Registration Form

CAMPER INFORMATION

Child's Name:

Gender:

DOB:

Age:

Child's t-shirt size (please circle):

XSmall

Small

Medium

Large

XLarge

List any allergies:

Allergic to stings (Y/N)?

CONTACT INFORMATION

Parent/Guardian Name:

Home Phone:

Work Phone:

Cell Phone:

Email:

Street Address:

City:

State:

Zip Code:

Local Emergency Contact Name and Phone #(other than parent/guardian):

Additional Name/Phone # of those allowed to pick up campers:

WAIVER AND RELEASE

Waiver for Participation

In consideration of accepting my/my child's entry, I hereby, for myself, my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Cape May or school district and its representatives, successors and assigns for any and all injuries suffered by my child at any activity sponsored by these groups.

Signature:

Date:

Does your child have permission to watch PG-rated movies (Y/N)?

Does your child have permission to watch G-rated movies (Y/N)?