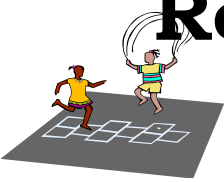


Roselle Summer Camp 2011



July 5 through August 12, 2011
7:30AM to 5:30 PM – Monday - Friday

Fee Schedule: ROSELLE RESIDENTS Standard Fee

Family, Registration fee, first child	\$300.00
Family, Registration fee, second child	\$200.00
Family, Registration fee, third child	\$100.00
Family, Registration fee, each additional child (after third)	\$50.00

Fees for Children in reduced school lunch program:

Family, Registration fee, first child	\$200.00
Family, Registration fee, second child	\$100.00
Family, Registration fee, each additional child (after second)	\$75.00

Fees for Children in free school lunch program:

Family, Registration fee, first child	\$100.00
Family, Registration fee, each additional child	\$50.00

Non-Resident – Registration fee, each child \$600.00

Camp fees include:

Six Weeks, Academic Enrichment, Cultural Enrichment, Arts and Crafts, Weekly Trips, Storytelling, Sports & Games, Breakfast, and Lunch.

For students between the age of 5 and 13 years old.

Registration:

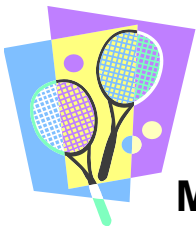
Daily - Borough Hall, 210 Chestnut Street, Roselle , New Jersey
From - 10:00am to 4:00pm Monday -Friday

Evening Registration: June 09 and June 10, 2011

Time: 500 PM to 8:00 PM

Place: Roselle Borough Hall

210 Chestnut Street, Roselle NJ



Money Order Only – Payable to the Borough of Roselle

Eligibility: Resident of Borough of Roselle, proof of residency and student's report card are required.
For further information, please contact Jo-ann Drake, Borough Hall at 908 259-3029.

**BOROUGH OF ROSELLE
PROGRAM REGISTRATION FORM**

ROSELLE SUMMER CAMP 2011

Please complete the registration form below. Duplicate this form if registering for more than one person. Failure to include all required information may cause a delay in processing. Please check fee schedule and submit payment accordingly. Please make money order payable to: **Borough of Roselle, 210 Chestnut Street, Roselle, New Jersey 07203**

Registrants Information:

Grade: ____

Child's First & Last Name: _____

Full Address: _____ **Town:** _____ **Zip Code:** _____

Home Phone # _____ **Child's DOB:** _____ **Age:** _____ **Shirt Size:** _____

Parent(s)/Guardian's Name _____

Street Address _____

Town _____ **Zip** _____

Phone #(Daytime): _____ **(Evening)#:** _____

(Emergency)#: _____ **(Cell Phone)#:** _____

In the event of an emergency, Borough of Roselle has my permission to obtain medical treatment for the above named child.

Allergies/other medical conditions: _____

Free Lunch ____ **Reduced Lunch** ____ **Regular Lunch** ____ **Fee pd.** ____ **M.O. #** _____

Signature of parent or guardian _____ **Date** _____

T-Shirt Size:(circle one)Child S M L XL or Adult S M L XL XXL XXXL (one t-shirt per child)

Scholarship Yes ____ **No** ____

The summer will be held at the following sites:

**Harrison
Washington
Dr. Charles C. Polk**

(Please circle your school choice)