



## 2025 Summer Camp | Registration

Camper Name: \_\_\_\_\_ Camper DOB: \_\_\_\_\_

Camper Grade Fall 2025: \_\_\_\_\_ Parent/Caregiver Email: \_\_\_\_\_

Camper #2 Name: \_\_\_\_\_ Camper #2 DOB: \_\_\_\_\_

Camper #2 Grade Fall 2025: \_\_\_\_\_ Parent/Caregiver Email: \_\_\_\_\_

Camper #3 Name: \_\_\_\_\_ Camper #3 DOB: \_\_\_\_\_

Camper #3 Grade Fall 2025: \_\_\_\_\_ Parent/Caregiver Email: \_\_\_\_\_

### HOW TO REGISTER

1. Please visit us in person.
2. Bring this completed registration packet with you to Jolly Toddlers, located at 275 2<sup>nd</sup> Street Pike Southampton PA 18966, and ring the bell on the side door entrance.
3. Janine or Nancy at the front desk will gladly accept your packet, register your camper/s, and take your deposit fee, registration fee, and payment method hold.
4. Please indicate the size for your child's JT Kidz Kamp T-shirt:  
**Small**       **Medium**       **Large**       **Extra Large**

### Required the Wednesday before your camper's first day of camp in order for your registration to be complete:

- A copy of your child's current (within a year) health assessment and record of immunizations.

Please email your child's health assessment to: [kidslovejollytoddlers@gmail.com](mailto:kidslovejollytoddlers@gmail.com)



## 2025 Summer Camp | Financial Terms & Conditions

- I understand the weekly camp fee for 2025 is still TBD. Last year the weekly fee was \$320 per week, per child. The cost included care from 7am-6pm, all trips, camp t-shirt, and activity fees. JT is in the process of determining cost with buses and vendors at this time. The fee is forthcoming as they are aiming to keep cost as close as possible to last years fee. I am welcome to place a deposit to hold my child's spot and JT will contact me with the final details to see if I am still interested by the end of March this year.
- I understand Jolly Toddlers has limited availability for summer camp, but that I am able to hold my child's spot now for a non-refundable deposit fee of \$50.00.
- I understand that if I choose to move forward with registration after Jolly Toddlers calls me with the weekly camp fee, that there is an additional, non-fundable registration fee of \$50.00 due, along with a payment method hold.
- **I understand that the \$50 deposit & \$50 camp registration are non-refundable.**
- **I understand that a billing method must be on file at the time of registration (No debit cards).**
- I understand that a billing method must be on file at the time of registration.
- I understand that any changes to camp registrations must be made 7 days before the billing date and I will be charged a \$10 change fee to your billing method on file.
- I understand payments will be drafted from my account 7 days prior to each week of camp for a total of **no less than 8 weeks.**
- I understand that no refunds or credits will be given for any change or cancellation made after being billed without a doctor's note provided to kidslovejollytoddlers@gmail.com.
- I understand that for the safety of all campers, midweek camp changes cannot be made.
- I understand that JT does not credit nor refund for events considered outside of our control which cause closure of camp and services (weather, power outage, Act of God, COVID forced closure, etc.)
- I understand that if I do not pay in-full for camp, that I hereby give authority to JOLLY TODDLERS to use the information provided or currently on file, to charge my bank account for camp on the published due date. Payments will be drafted from my account on the due date for ALL 8 WEEKS. I will be responsible for all payments from my account and will notify JOLLY TODDLERS of any changes to my account. Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus subject to any late or overdraft charges applied by the JOLLY TODDLERS. The current return draft fee is \$45.00. This is in addition to any service fee my bank may charge.

---

**Camper Name**

**Parent/Guardian signature**

**Date**

---

**Camper Name**

**Parent/Guardian signature**

**Date**

---

**Camper Name**

**Parent/Guardian signature**

**Date**



## 2025 Summer Camp | Parent Statement of Understanding

The following information is important for the safety and protection of your child:

- I understand that JT camp is a full 8-week commitment and I am responsible for paying all 8 weeks even if my child is absent, on hiatus, or on vacation, etc.
- I understand my child may not stay at JT on field trip days in lieu of attending a field trip. If I do not want my child to go on a certain field trip, or if I fail to sign a required waiver, etc. I agree to keep my child home on such days.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with Jolly Toddlers. Any other arrangements must be made by calling JT's office.
- I understand the request of JOLLY TODDLERS to not use social media as means to vent potential concerns and or frustrations with camp, as this negatively impacts the morale of camp staff and families. Instead, I will reach out to my camp director and together we will foster a solution.
- I understand that JT staff and volunteers are not allowed to baby-sit or transport children at any time outside the JT program. Immediate disciplinary action will be taken by the JT toward staff and volunteers if a violation is discovered. I understand I can face legal consequences for engaging in such actions.
- I understand no camp changes may be made mid-week.
- I understand that I am not to leave my young child or children at JT or program site unless a JT staff or volunteer is there to receive and supervise my child.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand I may be asked to sign a PAD (Pre Authorized Debt) Agreement.
- I understand I must have a payment method on file in JT's billing system.
- I understand if I pay by cash or paper check, payment is due the Friday before service and anything received after 6pm on Friday is considered late and further that one late payment will require all future payments by bank account or credit card therefore it is suggested I make payments on Thursday to avoid any issues.
- I understand that I can help ensure my child's safety by taking an active interest in his or her JT experience.
- I understand that the JT is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I must send my child with a snack, lunch, and water bottle. If I do not, my account will be charged for one.
- I understand that if my child brings medication to camp (including inhalers and epi-pens), that I must sign it in with the director.
- I understand that my child may be dismissed from the camp program if his/her actions are contrary to the core values of JT. No refunds or credits will be given.
- I have received a copy of the JT Camp Handbook and will keep it for future reference.
- I provide consent for the following: JT obtaining emergency medical care, administering minor first aid and medication, my child may participate in walks and trips including transportation and may participate in swimming and wading.
- I hereby grant permission for photographs and videos taken by JOLLY TODDLERS staff and volunteers to be used for JOLLY TODDLERS publicity purposes. I/we, the undersigned, have read, understand and agreed to the above.

### JT AGREEMENT – PLEASE READ CAREFULLY

I understand that payments are due based on a full 8 week commitment. I agree to make those payments. I understand and agree to the terms of the camp financial terms & conditions. I give permission for my child to participate in ALL Camp activities including field trips, swimming and special events. I consent to photographs being taken of my child. The photographs will become the property of JT and may be reproduced and published as JT desires, free of any claim on my part. In case of illness or emergency regarding my child, I authorize the Camp Director, or assigned personnel, to secure the services of a doctor if deemed to be necessary by JT. I understand that I am responsible for the financial costs related to medical services. I understand that medical information and personal data will be used only in Camp, when necessary to protect my child's well-being.

### WAIVER AND RELEASE

In consideration of my/our participation in the activities of JOLLY TODDLERS, I/we do hereby hold free from any liability JOLLY TODDLERS, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of JOLLY TODDLERS it's facilities, equipment or program activities. Furthermore, I hereby grant permission for photographs and videos taken by JOLLY TODDLERS staff and volunteers to be used for JOLLY TODDLERS publicity purposes. I/we, the undersigned, have read, understand and agreed to the above.

Camper Name

Parent/Guardian signature

Date



## EMERGENCY CONTACT/PARENT CONSENT FORM

### CAMPER INFORMATION

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School District: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION

#### Guardian #1: Who we will call first in times of emergency, also authorized pick up:

Name #1: \_\_\_\_\_ Best phone # to reach you: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Work# \_\_\_\_\_

#### Guardian #2: Who we will call second after not having reached Guardian #1 in times of emergency, also authorized pick up:

Name #2: \_\_\_\_\_ Best phone # to reach you: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Work# \_\_\_\_\_

*\*For more emergency contacts and authorized pick up persons; see next page*

### RESTRICTIONS, DISABILITIES OR OTHER ACCOMMODATIONS

Are there any medical or dietary considerations that staff should be aware of? (Put N/A if none)

Are there any allergies that staff should be aware of? (Put N/A if none)

Are there any accommodations made in the school setting that can be carried over in the camp setting? (Put N/A if none)

Does your child have an IEP or formal behavior plan that you are willing to share with staff? (Put N/A if none)

### HEALTH INSURANCE AND MEDICATION INFORMATION

#### Health Insurance Information

Health Insurance Provider \_\_\_\_\_ Policy/ID # \_\_\_\_\_

Physician – Name of child's physician practice: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

#### Medications - List all medications your child is presently taking, including over the counter medication.

Medication Name: _____	Medication Name: _____	Medication Name: _____
Dosage amount: _____	Dosage amount: _____	Dosage amount: _____
Time Taken: _____	Time Taken: _____	Time Taken: _____
How often: _____	How often: _____	How often: _____
Reason: _____	Reason: _____	Reason: _____



## 2025 Summer Camp | Emergency Contacts

**Emergency Contacts- Names and phone numbers of persons to be contacted in the event Guardian #1 or #2 are not available. Your child will only be released to the guardian's listed at the top of the sheet and those authorized as a pick-up person below. A photo ID is required.**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

AGREEMENT - To the best of my knowledge all of the information provided above is true. I believe my child to be in good health, and he/she has my permission to participate in all activities, unless otherwise specified. I hereby indemnify and hold harmless the JOLLY TODDLERS, its staff and volunteers from all losses, claims or actions that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in any reasonable and normal activity sponsored by JT. I have read and agree to: the financial terms and conditions, parent statement of understanding, JT agreement and waiver and release and nondiscrimination in services.

Camper Name	Parent/Guardian signature	Date
-------------	---------------------------	------



Subject: Nondiscrimination in Services  
To: Parents/Guardians  
From: JOLLY TODDLERS, Camp Leadership Staff

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among methods.

Any parent/guardian/student who believes they have been discriminated against, may file a complaint of discrimination with:

JOLLY TODDLERS  
275 2ND STREET PIKE SOUTHAMPTON PA 18966

Department of Human Services  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105

PA Human Relations Commission  
Philadelphia Regional Office  
110 N. 8th Street  
Suite 501  
Philadelphia, PA 19107

U. S. Department of Health and Human  
Services Office for Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania  
DHS Bureau of Equal Opportunity  
Southeast Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107



## 2025 Summer Camp | Camper Rules

The following information is important for the safety and protection of your child:

- PLEASE LABEL EVERYTHING.
- Please apply sunscreen on your child in the morning. The counselor will reapply sunscreen in the afternoon.
- Please have your child wear shoes with a closed front. **No flip-flops or sandals are allowed.**
- Each camper must bring in a morning and afternoon snack with enough to drink for the whole day. Your child should have a reusable **water** bottle daily. Due to the size of our refrigerator, we ask that you put an ICE PACK in your child's lunch box. Please leave as many items in the lunch box as possible.
- Arrive **NO LATER** than 9AM on WEDNESDAY FIELD TRIP DAYS. Your child must be dressed in the JT Kidz Kamp T-Shirt to board the bus. This is for safety purposes.
- Children may bring toys on THURSDAYS so long as it does not have a lot of pieces. JT is not responsible for any lost toys, so please do not send in valuables.
- FRIDAYS at JT are WATER PLAY DAY, so please send your child into school wearing his/her bathing suit. Please also provide a towel and a change of clothes in a labeled bag with your child's name.
- Each camper is responsible for **monthly** supplies: 2 Paper Towels, 2 Tissues, & 2 Packs of Wipes for hands.