

# Plumsted Township Community Education Presents:

## KIDS KAMP



Who: PreK – 5<sup>th</sup> grade students

Where: at DGHWES cafeteria/gym with the NEED childcare after school program

Early Dismissal Days: Wed., March 6, Wed., March 20 and Thurs., March 28, 2024

Time: Dismissal —5:30 pm; Cost: \$40 first child, \$35 per sibling, per day—  
pick your choice of dates.

**REGISTER  
NOW!**

Payable in cash/check to "PTCE" Please return to the school attention Lisa Harper—PTCE.

\*\*\* If space is available, same day registrations are charged a \$10 late fee\*\*\*

Please send your child with a nut-free brown bag lunch/snack/refillable water bottle to the program.  
In addition, be prepared to show identification at pick-up. A ParentSquare confirmation will be sent  
to confirm your child's enrollment and to provide pick-up information.

**Questions?** Contact Lisa Harper on ParentSquare, HarperL@newegypt.us or (609)758-6800 x3266. A confirmation will be sent acknowledging your enrollment. Enrollments are accepted on a first come, first registered basis until the program is full. In the event of any school closures for inclement weather, cancellation and make-up information will be emailed to you. There is no nurse available during after school activities. We are a peanut/tree nut-free program. Transportation home is not provided. NO refunds, credits or exchanges.



## KIDS KAMP—EARLY DISMISSAL CHILDCARE

Please Choose: ☐ Wednesday, March 6th ☐ Wednesday, March 20th ☐ Thursday, March 28th

Payable to PTCE: Amount: \$ \_\_\_\_\_ How? ☐ Cash ☐ Check # \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Regular PM Bus# \_\_\_\_\_ or Car Rider

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Regular PM Bus# \_\_\_\_\_ or Car Rider

Student Address: \_\_\_\_\_ Circle: New Egypt Cream Ridge \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Custody: Both ☐ Shared ☐ Mother Only ☐ Father Only ☐ Other \_\_\_\_\_

Alternate Pick-up person(s) & contact #: \_\_\_\_\_

There is no nurse available during after school activities. Please note which child for the information below: \_\_\_\_\_

Does your child have an IEP/504/IHP? ☐ Yes ☐ No District Case Manager? \_\_\_\_\_

Does your child have any medical conditions or food allergies? ☐ Yes ☐ No Epipen? ☐ Yes ☐ No

Are they life threatening? ☐ Yes ☐ No Allergies to: ☐ None ☐ Food ☐ Medicine ☐ Other \_\_\_\_\_

Medical Condition/Diagnosis/Comments: \_\_\_\_\_

Please advise us of any relevant information in regards to any special needs/behaviors/other information that would be helpful to our staff in meeting your child's needs in the program. Are there any social, emotional, speech, language, family situations, etc. that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_