

Bulldog Camp: Summer 2024 Registration Form

Please complete this form in its entirety in order to register your child for the 2024 Camp. Students will not be registered until both the registration form and liability waiver have been completed and returned to the school. If you have any questions, please contact the Camp Manager, Ryan McVeigh at campMGR@gtsdk8.us or by phone at 856-224-4920 (Ask for Ryan).

Participant Information:

Name of Participant: _____

Age: _____ Current Grade: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Parent/Guardian Name: _____ Phone #: _____ Email: _____

2. Parent/Guardian Name: _____ Phone #: _____ Email: _____

Important Medical Information:

Does your child have any known allergies?: YES NO

If you circled yes, please indicate their allergies: _____

Does your child have any specific medical needs?: YES NO

If you circled yes, please indicate their specific needs here:

Is there anything else you would like us to know about your child?

Emergency Contact:

Name: _____ Phone Number: _____

Relationship to Participant: _____

Camp Registration Info:

For times, dates, and descriptions of the camps, please see the informational pamphlet. **Camps will not take place on Fridays**. Grade level is based upon the **2023-2024** school year. Please select which camp(s) your child will be attending:

Adventures in Alphabet (Grades Pre-K to 2)

Fun and Games (Grades Pre-K to K)

Adventures in Reading (Grades 1-2)

Fun and Games (Grades 1-2)

Broad Street Challenge (Grades 3-5)

Fun and Games (Grades 3-4)

Arts and Crafts (Grades 3-4)

Drama Camp (Grades 4-7)

Arts and Crafts (Grades 5-7)

Fun and Games (Grades 5-7)

Drop off/ Pickup Information:

Participants will be dropped off 10 minutes prior to their scheduled camp time:

Students whose camp starts at 8:30 am should be dropped off at 8:20 am at the flagpole in front of Broad Street School
Students whose camp starts at 10:30 am should be dropped off at 10:20 am at the flagpole in front of Broad Street School

Students will both enter and exit camp throughout the main office/flagpole entrance

Please Check the option that applies to you:

My child has permission to walk to and from camp: _____

My child will be dropped off and picked up from camp: _____

If you checked the drop off/pick up option, please indicate the names of the people your child has permission to be picked up by:

Name: _____ Relationship to Participant: _____

Phone Number: _____

Name: _____ Relationship to Participant: _____

Phone Number: _____

Name: _____ Relationship to Participant: _____

Phone Number: _____

IF YOU ARE CHANGING THE WAY YOUR CHILD IS BEING PICKED UP OR IN THE EVENT THE PEOPLE INDICATED ABOVE CANNOT PICK YOUR CHILD UP AND SOMEONE WILL BE TAKING THEIR PLACE, A NOTE (HANDWRITTEN OR EMAILED) MUST BE SUBMITTED TO THE CAMP MANAGER OR YOUR CHILD WILL NOT BE RELEASED TO THAT PERSON

By signing below, you acknowledge that you have read and completed the necessary information. If you have any questions, please contact Stacy Anuszewski at: campMGR@gtsdk8.us.

Parent Signature: _____

Date: _____