





Camper Onboarding Application 2025

 Location: Jersey Explorers Children's Museum, East Orange, NJ

 Camp Dates: June 23 – August 15, 2025

 Time: 8:00 AM – 5:00 PM (Before/After care available)

 Camp Registration Fee: \$15 — Via Cash, Check, or Zelle

Section 1: Camper Information

Full Name of Camper: _____

Date of Birth: ____ / ____ / ____

Age: _____

Gender: ☐ Male ☐ Female ☐ Nonbinary ☐ Prefer not to say

Home Address: _____

T-shirt Size: ☐ Youth S ☐ Youth M ☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL

Section 2: Parent/Guardian Information

Primary Parent/Guardian Name: _____

Relationship to Camper: _____

Phone Number: _____

Email Address: _____

Secondary Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Section 3: Emergency Contact (Other than Parent/Guardian)

Name: _____

Relationship to Camper: _____

Phone Number: _____

Section 4: Medical & Allergy Information

Doctor's Name: _____

Doctor's Phone Number: _____

Health Insurance Provider: _____

Policy # (if applicable): _____

☐ My child has no known medical conditions.

☐ My child has the following conditions:

Allergies (food, insect, medication, etc.):

☐ EpiPen Provided

☐ Other medications: _____

Does your child have any accessibility needs, behavioral supports, or conditions we should be aware of (ex: asthma, ADHD, sensory needs)?

Section 5: Authorized Pick-Up List

Only the following individuals are allowed to pick up my child:

1. Name: _____ Phone: _____
 2. Name: _____ Phone: _____
 3. Name: _____ Phone: _____
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Section 6: Permissions & Agreements

☐ I give permission for Jersey Explorers Summer Camp staff to seek emergency medical care for my child if I cannot be reached.

☐ I give permission for my child to participate in outdoor play, on-site enrichment, and all regular camp activities.

☐ I give permission for photos/videos of my child to be taken for program documentation and promotional purposes.

☐ I understand the camp runs from June 23 to August 15, 2025, and I am responsible for tuition unless covered by Programs for Parents or other arrangement.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____