

Paula J. Ring Education Center  
10 Buck Ave., Millville NJ, 08332

# Spring Break Adventures Off Campus Permission Form

During the week of April 23-26, 2019 the Spring Break Adventures Group will be taking field trips to the following places

**Tuesday, April 23**  
Franklin Institute  
222 N 20th St, Philadelphia, PA

**Thursday, April 25**  
Adventure Aquarium  
1 Riverside Drive, Camden

**Wednesday, April 24**  
Deptford Skating Rink\*\*  
510 Deptford Ave, Westville, NJ

**Friday, April 26**  
Brunswick Bowling  
100 American Blvd, Turnersville, NJ

High Elevations Trampoline Park  
7 Enterprise Court, Sewell, NJ

Dukes Arena - Nerf Wars  
CCC Main Campus Gym, Vineland, NJ

**\*PLEASE WEAR SNEAKERS EVERYDAY\***

The class will traveling on the Cumberland County College Van and will take place under the guidance and supervision of employees from Kids Academy. Campers will be leaving at approximately 9 a.m. and returning at approximately 4:00 p.m. Please return this permission form no later Monday, April 15, 2019.

Campers can bring their lunches or purchase lunch at one of the field trip venues. **\*\*Lunch Provided on Trip.**

**TO THE PARENT/LEGAL GUARDIAN**

I authorize my child \_\_\_\_\_ to participate in the above listed field trip  
(Student name)

\_\_\_\_\_  
(Parent/Guardian's Signature)

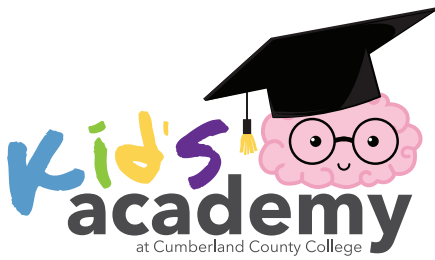
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Name of Emergency Contact

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Emergency Contact Phone No.

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission. I have read the field trip itinerary and understand that there are risks of physical injury associated with participation in these activities. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the camp staff in charge to obtain emergency care for my student, neither he/she nor the Cumberland County College assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.



# Code of Conduct Agreement

Paula J. Ring Education Center  
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In order to ensure a safe and enjoyable experience, we require all campers to abide by a strict code of conduct. Lack of adherence to these policies constitutes grounds for expulsion. We have a zero tolerance policy.

Camper Name (please print): \_\_\_\_\_

## Campers will:

- Follow all directions and instructions from camp staff.
- Follow safety procedures and instructions for use of equipment during activities.
- Be respectful to camp staff and fellow campers.
- Be responsible for their own behavior.
- Refrain from deliberately causing bodily harm to other campers and staff.
- Respect the property of others and the college.
- Know and follow the rules of the camp.
- Obey all rules while on a field trip and traveling in the van.
- Conduct themselves responsibly.

## Campers will not:

- Exhibit bullying behaviors towards others.
- Leave the camp premises without staff supervision.
- Use or display profanity, vulgar language, obscene gestures, words, or graphics.
- Inappropriately touch themselves, other campers, or staff.
- Use inappropriate language including derogatory statements.
- Steal or damage facilities or property.

We have read Camper Code of Conduct and agree to abide by the rules. We also understand that no refunds will be issued if a violation of the Code of Conduct results in expulsion from the camp program.

Student Name (please print): \_\_\_\_\_

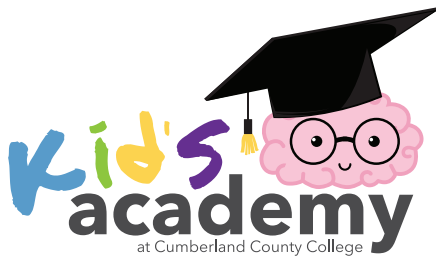
Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Spring Break Adventures

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Cumberland County College through the division of Workforce Development and Community Education offers a variety of pre-college activities. College staff provide mentoring, education, enrichment and motivation to Cumberland County's youth. Exceptional programs are developed and delivered to empower and guide youth as they reach personal goals and achieve academic and professional success.

## SPRING BREAK ADVENTURES

**Ages:** 8–14

**Before Care:** 6:30–9 a.m.

**Adventure Hours:** 9 a.m.–4 p.m

**After Care:** 4–6 p.m.

**Cost:** \$199 (Before Care and After Care Included)

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### DAILY ITINERARY:

#### Day 1: Tuesday, April 23- Franklin Institute

Kids will spend the day exploring various exhibition galleries such as Your Brain, The Giant Heart and Sir Isaac's Loft. In addition, kids will get access to the Fels Planetarium.

#### Day 2: Wednesday, April 24- Deptford Skating Rink and High Elevations Trampoline Park

Today's adventure starts at the Deptford Skating Center where the kids will receive a lesson in STEM where a certified instructor will teach the kids how the skating center uses science, technology, and engineering to run the center. Kids will also solve real world math problems that would occur every day in the skating center. Following the lesson, kids will get free time to skate in the rink.

*\*Lunch is provided on this trip- Each kid will receive one slice of pizza and a drink.*

Following the Skating Center, the kids will spend the afternoon at High Elevations Trampoline Park. Kids will get to play in the foam pit, basketball and dodgeball.

#### Day 3: Thursday, April 25- Adventure Aquarium

This day's adventure takes kids to the Adventure Aquarium. During this trip, kids will get to explore the aquarium, receive admission into an educational program and a 3D Movie.

#### Day 4: Friday, April 26- Brunswick Bowling and Duke's Arena - Nerf Wars

Our final day of Spring Break Adventures, kids will start the day at Brunswick Bowling where they will get 90 minutes of bowling along with a \$10 arcade card. After bowling, we will be traveling to Duke's Arena (Cumberland County College, Main Campus Gymnasium) for 2 hours of Nerf Wars.

For additional information and to register your child, visit:

**[WWW.CCCNJ.EDU/KIDSACADEMY](http://WWW.CCCNJ.EDU/KIDSACADEMY)**



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# Medical History Report

_____	_____	_____
Gender	Height	Weight (lbs)
_____		
Medical Insurance Company		
_____		
Policy Number		

Does your child have any allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please specify:

Aspirin: \_\_\_\_\_ Penicillin: \_\_\_\_\_ Bee Stings: \_\_\_\_\_ Mold/Fungi: \_\_\_\_\_ Eggs: \_\_\_\_\_ Sulfa: \_\_\_\_\_

Foods: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Please list all medications your child is currently taking:

\_\_\_\_\_

\_\_\_\_\_

Please list any activities your child is restricted from participating in:

\_\_\_\_\_

\_\_\_\_\_

Child's Last Name

First Name

Age

_____	_____	_____
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Please Complete the Following

If you answer yes, please explain on the back.	Yes	No
1. Currently under physician's care for:		
2. Current medications being taken:		
3. Were you ever advised not to allow this child to play in any sports?		
4. List any malfunction or loss of a paired organ:		
5. List any allergies including bee stings, hives, asthma:		
6. Has this child:		
a) Had difficulty with sight?		
b) Had difficulty with hearing?		
c) Ever been unconscious after an injury?		
d) Ever had a fracture or dislocation?		
e) Ever experienced high blood pressure?		
f) Ever experienced chest pain/palpitations?		
g) Had to stay in the hospital overnight within the last year?		
h) Other (Please explain.)		
7. Does this child have a history of:		
a) fainting with exercise?		
b) Undue tiredness/fatigue?		
8. Does your child have special accommodations at school? If so, please provide information here		

My hospital of choice is: \_\_\_\_\_

All information on this form is complete, true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Child's Last Name

First Name

Age

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According to state law, all campers must be immunized or submit a statement from a physician, prior to the first day of camp, that immunization is in progress.

(See NOTE below.)

Please have your child's physician indicate all immunization dates for each of the following. You may also bring in a copy of the Immunizations record which we will copy and put in your child's file.

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Cumberland County College to send this person to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of Cumberland County College.

Immunization	List all dates
DPT (Diphtheria, Pertussis, Tetanus)	List all four dates:
Last Td/Tetanus Booster	
Polio (OPV)	List all four dates:
MMR (Measles, Mumps, Rubella)	

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Cumberland County College to send this person to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of Cumberland County College.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**NOTES:**

1. If there is a religious objection to immunization of a child, a written statement must be signed and submitted which states that the child is in good health and that you will assume full responsibility for his/her health while in camp.
2. If immunization is contraindicated for medical reasons, the parent or guardian shall submit to the camp a written statement signed by a licensed physician, indicating both the reason and length of the medical contraindication.

Child's Last Name

First Name

Age

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# Student Information Sheet

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These forms must be completed and returned with the camp registration form.  
No program registrations will be processed unless accompanied by these medical forms.

To the Parent(s) of Kids Academy (Spring Break Adventures & Summer Academy) participants: Please complete these forms carefully and completely.

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age

\_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth

\_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Legal Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email Address

\_\_\_\_\_ Legal Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email Address

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email Address

\_\_\_\_\_ Family Physician \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email Address

## Parental Statement and Consent/Liability Waiver

In case of emergency, accident or serious illness to the camper named above in which medical treatment is required, I (parent/guardian) request Cumberland County College staff to contact me. If the camp is unable to reach me, my signature below authorizes Cumberland County College to exercise their judgment in contacting the physician indicated below and to follow his/her instructions. If this physician is unavailable, Cumberland County College may make whatever arrangements are necessary and or transport the camper to a hospital emergency room. I understand that the Cumberland County College staff is not responsible for providing or dispensing medication or food for my child and I will make all necessary arrangements for food and medications.

In addition, I give permission for the above registered child to be photographed and or videotaped during the program by a staff member representing Cumberland County College. I understand that the photographs and or videotapes will be used by Cumberland County College for the purpose of promoting the college's programs and services, and that no compensation will be offered to the child or family.

I/we, the undersigned, for ourselves, our heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Cumberland County College, and its respective agents, representatives, successors, and assignees, for any and all injuries which may be suffered by my child in connection with the program. Furthermore, I attest and verify that I have full knowledge of the risks associated with an activities camp of this nature. I also understand that responsible care will be exercised in the supervision of these activities.

\_\_\_\_\_ Signature of Custodial parent/guardian \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_ Date



# Anti-Bullying Agreement

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Cumberland County College is committed to providing a safe educational environment for all for all children enrolled in Kids Academy programs, free from harassment, intimidation or bullying. Bullying means any intentional written, electronic, verbal, or physical act against another student. Examples of bullying are:

- Placing a student in fear of substantial harm to his/her emotional or physical well-being.
- Creating a hostile, threatening, humiliating, or abusive environment due to persistent actions.
- Perpetuating bullying by soliciting or coercing an individual or group to demean, dehumanize, embarrass, or cause emotional or physical harm to another student.

Bullying causes pain and stress to victims and is never justified or excusable as "just teasing." The victim is never responsible for being a target of bullying.

**REFUNDS ARE NOT GIVEN FOR ANY CHILD WHO IS SENT HOME OR REMOVED FROM THE PROGRAM FOR DISCIPLINARY REASONS.**

A zero tolerance policy is enforced with regards to Physical Aggression. Any child who commits an act of physical aggression against another child, staff member, or anyone else will be removed from the program. As a parent or guardian, you will be responsible for picking-up your child within one hour of the decision to dismiss your child from the program. Your child will not be able to return to the class for the remainder of the program and potential future programming.

By signing below, I am stating that I have read and agree to abide by, all policies contained with the anti-bullying policy and behavior agreement. Furthermore, I certify that I have discussed all the policies, and their meanings and consequences, with my child or children.

\_\_\_\_\_  
Name of Child/Print

\_\_\_\_\_  
Parent/guardian Name/ Print

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date