

Looking for a safe haven and summer educational enrichment program?



Announcing

Freedom School of Chesilhurst, NJ

Summer Peace Camp

Arland Poindexter Community Center

511 Edwards Ave

Chesilhurst, NJ

Six Week Summer Session

Monday through Friday

8:30am to 3:30pm

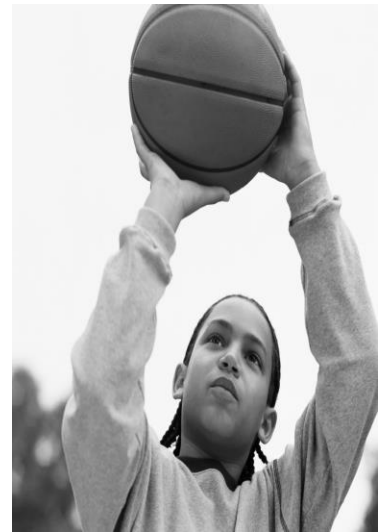
(Early arrival and late pick-up available)

Sessions Begin: Tuesday July 5, 2022 through

Friday August 12, 2022

Children ages 5-11 years

Leadership Academy Children ages 12 through 15 years



There is a \$50.00 registration fee per child (This fee covers the cost of the Camp Tee Shirt and additional supplies and is applied towards total camp cost.) Please bring child's birth certificate, your identification, and proof of address immunization records.

Special rate for Chesilhurst residents \$150.00 for the entire six weeks.

The six week fee for non-Chesilhurst residents is \$175 per child. All fees must be received before camp begins. No exceptions. Limited scholarships are available for families with more than one child and financial assistance available for parents who qualify. Please inquire about scholarships when registering and complete financial assistance application. Registration begins June 3, 2022 through June 30, 2022

For more information email:

Juanita.pressley29@gmail.com or call Juanita Pressley at 856-904-7402 cell or

marianna.gre@gmail.com or call Marianna Green at 856-322-2744 cell

There are 30 slots available. First come, first served.

Sponsored by:

Chesilhurst Borough

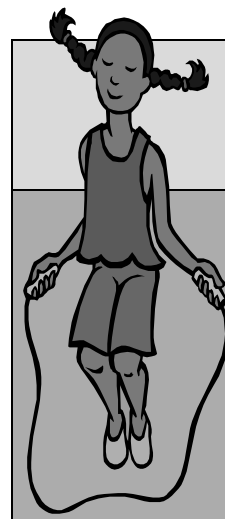
Chesilhurst Board of Education

Grant African Methodist Episcopal Church



Juanita Pressley, Program Director

Marianna Green, Educational Director



Freedom School Summer Peace Camp Enrollment Application

Today's Date	School Attended:		
<i>Child's Information -- Please print clearly:</i>			
First Name:	Nickname:	Last Name:	
Street Address:			
City:	County:	State:	Zip Code:
Date of Birth (mm/dd/yy):	Home Telephone:	Cell Phone	
Email:	Grade Completed	<input type="checkbox"/> IEP <input type="checkbox"/> Other _____	
<i>Demographic Information:</i>			
Race: <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> More than one race <input type="checkbox"/> Other	Are you of Hispanic/Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Food Allergies: <hr/> _Shirt Size Child - Small Med Lg XL Adult - Small Med Lg
Number of Siblings:		Name of Parent(s):	
Name _____ Age _____		_____	
Name _____ Age _____		_____	
Name _____ Age _____		_____	
Name _____ Age _____		_____	
Employer Parent #1	Employer Parent #2		
Telephone:	Telephone:		
Visiting Relative Name	Health Insurance:	Policy Number:	
	<input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Private		
	Name of Private Insurance:	Date of Coverage:	

[Type text]

Separate Notarized Form Must Be Submitted.

Emergency Contact Information:

Name:

Relationship:

Address

Work Phone:

Home Phone:

Required Documentation

- Birth Certificate
- Trip Permission Slip
- Emergency Medical Treatment
- Medical Provider
- Other

Doctor Contact:

Telephone: _____

Volunteer

- Trip Supervision
- Reading
- Snacks
- Game/Movie Time
- Other _____

Topics of Interest

- Mentoring
- Support Group
- Parenting
- Healthcare
- Exercise
- Nutrition

Donation

Registration Fee: \$50.00

Paid in Full: \$175.00

Paid Half: \$87.50

Paid Chesilhurst \$150.00

Other: \$ _____

Please note: All weekly donations must be paid in advance no later than Friday, June 30, 2022

Cash or check made payable to : Freedom School of Chesilhurst, NJ

Signatures:

Name of Staff Person:

Date Completed:

Registrar – Juanita Pressley

Date reviewed by registrar:

[Type text]

Freedom School of Chesilhurst, NJ
Safe Summer Haven



PHOTO RELEASE

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_____, _____, 2022
Print Name Sign Name Date

_____, _____, 2021
Registrar Date

[Type text]

For more information call:
Juanita Pressley, Program Director
856-904-7402

Copyright

*Freedom School Summer Peace Camp and
Leadership Academy*

Notarized Statement of Child Care

I _____ hereby give notice
that my child _____ is
residing with _____ from
_____ through _____.

I give my permission for _____
to allow my child to participate in the activities of:

Freedom School of Chesilhurst, NJ
Summer Peace Camp
720 Fourth Avenue
Chesilhurst, NJ 08089

Signed:

Freedom School Summer Peace Camp Field Trip Permission Form

Your Child will be attending a field trip to: Various Field Outings

Beginning Date		Ending Date	August
Location	Various Locations		
Cost	As Notified		
Transportation	School Bus		
Notes:	Please note any restrictions to participating in any outdoor activities.		

Please return this permission slip by: _____

I give permission for my child		
to attend the field trip to <u>Various Locations</u>		
from <u>7-5-22</u>	to <u>8-12-22</u>	
In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:		
Name _____	Phone _____	
Parent/Guardian Signature		
		Date _____
Doctor's Name:	Address:	Telephone:

[Type text]