



29 Newbury Road, Howell, NJ

Cell: 908.415-1450

Office: 732.987.5777

E-mail: geniuscarehowell@gmail.com

Web: www.genius-kids.us

SUMMER CAMP REGISTRATION FORM

CHILD	NAME OF CHILD	
	DATE OF BIRTH	
	MOTHER'S NAME	
	FATHER'S NAME	
	HOME ADDRESS	
	HOME PHONE	

WORK		MOTHER	FATHER
	WORK PHONE		
	CELL PHONE		
	EMAIL ADDRESS		

Emergency contacts	CONTACT#1		CONTACT#2
	NAME		
	PHONE NUMBER		
	RELATIONSHIP		

Persons authorized to pick up your child and/or contact in contact in case of emergency when neither parent is available to assume responsibility for the child

FIELD TRIP WAIVER

By signing this waiver, I hereby give permission for my child to attend all scheduled field trips they are enrolled for during the summer of 2024.

Date_____

Parent Name_____Signature_____



WE SEEK GENIUS IN EVERY CHILD !





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SUMMER CAMP FEES AND SCHEDULES

REGISTRATION FEE: \$50

CAMP FEE per week:

5 days	4 days	3 days
\$385	\$375	\$365

DISCOUNTS: WE WILL PROVIDE 5% DISCOUNT FOR SIBLINGS*

*** Field Trips subjected to be changed ***

FIELD TRIPS REQUIRE ADVANCED REGISTRATION NOTICE***		PLEASE CHECK OFF THE DAYS ON WHICH YOU PLAN ON ATTENDING CAMP				
WEEK	DATES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

INCLUDED IN TUITION

- Special guest visits
- Water Play for all ages!
- Weekly themed activities and field trips
- Easy on the pocket – weekly tuition!
- Meals and snacks are included (organic and fresh)
- Extended hours (6:30 – 6:30)
- Project based hands on academics



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SUMMER CAMP REGISTRATION FORM

MEDICAL

PHISICIAN'S NAME

DENTIST'S NAME

CHILD'S HEALTH INSURANCE
ID NUMBER

SUBSCRIBER'S NAME

SPECIAL CONDITIONS
ALLERGIES OR MEDICAL
EMERGENCY INFORMATION

FIELD TRIP

WEEK 1

WEEK 2

WEEK 3

WEEK 4

WEEK 5

WEEK 6

WEEK 7

WEEK 8

WEEK 9

WEEK 10

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