



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**

<b>CHILD</b>	NAME OF CHILD	
	DATE OF BIRTH	
	MOTHER'S NAME	
	FATHER'S NAME	
	HOME ADDRESS	
	HOME PHONE	

<b>WORK</b>		MOTHER	FATHER
	WORK PHONE		
	CELL PHONE		
	EMAIL ADDRESS		

<b>Emergency contacts</b>		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 2026.  
 Date \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Signature \_\_\_\_\_





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## SUMMER CAMP REGISTRATION FORM

MEDICAL	PHYSICIAN'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	