



701 Ginesi Drive, Morganville, NJ 07751
 Cell: 646.465.3077
 Office: 732.851.6427
 E-mail: geniuskids701@gmail.com
 Web: www.genius-kids.com

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 2026.
 Date _____
 Parent Name _____ Signature _____



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SUMMER CAMP FEES AND SCHEDULES

REGISTRATION FEE: \$50	CAMP FEE per week:	5 days	4 days	3 days
		/week	/week	/week
		\$520	\$510	\$500

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 & exciting shows
- Goldfish swimming every week
- Weekly themed activities and exclusive field trips
- Gymnastics, Soccer & Dance every week
- Easy on the pocket - weekly tuition!
- 3 homemade meals and 2 snacks are included (organic and fresh)
- Extended hours (6:30am – 7:30pm)
- State-of-the-art 10,000 sq.ft playground



WE SEEK GENIUS IN EVERY CHILD!





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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	