

Looking for a safe haven and summer educational enrichment program?



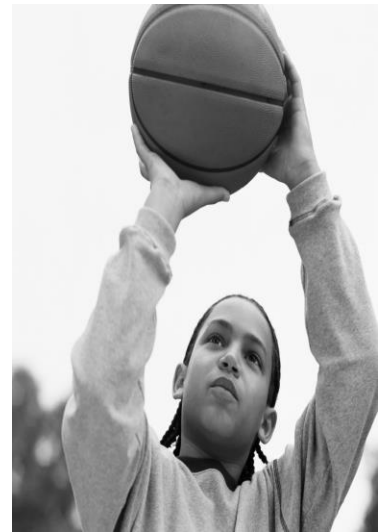
Announcing

Freedom School of Chesilhurst, NJ
Summer Peace Camp
Arland Poindexter Chesilhurst Community
Center
511 Edwards Ave
Chesilhurst, NJ

Six Week Summer Session

Monday through Friday

8:30am to 4:30pm



Sessions Begin:

Thursday, June 27, 2019 through Friday, August 9, 2019

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.

Special rate for Chesilhurst residents \$175.00 for the entire six weeks.

The weekly fee for non-Chesilhurst residents is \$75 per week per child. All fees must be received before camp begins. No exceptions. Limited scholarships are available for families with more than one child. Please inquire about scholarships when registering.

Registration begins May 1, 2019 through June 15, 2019

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 856-649-3205 cell

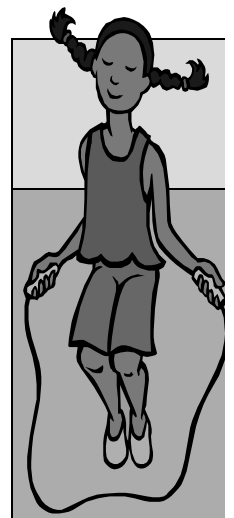
There are 30 slots available.

First come, first served.

Sponsored by:

Grant African Methodist Episcopal Church
Chesilhurst Drug Alliance
Governor's Council on Alcoholism & Drug Abuse

Rev. Jameel Morrison, Pastor
Juanita Pressley, Program Coordinator



Freedom School Summer Peace Camp Enrollment Application

Today's Date	School Attended:	
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Child's Information -- Please print clearly:

First Name:	Nickname:	Last Name:
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Street Address:

City:	County:	State:	Zip Code:
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Date of Birth (mm/dd/yy):	Home Telephone:	Cell Phone
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Email:	Grade Completed	<input type="checkbox"/> IEP <input type="checkbox"/> Other _____
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Demographic Information:

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 style="border: 0.5px solid black;"/> Shirt Size Child - Small Med Lg XL Adult - Small Med Lg
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Number of Siblings: Name _____ Age _____ Name _____ Age _____ Name _____ Age _____ Name _____ Age _____	Name of Parent(s): <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/>
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Employer Parent #1 Telephone:	Employer Parent #2 Telephone:
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Visiting Relative Name	Health Insurance: <input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Name of Private Insurance:	Policy Number: Date of Coverage:
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Separate Notarized Form Must Be Submitted.

[Type text]

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: \$450.00
- Paid Half: \$225.00

- Paid Chesilhurst \$175.00
- Other: \$ _____

Please note: All weekly donations must be paid in advance no later than Thursday, June 27, 2019

Cash or check made payable to Grant AME Freedom School.

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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_____, _____, 2019
Print Name Sign Name Date

_____, _____, 2019
Registrar Date

[Type text]

*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	June 27, 2019	Ending Date	August 9, 2019
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>June 27, 2019</u>	to <u>August 9, 2019</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]