

## Application for A-Day Camp, LLC

1. Please complete, sign and date page 1 of the form. Keep page 2 for your records.
2. PLEASE INCLUDE RECENT IMMUNIZATION RECORDS (to comply with state guidelines)
3. Please include payment made to A-Day Camp, and include a separate check for each session OR include Paypal receipt if applicable.
4. Return the form prior to the June 1<sup>st</sup> deadline.
5. Mail to Gene Albanese, 5 Green Knolls Road, Morristown, NJ 07960
6. You will be notified as early as possible of the session your child is enrolled in.
7. PLEASE SEND ALL REQUESTS FOR CHANGES TO [genealban@aol.com](mailto:genealban@aol.com)

Child's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Current Grade Level \_\_\_\_\_ Current School Attending \_\_\_\_\_

Mother's/Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Email address \_\_\_\_\_

(Please print e-mail address legibly – we try to communicate by e-mail where possible. Thank you!)

If you would like to attend more than one session, please prioritize by placing a 1, 2, and/or 3 next to the session in case we have to limit the number of sessions. We will do our best to accommodate your first choice, however, please have a second choice listed if possible. Additionally, please remit a separate check for each session. Thank you for your understanding.

|             | Start Date                    | End Date                       | Preference (1,2, 3) |
|-------------|-------------------------------|--------------------------------|---------------------|
| Session I   | June 17 <sup>th</sup>         | June 27 <sup>th</sup>          |                     |
| Session II  | July 1 <sup>st</sup> (3 Days) | July 12 <sup>th</sup> (5 Days) |                     |
| Session III | July 15 <sup>th</sup>         | July 25 <sup>th</sup>          |                     |

*By signing below, I agree to let my child participate in the activities of A-Day Camp, Inc.. I also agree to hold A-Day Camp, Inc. and its owners, employees and volunteers and the School District of Chatham harmless for any injury that may occur during the course of camp.*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Application for A-Day Camp, LLC**

-----PLEASE RETAIN THIS PAGE FOR YOUR RECORDS-----

My child, \_\_\_\_\_, has applied for the following session of A-DAY CAMP, LLC. in 2024

|             | Start Date                    | End Date                       | Preference (1,2, 3) |
|-------------|-------------------------------|--------------------------------|---------------------|
| Session I   | June 17 <sup>th</sup>         | June 27 <sup>th</sup>          |                     |
| Session II  | July 1 <sup>st</sup> (3 days) | July 12 <sup>th</sup> (5 days) |                     |
| Session III | July 15 <sup>th</sup>         | July 25 <sup>th</sup>          |                     |

I have completed and sent:

- The application form
- The medical emergency form
- My check made out to A-DAY CAMP, LLC.
- Recent immunization record

to: Gene Albanese  
5 Green Knolls Road  
Morristown, NJ 07960

Gene Albanese can be contacted at:

(973) 769-0566 or by e-mail at:

[genealban@aol.com](mailto:genealban@aol.com) (please use my email for initial correspondence)

The camp takes place at :

The Washington Avenue School  
102 Washington Ave,  
Chatham, NJ 07928