

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 1st 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

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 th (3 Days)	June 27 th (5 Days)	
Session II	June 30 th	July 10 th	
Session III	July 14 th	July 24 th	

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 ____/____/____

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

My child, _____, has applied for the following session of A-DAY CAMP, LLC. in 2025

	Start Date	End Date	Preference (1,2, 3)
Session I	June 17 th (3 Days)	June 27 th (5 Days)	
Session II	June 30 th	July 10 th	
Session III	July 14 th	July 24 th	

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 (please use my email for initial correspondence)

The camp takes place at :

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