



SUMMER CAMP

2026

Registration Packet

Freehold Township/Borough Residents
& Non-Residents Working or Owning
a Business in Freehold.



2026 Camp Packet

Camper Registration Check List

- _____ Summer Camp Registration Form—Completed with Parent/Guardian Signature
- _____ Camper Medical Form—Completed with Parent/Guardian Signature
- _____ Code Of Conduct (Must be signed by Camper and Parent/Guardian)
- _____ Copy of Birth Certificate (for ALL first time campers)
- _____ Pick up Authorization Form—Completed with Parent/Guardian Signature.
In addition to 3 Emergency Contact Names (including parents' names) a maximum of 5 additional names will be accepted.
- _____ Payments in Full - Cash, Check, Money Order or Mastercard/Visa/Discover/AMEX will be accepted in the Recreation Office or register online at www.freeholdtownshiprec.com.
Reminder \$100.00 of every registration is non-refundable.**
- _____ There is **NO** Camp Bus Transportation for the 2026 camp Season.

Registration will be returned if any of the above items are incomplete or missing.

If you have any questions please call the Recreation Office at 732-294-2190.
Office Hours are Monday—Friday; 8:30 a.m. to 4:30 p.m.
Closed for lunch between 12-1 p.m.

SUMMER CAMP 2026

Freehold Township/Borough Residents & Non-Residents Working or Owning a Business in Freehold. Non-residents must register in person at the Recreation Office, pay the non-resident fee, and provide proof of employment or business ownership in Freehold.

- FOR:** Boys and Girls entering Grades Pre-K - 8 in September 2026.
Kiddie Camp participants must be 4 years old by September 30, 2026.
Rec Runts participants must be 3 years old by September 30, 2026 and potty trained.
A copy of the child's birth certificate must be on file with the Recreation Office for all first time campers.
- CAMP DATES:** June 29 to August 14 (Monday - Friday, 7 weeks)
CAMP WILL BE CLOSED ON JULY 3RD.
- LOCATION:** Michael J. Tighe Park, 65 Georgia Road, Freehold, NJ 07728
Office Hours are 8:30 a.m. to 4:30 p.m.
- CAMP TIMES:**
- | | |
|--------------------------|-------------------------------|
| Rec Runts 1/2 Day Hours: | 9:00 A.M.—12:00 P.M. |
| Regular Hours: | 9:00 A.M. – 3:00 P.M. |
| Extended Hours: | 7:00 A.M. – 3:00 P.M. – EARLY |
| | 9:00 A.M. – 6:00 P.M. – LATE |
| | 7:00 A.M. – 6:00 P.M. – FULL |
- REFUNDS:** \$100.00 of each registration is **non-refundable!**
There are NO refunds for the full program fee after the first day of camp or for any camper removed from the program for behavioral or disciplinary reasons.
- BUSING:** There is NO busing for the 2026 Camp Season.
- MAILING ADDRESS:** Freehold Township Recreation, 1 Municipal Plaza, Freehold, NJ 07728
Attn: Recreation Department
- PHONE NUMBER:** 732-294-2190

**REGISTRATION IS AVAILABLE ONLINE
AT WWW.FREEHOLDTOWNSHIPREC.COM.**

2026 SUMMER CAMP PRICING

If paying in person or mailing forms: Full payment and a completed registration packet must be received by the Recreation Office by **4:00 p.m. on the deadline date** to qualify for that pricing tier. Applications received after 4:00 p.m. are dated the next business day.

Any program changes (early/late/full hours) will be charged at the **current tier rate**. For example, changing programs after Tier I ends will result in Tier II pricing.

Mailed registrations are dated when received. The Recreation Office is not responsible for items lost in the mail.

Incomplete registrations (including missing medical forms or first-time camper birth certificates) will **not** be processed or dated as received until complete.

You may also register on line at www.freeholdtownshiprec.com.

TIER I - Early Bird Registration: Now – March 19, 2026 Payment must be made in full at time of registration.

	<u>Residents</u>
1/2 Day Rec Runts ONLY	\$ 750.00 per child
Regular Day (9 a.m. - 3 p.m.)	\$ 1,325.00 per child
Morning Care (7 a.m. - 3 p.m.)	\$ 1,615.00 per child
After Care (9 a.m. - 6 p.m.)	\$ 1,710.00 per child
Full (7 a.m. - 6 p.m.)	\$ 1,950.00 per child

TIER II - Registration: March 20 – May 7, 2026 Payment must be made in full at time of registration.

	<u>Residents</u>
1/2 Day Rec Runts ONLY	\$ 800.00 per child
Regular Day (9 a.m. - 3 p.m.)	\$ 1,550.00 per child
Morning Care (7 a.m. - 3 p.m.)	\$ 1,860.00 per child
After Care (9 a.m. - 6 p.m.)	\$ 1,960.00 per child
Full (7 a.m. - 6 p.m.)	\$ 2,195.00 per child

Late Registration from May 8 – June 5, 2026 Registration after June 5th will be accepted based upon camp availability. Payment must be made in full at time of registration.

	<u>Residents</u>
1/2 Day Rec Runts ONLY	\$ 900.00 per child
Regular Day (9 a.m. - 3 p.m.)	\$ 1,775.00 per child
Morning Care (7 a.m. - 3 p.m.)	\$ 2,070.00 per child
After Care (9 a.m. - 6 p.m.)	\$ 2,175.00 per child
Full (7 a.m. - 6 p.m.)	\$ 2,405.00 per child

2026 SUMMER CAMP REGISTRATION

**** All camp information, including weekly camp updates, will be emailed. Parents may also pick up weekly information at the Rec Office. No information will be sent home with the campers. Please update your spam filters to allow email from FTREC@twp.freehold.nj.us.****

All forms must be completed to process your application: medical form, pick-up authorization, signed code of conduct (parent & participant), and a birth certificate for first-time campers. Space is limited and registration is first come, first served.

PLEASE PRINT ALL INFORMATION CLEARLY

CHILD'S LAST NAME: _____ CHILD'S FIRST NAME: _____

HOME ADDRESS _____

TOWN/ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL REQUIRED _____ (MANDATORY)

SEX : M F AGE: _____ DOB: ____ / ____ / ____

GRADE IN **SEPT. 2026**: _____ SCHOOL IN **SEPT. 2026**: _____

SHIRT SIZE: ADULT S M L XL CHILD XS(4-5) S(6-8) M(10-12) L(14-16)

★ ★ ★ ★ **REGISTRATION FEE** ★ ★ ★ ★

CIRCLE PROGRAM AND FEE	Paid in Full By 3/19/26	Paid in Full By 5/7/26	Paid in Full By 6/5/25
	Resident Fee	Resident Fee	Resident Fee
Rec Runts Only (9:00 a.m.-12:00 p.m.)	\$ 750	\$ 800	\$ 900
Regular Hours (9:00 a.m.—3:00 p.m.)	\$1,325	\$1,550	\$1,775
Morning Care (7:00 a.m.—3:00 p.m.)	\$1,615	\$1,860	\$2,070
After Care (9:00 a.m.—6:00 p.m.)	\$1,710	\$1,960	\$2,175
Full Day (7:00 a.m.—6:00 p.m.)	\$1,950	\$2,195	\$2,405

Non-residents who work or own a business in Freehold Township or Borough, may register at the Recreation Office ONLY at a non-resident fee. Proof of employment is required.

Total Program Amount—Payment must be made in Full at time of registration. \$ _____

REMINDER * \$100.00 of each registration is NON-REFUNDABLE**

REGISTER ONLINE AT WWW.FREEHOLDTOWNSHIPREC.COM

Cash _____ Check # _____ CC Authorization # _____ Staff _____

I understand that my child is participating at his/her own risk. I further understand that the Township of Freehold and Board of Parks and Recreation Commission will be establishing health protocols and my child and I are participating at our own risk. I will abide by any health protocols established by the Freehold Township Parks and Recreation Commission or the Director. I agree to hold the Township of Freehold, Recreation Commission or authorized agents harmless for any injury or illness that may occur as a result of my child participating. I also acknowledge that my child may be photographed during the program and that Freehold Township reserves the right to utilize all photos and videos taken during any recreation program.

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

(PLEASE PRINT FULL NAME)

FREEHOLD TOWNSHIP PARKS & RECREATION CAMPER MEDICAL FORM

Parent's may complete this form. A doctor's visit is NOT required.

Child's Last Name: _____ Child's First Name: _____ Grade: _____
(Sept. 2026)

Please print all information. In case of emergency please notify:
(Anyone on the Emergency Contact List is automatically included on the pick up list.)

Parent/Guardian Contact information:

Parent/Guardian #1 _____ Emergency Contact #: _____

Parent/Guardian #2 _____ Emergency Contact #: _____

Additional Contact Person (in the event parent/guardian cannot be reached):

Name: _____ Emergency Contact #: _____ Relationship: _____

Doctor's Name: _____ Phone #: _____

Restrictions if any: _____

Will your child be taking medicine at camp? YES _____ NO _____

If yes, name of medication: _____

HISTORY OF PAST/PRESENT DISEASE:

YES	NO	YEAR	YES	NO	YEAR
___	___	SERIOUS ILLNESS _____	___	___	HEART _____
___	___	SERIOUS INJURY _____	___	___	STOMACH/BOWEL _____
___	___	DEFORMITY _____	___	___	APPENDICITIS _____
___	___	SURGERY _____	___	___	KIDNEY/BLADDER _____
___	___	SKIN/GLANDS _____	___	___	INFECTION _____
___	___	EARS _____	___	___	MENSTRUAL PROB. _____
___	___	EYES _____	___	___	HERNIA RUPTURE _____
___	___	NOSE/SINUS _____	___	___	BACK/LIMB/JOINTS _____
___	___	TEETH _____	___	___	BEHAVIORIAL _____
___	___	THROAT/TONSILS _____	___	___	CONDITION _____
___	___	CHEST/LUNGS _____			
___	___	ALLERGIES (SPECIFY) _____			
___	___	OTHER (SPECIFY) _____			

AUTHORIZATION

To the best of my knowledge, the Medical History is complete and accurate. I know of no reason to restrict applicant's activity, and give my permission for participation in all activities except as specifically noted herein. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for person as named above.

I have read and understand the policies and procedures of Freehold Township Recreation's Summer Camp.

Parent/Guardian Signature _____
Date



**SUMMER CAMP
PICK UP AUTHORIZATION FORM
REQUIRED FOR EACH CAMP PARTICIPANT
GOVERNMENT ISSUED PHOTO ID IS REQUIRED!**

Child's Name:	
Address:	
Grade Sept. 2026:	School Sept. 2026:

**In addition to the 3 names listed as emergency contacts,
a maximum of 5 ADDITIONAL NAMES (must be 18 years of age)**
may be added below to authorize to pick up your child from the Freehold Township Summer Camp.

**NO CHANGES MAY BE MADE TO THE PICKUP LIST AFTER JULY 3RD.
Government issued photo identification will be required at sign out.**

Authorized Person's Name (please print name CLEARLY as it appears on photo identification)	Relationship to Child	Phone Number

Name of person(s) **NOT** allowed to pick up child (appropriate custody papers must be attached if a parent is not allowed to pick up their own child).

Person's Name	Relationship to Child	Phone Number

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name Printed: _____

Freehold Township's Code of Conduct is for the wellbeing and safety of all program participants. This condensed version is an outline of the full ordinance which can be obtained at www.twp.freehold.nj.us. Freehold Township's Code of Conduct must be signed and submitted with all Parks and Recreation registration forms.

CODE OF CONDUCT

The participants, parents or legal guardians of minor participants, coaches and officials of every sports organization shall be required to follow the Code of Conduct, set forth as follows:

I hereby pledge to be responsible for my words and actions while attending, coaching or participating in a Township sports event and shall conform my behavior to the following code of conduct:

1. I will not engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
2. I will not encourage my child, or any other person, to engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
3. I will not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
4. I will not encourage my child, or any other person, to engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
5. I will not use drugs or alcohol while at a youth sports event and will not attend, coach, officiate or participate in a youth sports event while under the influence of drugs or alcohol.
6. I will not permit my child, or encourage any other person, to use drugs or alcohol at a youth sports event and will not permit my child, or encourage any other person, to attend, coach, officiate or participate in a youth sports event while under the influence of drugs or alcohol.
7. I will not engage in the use of profanity.
8. I will not encourage my child, or any other person, to engage in the use of profanity.
9. I will treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
10. I will encourage my child to treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
11. I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
12. I will not encourage my child, or any other person, to engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
13. I will not initiate a fight or scuffle with any coach, parent, player, participant, official of any other attendee.
14. I will not encourage my child, or any other person, to initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
15. *I will abide by any decision rendered by the Code of Conduct Committee or the Township Parks and Recreation Commission.*
16. I will be responsible for the behavior of all those attending a Township youth sports event on my child's behalf.

Participants Signature

Date

Parent or Guardian Signature if participant is under 18

Date

****If participant is under 18 both signatures are required when submitting form.
No registration will be processed without properly completed forms.**