



# 2026 SUMMER CAMP REGISTRATION

CAMPS STARTS MONDAY, JUNE 29<sup>TH</sup> THROUGH FRIDAY, AUGUST 7<sup>TH</sup>



HOW TO REGISTER FOR CAMP - **Must register by June 12, 2026.**

1. Mail in your registration and **check payable to the Borough of Totowa** to: Totowa Board of Recreation, 537 Totowa Road, Totowa, NJ 07512
2. Register in person on June 4, 2026 or June 11, 2026 from 7:00 pm - 8:00 pm at the Totowa Public Library located adjacent to the Municipal Building.
3. Register online at: <https://parksrec.egov.basgov.com/totowa>.

### NAME OF CHILD

Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### EMERGENCY CONTACTS:

Name: (1) \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: (2) \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### ALLERGIES:

Medicine: \_\_\_\_\_  
 Insect Bites: \_\_\_\_\_ Other: \_\_\_\_\_  
 Does your child take any type of daily medication? (Specify) \_\_\_\_\_

Does your child have any of the following health problems?  Asthma  Diabetes  Seizures

Are other children in your family attending camp?

Name: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_

Children's Shirt size(s): **Child:** Small Med Large **Adult:** Small Medium Large

**IN THE EVENT OF AN EMERGENCY, I HEREBY GIVE MY PERMISSION TO CAMP COORDINATORS, COUNSELORS, OR PERSONS IN CHARGE TO ACT IN MY BEHALF FOR MEDICAL ASSISTANCE FOR:**

Child: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
 Child: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
 Child: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

To be completed by Camp Representative

Amount Paid: \_\_\_\_\_ Check/Cash: \_\_\_\_\_