Regular Hours:

(Minimum 3 days per week)

 Full Day
 9:00am - 5:00pm
 \$65/child per day

 ½ Day Morning
 9:00am - 1:00pm
 \$50/child per day

 ½ Day Afternoon
 1:00pm - 5:00pm
 \$50/child per day

Early Drop-Off (8:00am-9:00am) & Late Pickup (5:00pm-6:00pm) Available \$7/Day or \$10/Day for Both Services

One-Time Registration Fee: \$50 per child Must Register 2 Weeks Prior -- Weekly Sessions Available

WEEKLY SESSION DATES

6/23 -	6/27
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EARLY DROP	LATE PICK	AM SESSION	PM SESSION	FULL DAY
M				

6/30 - 7/3 (no 7/4)

EARLY DROP	LATE PICK	AM SESSION	PM SESSION	FULL DAY
M				

	7/14	l - 7,	/18	
EARLY DROP	LATE PICK	AM SESSION	PM SESSION	FULL DAY
M				

8/4 - 8/8

EARLY DROP	LATE PICK	AM SESSION	PM SESSION	FULL DAY	
M T W T F					

7/21 - 7/25

8/11 - 8/15

EARLY DROP	LATE PICK	AM SESSION	PM SESSION	FULL DAY
M T W T T T T T T T T				

EARLY DROP	LATE PICK	AM SESSION	PM SESSION	FULL DAY
 _				

.5

EARLY DROP	LATE PICK	AM SESSION	PM SESSION	FULL DAY
M				

8/18 - 8/22

7/7 - 7/11

FULL DAY

7/28 - 8/1

8/25 - 8/29

EARLY DROP	LATE PICK	AM SESSION	PM SESSION	FULL DAY
M T & T F				

Total Price: _____

REGISTRATION FORM

	THE THE CHAIN
er's First Name:	
ame:	
ss:	
State:	Zip:
<i>…</i>	
ate: A	ge:
n attending full day camp must bri	ng a bagged lunch
ld Release Information	
	up your child please list the names
oleted. Photo ID will be required.	
Name	Relationship
	•
nd shall hold this club, its shareholder	s, directors, officers, employees,
ford Fit, LLC d/b/a Medford Fitness, the absolute	right and permission to copyright, publish, and use
e the finished media material as long as the matt	er is within reason and is not deemed to be socially
•	
derstand that refunds are r	not available after registration.
Signature - Parent/Guardian	Date
	gr's First Name: ame: Ss: State: #: An attending full day camp must bridleted: Tone other than you will be picking elationship to child below. Children eleted. Photo ID will be required. Name Py full responsibility for my child's used privilege, or service whatsoever, owrown a shall hold this club, its shareholder sentatives, and agents harmless from ned or incurred by my child resulting is mage Release Authorization: Without compensation on of the facility and related events. I hereby wait is the finished media material as long as the matter priate for use of a minor. In the finished media material as long as the matter priate for use of a minor. In the finished media material as long as the matter priate for use of a minor.



3 Nelson Drive Medford, NJ www.medfordfitness.com

CONTACT AND HEALTH INFORMATION

Children's Shot Record must accompany registration

Mother/Father/Legal Guardian's Name:
Relation:
ADDITIONAL EMERGENCY CONTACT (must be completed)
Home Phone:
Cell Phone:
Work Phone:
Address:
City: Zip:
CURRENT MEDICATIONS
Medication:
Dosage:
For:
Medication:
Dosage:
For:
Please explain current medical conditions or Health Problems/Allergies:
-Staff is not responsible for administering medications.
· · · · · · · · · · · · · · · · · · ·
Other Health Problems/Allergies:
Family Physician: Phone:
Medical Insurance Carrier: Policy #:
I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. I also hereby assume the responsibility for payment of any such treatment.
(Parantife Circular)

Fit N' Fun Kid's Camp



A Summer of Fitness & A Whole Lot of Fun!

Activities Include:

- -Swimming
- -Dance
- -Arts & Crafts
- -Sports & Games
- -Kung Fu



Weekly Sessions (min. 3 days/week) 1/2 Day or Full Day

June 23rd - August 29th, 2025

Ages 5-15 yrs (ages 13-15 counselor in training)



609-654-1440

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