



**READING | LEARNING ACTIVITIES / SPORTS / ARTS & CRAFTS, ETC.**  
*INCLUDING HEALTHY MEAL OPTIONS- AGES 6 TO 12 YRS OLD*

**PLAYGROUND DROP-IN PROGRAM**

**7 WEEK PROGRAM**  
MON. July 2<sup>nd</sup> to FRI. AUG. 17TH  
11AM-5PM

**COLUMBUS PARK**  
HAMILTON AVE. & CHESTNUT AVE.

**EDGEWOOD AVE PARK**  
EDGEWOOD AVE.

**MONSIGNOR LIPINSKI PARK**  
HEIL AVE. & BRUNSWICK AVE.

**AGABITI PARK**  
ROEBLING AVE. & EMORY AVE.

**CAPITAL CITY SPORTS COMPLEX**  
CALHOUN ST. near PRINCETON AVE.

**GEORGE PAGE PARK**  
N. CLINTON AVE. near MULBERRY ST.

**CADWALADER PARK**  
PARKSIDE AVE. (INSIDE PARK UNDER PAVILION)

**CARTER PARK**  
GARFIELD AVE.

**COST: FREE**  
MEAL OPTION  
Snack & Dinner

**INDOOR SUMMER CAMP PROGRAM**

**7 WEEK PROGRAM**  
MON. JULY 2ND to FRI. AUG. 17TH  
8AM-3PM

**IKE WILLIAMS CENTER**  
238 Clay St.

**SAM NAPLES COMMUNITY CENTER**  
611 Chestnut Ave.

**COST: \$100**  
Including Weekly Trips  
**MEAL OPTION**  
Breakfast & Lunch

**OPEN TO THE CITY OF TRENTON  
RESIDENTS ONLY**  
(Proof of child's residency and  
birth certificate required)  
For more information, please call the  
Division of Recreation  
609-989-3628 or  
Email: [trentonrec@trentonnj.org](mailto:trentonrec@trentonnj.org)

**PROOF OF RESIDENCY AND BIRTH CERTIFICATE REQUIRED**  
**PLEASE PRINT CLEARLY**

*This application must be completed and signed by the parent/guardian of a participant enrolling in our summer program.*

**Child Registration Information**

\*\*\*Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

First                      M.                      Last

Sex:     Male             Female            Race/Ethnicity (optional): \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address                      City                      State                      Zip Code

Please list any medical concerns/allergies regarding your child: \_\_\_\_\_

Type of document submitted for age/residency verification: \_\_\_\_\_

Check your child's summer camp location below he/she is permitted  
to attend for programs and events.

**\*\*\*If you are registering more than one child; please ask for another copy of this page.\*\*\***

**PROGRAMS/RECREATION CENTER LOCATIONS:**

**PLAYGROUND DROP-IN PROGRAM**

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- **COLUMBUS PARK**  
HAMILTON AVE. & CHESTNUT AVE.
- **EDGEWOOD AVE. PARK**  
EDGEWOOD AVE.
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**Parent/Guardian Information**

**Parent/Guardian**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Does this child live with you?            Yes            No

Are you the legal guardian?            Yes            No

**Emergency Contacts**

Please identify two people who may be called between 8:00am-3:00pm or 11:00am-5:00pm if you are not available.

**Emergency Contact # 1**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Emergency Contact # 2**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Release of Child**

I give my child permission to walk home alone at dismissal.            Yes            No

My child will be picked-up by me or one of the following individuals:

**Please Note: Children will only be released to those name on the list**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**PERMISSION FORM**

I, \_\_\_\_\_ the parent/guardian of the above-named child, hereby give permission for the above-named child to participate in programs and activities offered by the City's Department of Recreation, Natural Resources and Culture. Also, I give permission for me and/or my child's image/name to be used in the City of Trenton public relation materials.

**WAIVER OF LIABILITY**

I, \_\_\_\_\_ hereby waive, release, indemnify and hold harmless the City of Trenton and The Department of Recreation, Natural Resources & Culture, its staff, volunteers and persons transporting my child to or from the above-named program from any claim arising out of injury to my child.

Signature (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_