



2026 CAMP CAPE MAY REGISTRATION FORM

*Zoo Visit,
Nature Center,
Magic Show
And More!*

JUNE 22, 2026 – AUGUST 14, 2026
Monday – Friday 9:00 AM – 3:00 PM
Ages 5 – 10
Kiwanis Park
Madison Avenue, Cape May, NJ

*Chocolate Day,
Beach Day,
Pool days,
Galore!*

FEES & REGISTRATION

All Summer (8 Weeks) - \$1,200
Weekly (based on availability) - \$250 Per Week

CAMPER INFORMATION

Camper's Name: _____

Gender: _____ DOB: _____ Age: _____

(PROOF OF AGE REQUIRED FOR ALL CAMPERS)

Camper's T-Shirt Size (please circle): **CHILD / ADULT** **X-SMALL / SMALL / MEDIUM / LARGE / X-LARGE**

List any Allergies: _____ Allergic to Stings? YES / NO

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Local Emergency Contact Name and Phone Number (OTHER THAN PARENT/GUARDIAN):

Name:

Phone Number:

Additional Name(s) and Phone Number(s) of those allowed to pick up Camper:

Name and Phone Number:

Name and Phone Number:

Name and Phone Number:

PLEASE SELECT WEEKS CHILD WILL BE ATTENDING OR SELECT FULL SUMMER:

_____ FULL SUMMER (ALL 8 WEEKS)

_____ June 22 - June 26

_____ June 29 - July 3

_____ July 6 - July 10

_____ July 13 - July 17

_____ July 20 - July 24

_____ July 27 - July 31

_____ August 3 - August 7

_____ August 10 - August 14

Before and after care is available for an additional fee of \$5.00 per child, per hour. Before care is offered from 8AM until 9AM and **NEW AFTER-CARE HOURS** are offered from 3PM until 4PM, payable weekly.

(There will be NO aftercare provided on August 6th or August 14th)

- *All Children must be toilet trained and be able to attend to their own hygiene. If a toilet accident occurs, the Staff will notify the Camper's Parent/Guardian to immediately come and pick up the child for the remainder of the day.*
- *Lunches, snacks, and drinks **must** be provided by campers. Camp Cape May does **not** provide food, snacks, or drinks. Kiwanis Park does have a water fountain.*
- *Proof of age will be required for all campers.*

To register, fill out form and:

- **Mail to City of Cape May**
ATTN: David Scheffler - Recreation Department
643 Washington Street
Cape May, NJ 08204
- **Or drop off at Convention Hall**
714 Beach Avenue
Cape May, NJ 08204

***All registration forms MUST be accompanied by a minimum 25% deposit of total payment due to secure the child's position in camp. Registration forms submitted without deposit will not be accepted.** Please make checks out to the City of Cape May. All registration payments for camp must be made by *June 12, 2026*. Space is limited and registration is first come, first serve. Before & After Care payments may be made weekly during the Camp Season.

WAIVER AND RELEASE

The undersigned, being over the age of 18 years, hereby acknowledge that there are certain risks in participating in the Camp Cape May Program (the "Activity"). In consideration of the City allowing my child to use its facilities to participate in the Activity, I hereby assume all risks associated with the Activity, including but not limited to, full and complete responsibility for any injury or accident which may occur to my child in connection with the Activity. This release is intended to discharge the City of Cape May, its officials, officers, employees, volunteers, and agents from liability, even in the case of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. I knowingly and intentionally hereby release and waive any and all claims, of whatsoever kind or nature that I may have against the City, its officials, employees, agents and representatives, resulting in whole or in part, from participation in the Activity. This release and waiver shall also be binding on my heirs, administrators, and assigns.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

INTERNAL USE ONLY - TO BE FILLED OUT BY RECREATION DEPARTMENT STAFF ONLY

PAYMENT TYPE (CIRCLE ONE): CASH / CHECK

DATE RECEIVED: _____

Contact our Recreation Department for more information!

Phone: (609) 780-0077 Website: www.capemaycity.com Email: dscheffler@capemaycity.com