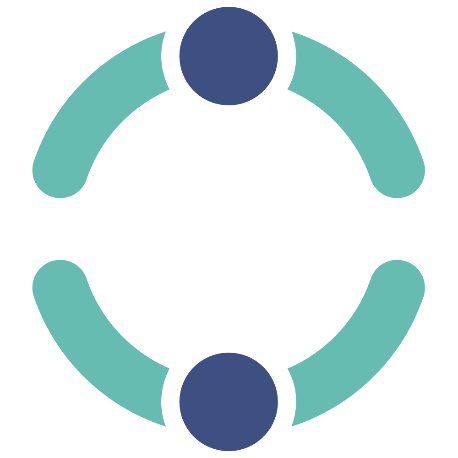
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| |  | | --- | | Summer 2024  **Friendship Circle - LifeTown Camp** **Parent Handbook**  **10 Microlab Road, Livingston, NJ 07039**  **Phone: 973.251.0200**    Thank you for enrolling at **Friendship Circle - LifeTown Camp** for Summer 2043.  Please read through this entire Parent Handbook and reach out if you have any questions.  Wishing you and your family an enjoyable summer vacation.  Sincerely,  Chavi Rosenblum      **Friendship Circle - LifeTown Camp**  **Summer 2024**  **Parent Guide: Camp Information At-A-Glance**  **Telephone numbers:**  Office: **973-251-0200**  Director’s cell phone (for emergencies only):  Chavi: 973-723-4085  Toba: 973-454-3790  **Schedule Overview:**  Camp dates: Monday, July 29 – Thursday, August 22  Monday – Thursday: 9:30 AM to 3:00 PM  (Camp is closed on Fridays – except Week 3)  Please Note: there will be NO camp Tuesday, August 13.  There will be camp Friday, August 16.    During a day at Friendship Circle Camp, your child will participate in:  \* Recreational swimming  \* Sports  \* Music  \* Creative activity  \* Art  \* Specialty Activities: (e.g. daily shows, petting zoo, yoga, martial arts, a Jewish Heritage activity)  **Camper’s Daily Needs:**  To Be Brought to Camp Every Day:   1. Lunch and snacks – must be kosher and nut free, and NO meat 2. Reusable water bottle 3. Bathing suit and swim shirt/rash guard 4. Swim diapers and diaper covers for the pool 5. Towel 6. Water shoes 7. Goggles 8. Sunscreen - spray bottle 9. Full change of clothing, including underwear and socks, to remain in the backpack unless needed.   **Note: Please label all articles with your child’s full name in permanent, waterproof marker.**    **Verification of Absentees:**  **Parents are required to notify via email to** [chavi@fcnj.com](mailto:chavi@fcnj.com) **if a child won’t be coming to camp that day. Please stay home if you or anyone in your household is not feeling well or has been exposed to COVID-19.**  **Camp Communication:**  Each parent will receive a camp email every Friday with exciting news of the past week and pertinent information for the upcoming week. Please review.  **Parent Transportation:**  When you enter camp, please park in the front parking lot and bring your child into the upstairs lobby of the building. You will be directed to your group room, where you will sign in with the group teacher. **You must stay with your child until your group teacher gives you verbal permission that it is ok to leave.**  AM drop off is between 9:30 - 9:45 AM  PM pickup is between 2:50 - 3:10 PM  (If you are running late, please **text** **Chavi or Toba** at the cell phone numbers provided above. Only call in the case of an emergency. **Text for any other time sensitive information and email with any other important information**.)    **Sending Special Information to Camp:**    When sending special instructions for your child for camp, please make sure to fill out a “**special instruction form**” online prior to drop off: [www.fcnj.com/specialinfo](http://www.fcnj.com/specialinfo).  **Medication during Camp Hours:**  No medication will be administered during camp. Please make sure to give your child their daily medication prior to arrival or after camp.    **Birthdays:**  We are delighted to share in the celebration of your child’s birthday. We find it is best to arrange the same celebration for each child. Contact the camp office and send in $30 at least 2 days in advance, and we will take care of the arrangements.  **Please sign the next page and return to Friendship Circle staff.**  For camp resources, visit [www.fcnj.com/summercamp23](http://www.fcnj.com/summercamp23).  **We are looking forward to**  **an enriching summer experience at**  **Friendship Circle- LifeTown Camp!** | |  | |



Summer 2024  
  
**Friendship Circle - LifeTown Camp**  
**Parent Handbook Acceptance:**

Please sign and return this page.

I have read and understand the parent’s handbook in its entirety.

Parent/Guardian Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_