



AUGUST 15TH - 17TH

**Tuesday,
Wednesday,
Thursday**
9:30AM - 12:30PM

AGES 2-4

IVY LEAGUE



**FEE: \$225 - INCLUDES CAMP SHIRT,
CAMP BAG & LUNCH. IF YOU ENROLL FOR
SUMMER 2024, 50% OF FEE WILL GO
TOWARDS THAT TUITION**

FANTASY CAMP

**BIG LEAGUE FUN FOR
THE LITTLE ONES!!**
***Do not need to be potty trained**

- ACTIVITIES:**
- **ARTS & CRAFT**
 - **WATER GAMES**
 - **MUSIC & DANCE**
 - **FUN SPORTS**
 - **LUNCH**

**A FUN-FILLED TASTE OF
A REAL CAMP
EXPERIENCE DESIGNED
FOR 2, 3, & 4 YEAR OLDS
WHO HAVE NEVER
ATTENDED IVY LEAGUE
BEFORE.**

**CALL 732-446-7035 FOR
MORE INFORMATION**

2023 FANTASY CAMP

CAMPER NAME _____ MALE ___ FEMALE ___ HOME PHONE _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CAMPER'S BIRTHDATE _____ AGE AS OF AUGUST 2022 _____

MOTHER'S NAME _____ BUS. PHONE _____ CELL PHONE _____

FATHER'S NAME _____ BUS. PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____ @ _____

DO YOU HAVE A SIBLING ENROLLED IN ILDC? YES ___ NO ___ IF YES, NAME _____

CAMPER'S SHIRT SIZE: (PLEASE CIRCLE) XS (2-4) S(6-8) M(10-12)

IF I CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:

EMERGENCY NUMBER: NAME _____ PHONE # _____

RELATIONSHIP _____

EMERGENCY NUMBER: NAME _____ PHONE # _____

RELATIONSHIP _____

PHYSICIAN'S NAME _____ PHONE # _____

PLEASE NOTE ANY COMMENTS AND/OR ALLERGIES

PLEASE PLACE MY CHILD WITH _____

Camp is not responsible for clothing or personal belongings lost on premises. Parent hereby grants permission for the Ivy League Day Camp to photograph/video his/her child and use these pictures for brochure, Ivy League web site and display purposes. I also give permission for Ivy League to release my phone number and/or address to other children in the group for socializing. The Director's will exercise every reasonable precaution consistent with safety, health and care. Furthermore, in the event that I or my family physician cannot be contacted in an emergency, I hereby grant permission for Centra-State Hospital in Freehold, or the nearest facility when on a trip, to provide a physician and to give emergency treatment to my child.

Signature of parent or guardian: _____

Date: _____