

# Lunch Bunch

**At Woolsey Park  
Grades 1-6  
12:00 pm—1:00 pm**

Is your child participating in a morning camp at Woolsey Park or MAC Site and an afternoon camp at the Woolsey Park? Well, this program is designed for them!

Your child will eat lunch, brought from home, with a teacher and counselors and will participate in some camp activities. Staff will be responsible for checking your child into the afternoon program.

This program is also open to any camper who is in the morning camp at Woolsey Park or MAC Site and wants to stay an extra hour of camp, or for any child coming to an afternoon camp at Woolsey Park and needs to be dropped off early.



Program Offered for 6 Different  
Weeks from June 29—August .

Weekly Fee Price: \$45 HT Resident  
\$55 Non-Resident



**LUNCH BUNCH**  
**For children in Grades 1-6**  
**Monday-Friday at Woolsey Park**  
**12:00 - 1:00pm**

**This program is for campers participating in a morning camp at Woolsey Park or MAC Site and continuing their camp day with us by attending one of our afternoon camps at Woolsey Park. It is also available to those needing to be picked up late from a morning camp or dropped off early for an afternoon camp.**

**HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT**  
**LUNCH BUNCH REGISTRATION FORM - SUMMER 2026**

**Participant Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Fall 2026 Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, state, zip

**Primary Contact (Parent or Guardian):**

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Program Fee (5 Day): \$55**

**HT Res: \$45**

**Program Fee (4 Day) for 7/5-7/8 week only: \$50**

**HT Res: \$40**

**Please Circle Camp Choices:**

Session 1: June 29-July 2 (4 day camp)

Session 4: July 20 - 24

Session 2: July 6 - 10

Session 5: July 27 - 31

Session 3: July 13 - 17

Session 6: August 3 - 7

**Refund Policy:**

Refund requests MUST be made in writing or through email - refund amount will be determined by the number of days prior to the start of the program that notification is received.

45+ days = Full Refund - \$35 admin. fee

If you withdraw within less than 45 days from the start of the camp, you will either receive a percentage of your paid fee or will receive full refund -\$35 admin. fee (whichever is less).

Percentage fees will be calculated by the price of the camp and will be as follows:

15-44 days = 75% refund; 6-14 days = 50% refund; 1-5 days = 25% refund; No refund once camp begins.

***Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified in writing of your expressed desire to be excluded.***

**HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE:** Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in any of the Hopewell Recreation programs. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

**Please be aware my child has the following medical conditions:**

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Make checks payable and send to:**

**Amt. Remitted:** \_\_\_\_\_

**Phone # (609) 737-3753**

**HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.**

**201 Washington Crossing-Pennington Road**

**Titusville, NJ 08560**