



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EAST ORANGE YMCA

2018 Summer Day Camps

Early Bird Registration Form



BEST SUMMER EVER

EastOrangeYMCA.org



EARLY BIRD SPECIAL!

No Registration Fee



NOW THROUGH MAR. 18.

Early Bird Registration Form 2018 East Orange YMCA Summer Day Camp

One form per child, please print - MUST be completed and returned along with payment in full to:

East Orange YMCA, 100 North Arlington Ave., East Orange, NJ 07017

Member # _____

Staff use Only

CAMPER INFORMATION (Required)

1

CAMPER NAME (Please Print)

First _____

Last _____

Primary Cell Phone _____

Date of Birth _____ Gender: _____

Age as of 7/1/18 _____ Grade as of 9/1/18 _____

Home Address _____

City/Zip _____

PARENT/GUARDIAN (1) (Please Print)

Full Name _____

Work # _____

Cell (Required) _____

Day/Work Location _____

E-mail (Required) _____

Address (if different than above) _____

City/Zip _____

PARENT/GUARDIAN (2) (Please Print)

Full Name _____

Work # _____

Cell (Required) _____

Day/Work Location _____

E-mail (Required) _____

E-mail is our primary method of communicating camp information, schedules and any possible last minute changes throughout the summer. Please refer to our website for the overall Camp Information and Parent Handbook. Early Registration is recommended. In order to ensure the safety of all children and the appropriate staffing ratios, a completed registration form along with payment must be received at the registration office by noon Monday for participation in the following week. If the session is full, you will be placed on a waiting list.

Photography Policy: The Y has my permission to use any and all photographs taken of my child in camp activities in Y publicity. The YMCA values the privacy of its members. I do not wish my child to be photographed at camp.

EMERGENCY NOTIFICATION INFO (Required) (Please Print)

In case of emergency, if after both primary guardians cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your child. Photo ID required.

1. Name _____

Cell Phone # _____ Relation _____

2. Name _____

Cell Phone # _____ Relation _____

ALTERNATE PICK UP INFORMATION (Please Print)

You may list two additional people who are authorized to pick up your child at any time. Photo ID required.

1. Name _____

Cell Phone # _____ Relation _____

2. Name _____

Cell Phone # _____ Relation _____

HEALTH HISTORY (Required)

2

List any current allergies: _____

List any current dietary restrictions: _____

List any current or past medical treatment that would affect your child's day at camp: _____

List any activities your child should be restricted from: _____

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

List any current medications (prescription and over the counter):

Reasons for the above medications: _____

Medications to be administered at camp must be in original container accompanied by written and signed instructions from the parents or doctor on a permission to medicate form. Example: Epi pen must be in original container. Campers may not carry medication at any time.

CURRENT IMMUNIZATIONS (Required)

Vaccinations are required by the NJ Department of Health prior to camp attendance. (Check One)

I attest, by my signature following this statement, that all immunizations required by the NJ Department of Health for my child's participation in camp are up to date and that my child has a current tetanus shot with the month and year stated below.

Or, I attest that I have signed and provided to the Y a waiver exempting my child from vaccination due to religious or other reasons.

Date of last tetanus shot: Month _____ Year _____

Your child's medical insurance carrier: _____

Group Policy #: _____

Name of Physician: _____

Phone #: _____

Name of Dentist: _____

Phone #: _____

Permission to Treat: Informed Consent – By signing this agreement, I believe that my child is qualified physically, mentally and emotionally for camp and understand there is some risk involved in all physical activities. I agree to place my child in the care of the camp staff, subject to its program policies. I give permission for him/her to take part in all camp activities and field trips. In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by the camp to transport, hospitalize, secure proper treatment for, and to order injections, x-rays, routine tests, anesthesia or surgery for my child and to release any records necessary for treatment, referral, billing and insurance purposes.

 **Signature (Required)**

Early Bird Registration Form 2018 East Orange YMCA Summer Day Camp

CAMPER NAME: _____

GENDER: _____

3

Camp Dates	Week 1 6/25-6/29	Week 2 7/2-7/6	Week 3 7/9-7/13	Week 4 7/16-7/20	Week 5 7/23-7/27	Week 6 7/30-8/3	Week 7 8/6-8/10	Week 8 8/13-8/17	Week 9 8/20-8/24
Payment Due Dates	6/18	6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13
Early Adventures (Ages 3-5) 7:00am-6:30pm	<input type="radio"/> \$164	<input type="radio"/> \$131	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164
New Discoveries (Ages 6-10) 7:00am-6:30pm	<input type="radio"/> \$164	<input type="radio"/> \$131	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164
Explorers (Ages 11-13) 7:00am-6:30pm	<input type="radio"/> \$164	<input type="radio"/> \$131	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164	<input type="radio"/> \$164
Counselor-in-Training (Ages 14-15) 7:00am-6:30pm	<input type="radio"/> \$100	<input type="radio"/> \$80	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100

4 PAYMENT SUMMARY

	Weeks of Camp	Rate	Total
Weeks of Camp - MUST be paid in full by Monday prior to that week of camp	<input type="radio"/> x	\$	<input type="radio"/> = \$
Deposit - \$10 per week. Avoid disappointment - Balance of camp week must be paid in full Monday prior to the next week of camp.	<input type="radio"/> x	\$10.00	<input type="radio"/> = \$
Registration Fee - waived if reg + deposit is paid by 5/18/18		\$50.00	<input type="radio"/> = \$
Membership Fee: \$80 Individual/\$150 Family (Required of all campers to be a current member through 9/1/18)		\$	<input type="radio"/> = \$
Programs for Parents - weekly subsidiary	<input type="radio"/> x	\$	<input type="radio"/> = \$
Financial Assistance - weekly subsidiary	<input type="radio"/> x	\$	<input type="radio"/> = \$
Make check payable to East Orange YMCA.		Total	\$

Credit Card Payment

Authorization for credit card payment. Contact the camp director for more information.

Credit Card #: _____

Exp. Date: _____

Name on Card (Print): _____

 **SIGNATURE:** _____

PARENT/GUARDIAN AND YMCA AGREEMENT

5

Rules for Acceptance and Participation in Camp

They are the same for everyone without regard to race, color, national origin, sex, age or disability. It is understood that all campers will be treated as individuals and respect will be shown for differences in tastes, preferences, abilities and range of behavior patterns. The Y reserves the right to dismiss a child from camp whose special needs we are not able to meet or whose conduct is not in the best interest of the total camp — **without refund.**

Payment Requirements

A current Membership, \$50 registration fee and a \$10 per week deposit is required upon registration. Any other YMCA balances must be current at this time. Deposits are applied to the total camp bill. **Refund Policy:** deposit fees are non-refundable and non-transferable. It is understood that in the case of dismissal or voluntary withdrawal, **THERE ARE NO REFUNDS OF CAMP FEES.**

Discipline Policy

I will review and reinforce the camper conduct and other camp policies with my child prior to the start of camp. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Campers not following the conduct policy may be suspended or expelled from camp with no refund.

Other Fees

Should they occur, include: a late pick-up fee of \$15 per 15 minute interval starting from your child's scheduled pick up time; \$35 for returned checks. All requested changes, and transfers must be submitted in writing.

Photography Policy

The Y has my permission to use any and all photographs taken of my child in camp activities in Y publicity.

The YMCA values the privacy of its members.

I do not wish my child to be photographed at camp.

I have read all of the above information and I am fully aware of all of the terms and principles contained herein. All questions have been answered to my satisfaction. I agree that certain activities at the Y have risks which are inherent to the activity. No insurance has been included in membership or program fees. I further agree to indemnify and hold harmless the Y from any claims or demands arising out of any such injuries and losses.



Parent/Guardian Signature (Required): _____

Date: _____