



YMCA OF GREATER BERGEN COUNTY

2019 Summer Camp Registration Form



BEST SUMMER EVER



Early Bird Registration Form 2019 YMCA of Greater Bergen County Summer Camp

One form per child, please print - MUST be completed and returned to: YMCA of Greater Bergen County, 360 Main Street, Hackensack, NJ 07601
or Fax to: 201 487 4539

CAMPER INFORMATION (Required)

1

CAMPER NAME

First _____

Last _____

Home Phone _____

Date of Birth _____ Gender: _____

Age as of 7/1/19 _____ Grade as of 9/1/19 _____

Home Address _____

City/Zip _____

PARENT/GUARDIAN (1)

Full Name _____

Work # _____

Cell (Required) _____

Day/Work Location _____

Primary E-mail (Required) _____

Address (if different than above) _____

City/Zip _____

City/Zip _____

City/Zip _____

PARENT/GUARDIAN (2)

Full Name _____

Work # _____

Cell (Required) _____

Day/Work Location _____

Secondary E-mail _____

Secondary E-mail _____

E-mail is our primary method of communicating camp information and any last minute changes throughout the summer.

For the safety of all children and the appropriate staffing, a completed registration form along with payment must be received at the Welcome Center by noon Thursday to participate the following week. If the session is full, you will be placed on a waiting list. Visit our website for Camp Information and Parent Handbook.

EMERGENCY NOTIFICATION INFO/ALTERNATE PICKUP PERSON(S) (Required)

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 _____

Phone # _____ Relation _____

2. Name _____

Phone # _____ Relation _____

SUNSCREEN/INSECT REPELLENT PERMISSION (Required)

Yes No - I give permission for my child to self-apply sunscreen/insect repellent that I provide. YMCA staff will supervise children during this process.

Yes No - I give permission for YMCA staff to assist my child with applying sunscreen/insect repellent that I have provided to my child.

HEALTH HISTORY (Required)

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Date of last physical exam _____

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/considerations _____

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. Campers may not carry medication at any time.

CURRENT IMMUNIZATIONS (Required)

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

I attest, by my signature following this statement, that all immunizations required by the NY 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. I have read the parent/guardian and YMCA agreement on the registration form, all general information on page 8 of the camp brochure, including deposit requirements, and all refund policies. I am fully aware of all terms and principles contained herein.

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) _____

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CAMPER NAME: _____

GENDER: _____

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DAY CAMPS		1-Week Intro 6/24-6/28	Session 1 7/1-7/12*	Session 2 7/15-7/26	Session 3 7/29-8/9	Session 4 8/12-8/23	TOTAL
Kahagon Grades K-1, ages 5-6	Member	<input type="radio"/> \$315	<input type="radio"/> \$505	<input type="radio"/> \$565	<input type="radio"/> \$565	<input type="radio"/> \$565	
	Community Member	<input type="radio"/> \$365	<input type="radio"/> \$610	<input type="radio"/> \$670	<input type="radio"/> \$670	<input type="radio"/> \$670	
Oratam Grades 2-7, ages 7-12	Member	<input type="radio"/> \$325	<input type="radio"/> \$520	<input type="radio"/> \$585	<input type="radio"/> \$585	<input type="radio"/> \$585	
	Community Member	<input type="radio"/> \$370	<input type="radio"/> \$625	<input type="radio"/> \$690	<input type="radio"/> \$690	<input type="radio"/> \$690	
TeenVentures Grades 8-10, ages 13-15	Member	<input type="radio"/> \$335	<input type="radio"/> \$605	<input type="radio"/> \$675	<input type="radio"/> \$675	<input type="radio"/> \$675	
	Community Member	<input type="radio"/> \$385	<input type="radio"/> \$710	<input type="radio"/> \$780	<input type="radio"/> \$780	<input type="radio"/> \$780	
Counselor-In-Training (CIT) Ages 16-17	Member		<input type="radio"/> \$425		<input type="radio"/> \$425		
	Community Member		<input type="radio"/> \$525		<input type="radio"/> \$525		

*No camp July 4th

BEFORE AND AFTER CARE OPTIONS

AM Care Starts at 7:00am	<input type="radio"/> \$20	<input type="radio"/> \$35	<input type="radio"/> \$40	<input type="radio"/> \$40	<input type="radio"/> \$40	
PM Care Ends at 6:30pm	<input type="radio"/> \$25	<input type="radio"/> \$40	<input type="radio"/> \$45	<input type="radio"/> \$45	<input type="radio"/> \$45	

SLEEP-AWAY CAMP		1-Week Intro 7/1-7/5	1-Week Intro 7/8-7/12	Session 1 7/1-7/12	Session 2 7/15-7/26	Session 3 7/29-8/9	Session 4 8/12-8/23	TOTAL
Camp Michikamau** Grades 3-10, ages 8-15	M	<input type="radio"/> \$450	<input type="radio"/> \$450	<input type="radio"/> \$850	<input type="radio"/> \$850	<input type="radio"/> \$850	<input type="radio"/> \$850	
	CM	<input type="radio"/> \$550	<input type="radio"/> \$550	<input type="radio"/> \$950	<input type="radio"/> \$950	<input type="radio"/> \$950	<input type="radio"/> \$950	
Camp Michikamau Sunday Drop-Off				<input type="radio"/> \$50	<input type="radio"/> \$50	<input type="radio"/> \$50	<input type="radio"/> \$50	
Counselor-In-Training (CIT) Ages 16-17	M			<input type="radio"/> \$1,350		<input type="radio"/> \$1,350		
	CM			<input type="radio"/> \$1,450		<input type="radio"/> \$1,450		

**Michikamau campers may be picked up Friday night or return to the Y by bus Saturday morning.

Totals:

M = Member; CM = Community Member - A community member is a child that is not currently a member of our Y Facility.

School's Out Vacation Camp (Ages 5-13 years)

Available on most days when the Hackensack Public Schools are closed, our School's Out Vacation Camp will accommodate your childcare needs.

Children have fun and are in a supervised, enjoyable environment. Activities include gym games, swimming, games and much more.

Children should come prepared with a complete lunch, snack, sneakers, a bathing suit, towel, and swim cap if hair is shoulder length or longer.

*Dates: Winter Break February 18-22
Spring Break April 15-19

Time: 8:00am-6:00pm

Facility Members: \$46 per day

Community Members: \$70 per day

*All dates subject to change based on changes to Hackensack school's closure dates due to snow or lack of snow.

Learn about Camp!



Visit us

Presentations at the Y: Get an early look at camp at the Y on February 26, March 26, April 30 or May 21 at **7:00pm**. Meet camp staff, ask questions, watch a slide show, and take advantage of early camp registration.

Healthy Kids Day: Join us at the Y, **Saturday, April 27, 10:00am-1:00pm**. A **FREE** event for families with children ages 5-12. Participate in the day's healthy, informative and fun programs. There will be special camp activities and information available.

Open House at Camp: Visit camp before the season begins. Take a tour of the site, meet camp staff and get a taste of camp. **Sunday, June 2 1:00-4:00pm**

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PAYMENT SUMMARY

PAYMENT OPTION

CHECK*

CREDIT

Total Camp Tuition	\$		
Deposit DUE AT REGISTRATION \$125 per session	-	\$	<input type="radio"/>
YMCA Membership Fee: \$58 Preschool/\$84 Youth/\$109 Program (Required of all campers. Must be a current YMCA member through 9/1/19)	+	\$	<input type="radio"/>
Camps Change Lives! (Donate to the Annual Campaign)	+	\$	<input type="radio"/>
Camp Balance (Minus Deposit)		\$	<input type="radio"/>

*Make check payable to YMCA of Greater Bergen County.

EASY PAYMENT PLAN/PAYMENT

Authorization for **EASY PAYMENT PLAN** (credit card only): five equal credit card payments on the 25th of each month, starting **February 25, 2019 to June 25, 2019.**

I authorize you to charge my balance due to my credit card on **June 25, 2019.**

Credit Card #: _____ Exp. Date: _____

Name on Card (Print): _____

 SIGNATURE:

PARENT/GUARDIAN AND YMCA AGREEMENT

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Rules for Acceptance and Participation in Camp 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 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 needs we are not able to meet or whose conduct is not in the best interest of the total camp – **without refund.**

A \$125 deposit per session is required upon registration. The registration deposit is applied to the total camp bill and is non-refundable.

Refund Policy: Deposit fees are non-refundable and nontransferable. It is understood that in the case of dismissal or voluntary withdrawal, fees are refundable only if cancellation is made at least 30 days prior to the start of the camp session. If it is deemed advisable to dismiss a camper for medical reasons, a refund will be given for the unused portion of camp.

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.

Medical Packet: All campers must have their completed packet, which includes a physical exam, submitted to the Y prior to the first day of the session. It is important for us to understand your child's medical and behavioral needs. No child will be allowed in camp without a completed medical packet. You can download the packet at ymcagbc.org or pick one up at the YMCA.

Drop-Off and Pick-Up Policy: In order to ensure the safety of your child, all campers must be signed in and out each day. No child will be allowed on the bus without being signed in. Please list on the Pick Up Form all adults who are approved to pick up your child. All adults should have a photo ID ready for the counselors who will be checking identification.

Late Pick-Up Policy: Day campers picked up after 5pm (or after 6:30pm if enrolled in After Care) and overnight campers picked up after 10am on Saturday will be charged a late fee. Late fee is \$10 for the first 15 minutes, then \$2 for every minute thereafter.

Other Fees: A \$50 surcharge for late payments after June 20 (if your child's spot is not opened up to the waiting list). All requested changes must be submitted in writing. \$25 for returned checks.

Photography Policy: Photos are taken throughout the summer of campers involved in every aspect of the camp program. Some of these photos will be put on the YMCA's website and/or used in marketing material. Please be aware by registering your child, you grant permission for your child's image to be used by the YMCA of Greater Bergen County.

I have read all of the above information and 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: _____