



WEST ESSEX YMCA 2019 SUMMER DAY CAMPS Registration Form



BEST 
SUMMER
EVER 



WestEssexYMCA.org

2019 Registration Form – West Essex YMCA Summer Day Camps

(One form per child, please print – **MUST be completed and returned to:** West Essex YMCA, 321 S. Livingston Ave., Livingston, NJ 07039
or **Scan and email to the Camp Registrar** acollazo@metroymcas.org

CAMPER INFORMATION 1 Required

CAMPER NAME
First _____
Last _____
Date of Birth _____ Gender _____
Age as of 7/1/19 _____ Grade as of 9/1/19 _____
Address _____
City/Zip _____
Home Phone _____

PARENT/GUARDIAN (1)
Full Name _____
Work# _____
Cell (Required) _____
Day/Work Location _____
E-mail (Required) for communicating camp information. Contact our office immediately if you do not receive our weekly newsletters during camp.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PARENT/GUARDIAN (2)
Full Name _____
Address (if different than above) _____
Work# _____
Cell (Required) _____
Day/Work Location _____
E-mail (Required)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EMERGENCY NOTIFICATION INFO (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 _____

ALTERNATE PICK UP INFORMATION
Please list two additional people who are authorized to pick up your child at any time. Photo ID required.

1. Name _____
Phone # _____ Relation _____

2. Name _____
Phone # _____ Relation _____

HEALTH HISTORY 2 Required

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.
Please send proof of immunization with Doctors signature by May 31, 2019.

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):

2019 Registration Form - West Essex YMCA Summer Day Camps

CAMPER NAME: _____

GENDER: _____

3

CAMPS	Age/Grade	Please check the box of the session(s) your child will be attending				TOTAL
Camp Peanut Shell	3½-5 years old	<input type="radio"/> Session 1: \$340 June 24-28 <input type="radio"/> Wk 1	<input type="radio"/> Session 2: \$1,292 July 1-26* <input type="radio"/> Wk 2 <input type="radio"/> Wk 4 <input type="radio"/> Wk 3 <input type="radio"/> Wk 5	<input type="radio"/> Session 3: \$1,360 July 29 - August 23 <input type="radio"/> Wk 6 <input type="radio"/> Wk 7 <input type="radio"/> Wk 8 <input type="radio"/> Wk 9		
Before Care and After Care		<input type="radio"/> Before Care: 8:00-9:00am <input type="radio"/> After Care: 4:00-6:00pm				
Pioneer Trails Day Camp	Pre-K – Grade 8	<input type="radio"/> Session 1: \$963 June 24 - July 5* <input type="radio"/> Wk 1 <input type="radio"/> Wk 2	<input type="radio"/> Session 2: \$1,605 July 8-26 <input type="radio"/> Wk 3 <input type="radio"/> Wk 4 <input type="radio"/> Wk 5	<input type="radio"/> Session 3: \$1,070 July 29 - August 9 <input type="radio"/> Wk 6 <input type="radio"/> Wk 7		
Drop-off and Pick-up information: Choose: one morning option and one afternoon option. Visit WestEssexYMCA.org for school bus stop locations		Morning: <input type="radio"/> Bus (school _____) <input type="radio"/> Before Camp Care: 8:00-9:00am <input type="radio"/> Drop-off at camp: 9:00am Afternoon: <input type="radio"/> Bus (school _____) <input type="radio"/> After Camp Care: 4:00-6:00pm <input type="radio"/> Pick-up at camp: 4:00pm				
Super Summer Day Camp	Entering grades K-6	<input type="radio"/> Session 1: \$801 June 24 - July 5* <input type="radio"/> Wk 1 <input type="radio"/> Wk 2	<input type="radio"/> Session 2: \$890 July 8-19 <input type="radio"/> Wk 3 <input type="radio"/> Wk 4	<input type="radio"/> Session 3: \$890 July 22 - August 2 <input type="radio"/> Wk 5 <input type="radio"/> Wk 6	<input type="radio"/> Session 4: \$890 August 5-16 <input type="radio"/> Wk 7 <input type="radio"/> Wk 8	
Choose a pick-up location:		<input type="radio"/> Y Pool (Pick-up at the West Essex YMCA) <input type="radio"/> Town Pool (Livingston residents only - must provide pool badge and white t-shirt daily)				
Teen Adventure Camp	Entering grades 7-9	<input type="radio"/> Session 1: \$1,288 June 24 - July 12* <input type="radio"/> Wk 1 <input type="radio"/> Wk 2 <input type="radio"/> Wk 3	<input type="radio"/> Session 2: \$1,380 July 15 - August 2 <input type="radio"/> Wk 4 <input type="radio"/> Wk 5 <input type="radio"/> Wk 6	<input type="radio"/> Session 3: \$1,380 August 5-23 <input type="radio"/> Wk 7 <input type="radio"/> Wk 8 <input type="radio"/> Wk 9		
Vacation Camp	Entering grades K-6	<input type="radio"/> June 21 - \$85		<input type="radio"/> August 19-23 - \$475		
Note: To enroll in Vacation Camp , Campers must attend a minimum of two-weeks at Pioneer Trails or Super Summer Day Camp .						
*Camp closed on July 4th.					TOTAL:	
Camper Friend Name (Only one request per camper - Both campers must request each other) _____						

<div style="display: flex; align-items: center;"> 4 PAYMENT SUMMARY </div>	PAYMENT OPTION			
	CASH	CHECK*	CREDIT	
Total Camp Tuition	\$			
Deposit DUE AT REGISTRATION (\$50/week)	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Membership Fee: \$85 Individual/\$155 Family (Required of all campers. Must be a current member through 9/1/19)	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Camps Change Lives! (Donate to the Annual Campaign)	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Camp Balance (Minus Deposit) All Fees must be paid in full by May 15, 2019.	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Make check payable to West Essex YMCA.

EASY PAYMENT PLAN/PAYMENT	
<input type="radio"/> Authorization for EASY PAYMENT PLAN (credit card only): equal credit card payments on the 15th of each month through May 15, 2019 . Start Date: _____	
<input type="radio"/> I authorize you to charge my balance due to my credit card on May 15, 2019 .	
<input type="radio"/> Credit Card #: _____ Exp. Date: _____	
Name on Card (Print): _____	SIGNATURE: _____

2019 Registration Form - West Essex YMCA Summer Day Camps

(One form per child, please print - **MUST be completed and returned to:** West Essex YMCA, 321 S. Livingston Ave., Livingston, NJ 07039
or **Scan and email to the Camp Registrar** acollazo@metroymcas.org

PARENT/GUARDIAN AND YMCA AGREEMENT

5

* Please refer to our website for the overall camp information and parent handbook.

Rules for Acceptance and Participation in Camp – are the same for everyone without regard to race, color, national origin, sex, age or disability. 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.

Current Membership and a \$50 Deposit per week are required upon registration – deposit fee is applied to the total camp bill.

Refund Policy: deposit fees are non-refundable and non-transferable. In the case of dismissal or voluntary withdrawal, **there are no refunds of camp fees after May 15, 2019.** If it is deemed advisable to dismiss a camper for medical reason, one-half of the unused portions of the session(s) will be refunded.

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 with no refund.

Other Fees Include – \$35 for changes in registration after March 31, 2019; \$50 surcharge for late payments after May 15; late pick up fee of \$15 per 15 minute interval starting from scheduled pick up time; \$35 for returned checks.

All requested changes 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: _____