



# Registration Form - Child Care Services Branch Summer Camp

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female  Grade in Fall of 2017: \_\_\_\_\_ Shirt Size:  Small  Medium  Large  Adult Small  
T-Shirt guaranteed if registered by May 1st or while supplies last

Parent #1 Full Name: \_\_\_\_\_

Parent #1 Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

Parent #1 Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent #2 Full Name: \_\_\_\_\_

Parent #2 Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

Parent #2 Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

If your child will be attending camp on specific days, please indicate days (eg. M-W-F) \_\_\_\_\_

Does your child have any special needs/allergies that we should know about to provide you with the best service possible? Please note allergies/asthma require additional paperwork. Please see Site Director for more information. \_\_\_\_\_

Please check off the camp weeks for which you are registering. **Please note: Camp deposits are not refundable after May 1, 2017. Changes made after May 1, 2017 will incur a \$20 change fee.** All camp fees are non-refundable after the balance is due for a camp week. Camp fees must be paid as listed in the published pay schedule or will be subject to a \$20 late fee. Make checks payable to YMCA of MEWSA. Visa, Mastercard, American Express are accepted. Registration deadline is the Thursday prior to the week attending.

Camp Weeks & Dates	Week 1 6/26-6/30	Week 2 7/3-7/7	Week 3 7/10-7/14	Week 4 7/17-7/21	Week 5 7/24-7/28	Week 6 7/31-8/4	Week 7 8/7-8/11	Week 8 8/14-8/18	Week 9 8/21-8/25
<b>Summer Camp</b> (8:00 AM - 5:00 PM)									
<b>Pre-Care</b> (7:00 AM - 8:00 AM)									
<b>Post-Care</b> (5:00 PM - 6:30 PM)									
<b>Pre &amp; Post-Care</b>									
<b>Summer Fun Club (only for 3-5 years of age &amp; only offered at Centenary Early Learning Center in Metuchen)</b>									
<b>Summer Fun Club</b> (9:00 AM - 1:00 PM)									

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Child Care Services Branch Summer Camp

### SUMMER CAMP

Summer Camp	\$235/week
Pre-Care	\$20/week
Post-Care	\$25/week
Pre & Post-Care	\$40/week

### SUMMER FUN CLUB

5 days per week	\$124/week
3 days per week	\$98/week
2 days per week	\$80/week

## Child Care Services Camp Locations

Please check off the location you would like your child to attend

- Ken Shirk Learning Center**  
445 Old Post Road  
Edison, NJ 08817 (732) 287-1131  
kenshirkccc@ymcaofmewsa.org
- Our Savior's Learning Center**  
50 Calvert Avenue East  
Edison, NJ 08820 (732) 548-0523  
oursaviorsccc@ymcaofmewsa.org
- Centenary Early Learning Center**  
200 Hillside Avenue  
Metuchen, NJ 08840 (732) 548-5468  
centenaryccc@ymcaofmewsa.org
- Avenel Learning Center**  
238 Avenel Street  
Avenel, NJ 07001 (732) 636-1100  
avenelccc@ymcaofmewsa.org
- Colonia Learning Center**  
400 Inman Avenue  
Colonia, NJ 07067 (732) 340-9622  
coloniacc@ymcaofmewsa.org
- Fords Learning Programs**  
Call for location information  
(732) 346-9622  
fordsccc@ymcaofmewsa.org

For more information visit: [www.ymcaofaYk.gU'cf](http://www.ymcaofaYk.gU'cf)

For Office Use Only

# 2017 Child Care Services Branch Permission/Authorization

(Please read, sign and/or initial where requested)

**I grant permission and authorize Child Care Services Branch for the following:**

I hereby permit, consent and authorize photographs, videotapes and audio recordings made of my child while at Child Care Services Branch as an individual or part of a group, with or without text in Y publications. \_\_\_\_\_  
initial

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give permission for my child to participate in Child Care Services Branch programs, including any trips taken during the camp day. I understand that transportation will be provided by school bus. I understand that Child Care Services Branch shall provide appropriate chaperones on all trips, as well as the above mentioned transportation. Prior notice will be given wherever possible. I further acknowledge and am aware that these activities may involve inherent risks and that I assume for my child whatever risk of injury or loss which may exist, and further certify that my child is in good physical condition in order to take on these activities. I further understand that my child will participate in walking trips from the center such as neighborhood walks, the park, library, neighborhood merchants, etc. by safe and reasonable means of transportation or walking. \_\_\_\_\_  
initial

If on a trip, I further authorize and give consent to any rescue squad or emergency assistance personnel and/or closest medical facility personnel to render transportation and/or medical care as deemed necessary in their discretion and in the best interest of the life, health and well-being of my child. \_\_\_\_\_  
initial

Prescription medication will be given to my child by the staff at specific times scheduled by the camp. I understand that I must sign a statement for each illness/medication, giving the camp specific instructions as directed by a physician and permission. \_\_\_\_\_  
initial

An accident or sudden illness to my child will be treated on the premises of Child Care Services Branch by the staff with emergency first aid procedures. I understand that I will be notified immediately, and will be required to pick up my child or send a reliable person in my place to be responsible for taking my child from Child Care Services Branch to a designated place determined by me. \_\_\_\_\_  
initial

Emergency treatment for my child will be obtained in my absence by the Camp Director and/or staff and its agents or whatever kind is deemed necessary and in his/her interest to protect the life, health and well-being of said son/daughter. \_\_\_\_\_  
initial

Transportation by any necessary means to obtain such medical care or assistance for my child, as circumstances may require in the discretion of the Child Care Services Branch staff, its employees or agents, is hereby authorized. \_\_\_\_\_  
initial

I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian. \_\_\_\_\_  
initial

A Y health form and a permission authorization form are required to attend. \_\_\_\_\_  
initial

I have read and understand the Child Care Services Branch Registration Procedures, Payment Procedures, Cancellation Policy, Camp Handbook, & Parent Information Packet and will follow them. I will inform the Center, in writing, of any changes in my family, address, telephone number, or changes in my work address or phone number. \_\_\_\_\_  
initial

**During the summer of 2017, the following primary people will routinely pick up my child/children. Please have a photo I.D. ready.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**The following people are authorized as emergency contacts and able to pick up my child(ren) in my absence. Please have a photo ID ready at the time of pick up. (Must list 2 as required by NJ State Law)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EZPAY**

I, \_\_\_\_\_ give the Child Care Services Branch authority to charge my credit/debit card or draft my bank account on file for camp payments when they are due. I can terminate this agreement by providing the office with written notice. After a written notice is received, the YMCA agrees to end the camp pre-authorized charges against my account. In the event of any changes or to cancel, I agree to notify the Child Care Services Branch immediately before card is charged. No refunds will be issued after credit card has been charged.

Signature \_\_\_\_\_ Date \_\_\_\_\_