



SUMMER CAMP REGISTRATION

YMCA of Metuchen, Edison, Woodbridge & South Amboy
Child Care Services Summer Day Camps
www.ymcaofmews.org/summercamp

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade in Fall of 2023 _____

Youth Small
 Youth Medium
 Youth Large
 Adult Small
 Adult Medium
 Adult Large
 Adult XL

Parent/Guardian #1 Full Name _____

Cell # (_____) _____ Email _____

Place of Employment _____ Work # (_____) _____

Parent/Guardian #2 Full Name _____

Cell # (_____) _____ Email _____

Place of Employment _____ Work # (_____) _____

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

Does your child have any special needs that we should know about to provide you with the best service possible?

2023 CAMP FEES

SUMMER CAMP

8:00am - 5:00pm (Grades K-5)

Full Week	\$275
3 Day	\$240
2 Day	\$170
Camp Daily Fee	\$90

SUMMER FUN CLUB*

9:00am - 1:00pm (Ages 3-5)

Full Week	\$155
3 Day	\$130
2 Day	\$115

**Summer Fun Club is not available at Avenel Learning Center.*

PLEASE SELECT YOUR CENTER:

Avenel Learning Center
238 Avenel Street, Avenel, NJ
(732) 636-1100

Colonia Learning Center
400 Inman Avenue, Colonia, NJ
(732) 340-9622

Ken Shirk Learning Center
445 Old Post Road, Edison, NJ
(732) 287-1131

Our Savior's Learning Center
50 Calvert Avenue East, Edison, NJ
(732) 548-0523

Please note: Camp deposits are not refundable after June 1, 2023. Changes made after June 1, 2023 will incur a \$20 change fee for each week of camp changed. 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.

There will be a 10% Sibling Discount for campers enrolled simultaneously in 5-day child care programs at the Y.

BEFORE/AFTER CARE

	Weekly	Daily
Before Care 7:00am - 8:00am	\$35	\$15
After Care 5:00pm - 6:00pm	\$45	\$20
Before/After Care 7:00am - 6:00pm	\$70	\$30

2023 CAMP WEEK SELECTION FORM

Check off camp weeks for which you are registering.

CAMP WEEKS	CHECK HERE	SUMMER CAMP Grades K 5 8am 5pm	Select Days	Before Care	After Care	CHECK HERE	JUNIOR CAMP Ages 3 5 yrs. 9am 1pm	Select Days
Week 1 June 26 - 30		IT'S BEGINNING TO LOOK A LOT LIKE CAMP	M T W R F				IT'S BEGINNING TO LOOK A LOT LIKE CAMP	M T W R F
Week 2 July 3 - 7		TAKE A WALK ON THE GREEN SIDE	M T W R F				GOING GREEN	M T W R F
Week 3 July 10 - 14		TO INFINITY & BEYOND	M T W R F				BLAST OFF TO SPACE	M T W R F
Week 4 July 17 - 21		LET'S BUST A MYTH	M T W R F				LET'S BUST A MYTH	M T W R F
Week 5 July 24 - 28		TOTALLY RETRO	M T W R F				IMAGINARIUM	M T W R F
Week 6 July 31 - August 4		GOT GAME?	M T W R F				GAMES, GAMES, GAMES	M T W R F
Week 7 August 7- 11		ARTFUL ANTICS	M T W R F				ARTFUL ANTICS	M T W R F
Week 8 August 14 - 18		H-2-WOAH	M T W R F				SPLASHTACULAR	M T W R F
Week 9 August 21 - 25		BLOWING OFF STEAM	M T W R F				PEACE, LOVE, FRIENDSHIP	M T W R F
Week 10 August 28 - September 1		AVAILABLE @ OAKCREST	M T W R F				N/A	

EZPAY - SCHEDULED AUTOMATIC BILLING

I, _____ give the YMCA authority to charge my credit card on file with YMCA for camp payments when they are due. I can terminate this agreement by notifying the office. After a written cancellation 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 YMCA immediately.

Parent/Guardian Signature _____

Date _____

2023 YMCA CAMP PERMISSION/AUTHORIZATION

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

I grant permission and authorization to YMCA CAMP for the following:

_____, I, _____ the parent/guardian of _____, give permission for my child
(initial) to participate in YMCA CAMP programs, including any trips taken during the camp day. I understand that transportation will be provided by a school bus.

_____, I further acknowledge and am aware that these activities may involve inherent risks and that I assume, for my child,
(initial) 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 hereby permit consent and authorize photographs, videotapes and audio recordings made of my child while
(initial) at a YMCA camp as an individual or part of a group, with or without text in Y publications.

_____, Prescription medication will be given to my child by the staff at specific times scheduled by the camp. I
(initial) understand that I must sign a statement for each illness, giving the camp specific instructions and permission.

_____, An accident or sudden illness to my child will be treated on the premises of YMCA CAMP by the staff with
(initial) 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 YMCA CAMP to a designated place determined by me.

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

_____, A Y medical form and a permission authorization form are required to attend. These are due one week prior to the
(initial) camper's first week of camp.

_____, I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the
(initial) parent/guardian.

_____, Transportation by any necessary means to obtain such medical care or assistance for my child, as
(initial) circumstances may require in the discretion of the YMCA CAMP staff, its employees or agents, is hereby authorized.

_____, If on a trip, I further authorize and give consent to any rescue squad or emergency assistance personnel and/
(initial) 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.

_____, I understand that YMCA CAMP shall provide appropriate chaperones on all trips, as well as the above
(initial) mentioned transportation. Prior notice will be given wherever possible.

_____, I have read and understand the YMCA CAMP Registration Procedures, YMCA Camp Handbook, Payment Procedures,
(initial) Parent & Camper Code of Conduct and Cancellation Policy and will follow them.

During the summer of 2023, the following people are authorized to routinely pick up my child/children. Please have a photo I.D. ready at the time of pickup. (A minimum of two contacts, other than custodial parents, is required by DCF, OOL as stated in the Manual of Requirements for Child Care Centers).

1. Name _____ Relationship _____ Phone (_____) _____

2. Name _____ Relationship _____ Phone (_____) _____

3. Name _____ Relationship _____ Phone (_____) _____

4. Name _____ Relationship _____ Phone (_____) _____

5. Name _____ Relationship _____ Phone (_____) _____

Parent/Guardian Signature _____ **Date** _____



HEALTH HISTORY FORM

YMCA of Metuchen, Edison, Woodbridge & South Amboy
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The section *must* be completed by parent/guardian **OR** child's primary physician.

CHILD'S HEALTH HISTORY:

Allergies: _____ Treatment: _____

Allergies: _____ Treatment: _____

Allergies: _____ Treatment: _____

Dietary modifications _____

Disabilities _____

Chronic/recurring illnesses _____

Current medications _____

Activity limitations _____

Any other known physical or mental conditions _____

Name of Physician _____ Phone (____) _____

Physician's Address _____

Date of last physical examination _____

_____ This Health History is correct, as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.
initial

Emergency Authorization: I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. This form may be photocopied.

Parent/Guardian Signature

Date



MEDICATION AND TREATMENT AUTHORIZATION

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PLEASE NOTE: EVEN IF YOUR CHILD DOES NOT NEED TO BE ADMINISTERED MEDICATION, PLEASE SIGN BELOW THAT YOU HAVE READ AND RECEIVED THIS INFORMATION. THANK YOU!

Medication/Treatment Authorization

State licensing requirements permit day camp facilities to administer medications under the following guidelines:

1. All medications shall be administered only on the written approval of a parent/guardian.
2. Prescription medications shall be administered only as directed on the label or as otherwise authorized by a physician. **Over the counter medications will be administered only with a medical doctor's written orders.**
3. **Medications must be stored in their original container.** The container must have the patient's name, amount to be administered, and date of expiration.

Please provide the following information:

Child's Name: _____

Medical Problem(s): _____

Is the problem chronic or ongoing? YES NO

Name of Medication: _____ Amount: _____

Method of Administration: _____

Times/Frequency: _____ Dosage: _____ Dates of Administration: _____

Parent/Guardian Signature _____ Date _____

IF YOUR CHILD DOES NOT REQUIRE MEDICATION, PLEASE READ AND SIGN BELOW:

I hereby acknowledge that my child **DOES NOT** need to be administered any medications at this time:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



THINGS TO KNOW

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How to Register

Visit ymcaofmews.org to register online or visit the YMCA location for assistance with the registration process.

Registration Procedures

All required registration paperwork should be in prior to your child(ren)'s first day of camp.

- A complete registration packet (pages 1-5 of this packet)
- Asthma Action Plan **AND/OR** Food Allergy Action Plan (if necessary)
- A non-refundable \$50 deposit is due for each child, each week at time of registration.
- Signed Parent Receipt of Information form
- Signed Parent & Camper Code of Conduct

Camp Discounts

- An Early Bird discount of 10% will be extended to all registrations received prior to April 15, 2023.
- 10% discount is applicable for sibling(s) enrolled full time, simultaneously in YMCA Camp & Child Care. (Full Time: any child registered to attend 5 days/week)

Before/After Care

Before/After Care is available for an additional fee. See page 1 for more information. Advance registration is required for Before & After Camp Care.

Before Care Hours: 7:00am - 8:00am

Camp Hours: 8:00 am - 5:00 pm

After Care Hours: 5:00pm - 6:00pm

Camp for All Financial Assistance

Every child deserves a camp experience. Through our Annual Support Campaign, the Y raises money for camp scholarships. Visit our website at ymcaofmews.org to download a financial assistance application or call your camp location to pick up an application. **Financial Assistance application deadline is June 1, 2023.**

Payment

Camp payments are due:

- **Camp Weeks 1-3 due on or before June 1.**
- **Camp Weeks 4-6 due on or before July 1.**
- **Camp Weeks 7-9 due on or before August 1.**
- Payments can be made by credit card draft, bank draft or by check payable to "YMCA." All major credit cards are accepted. EZ Pay option will be assessed on payment due dates.
- A \$50 non-refundable and non-transferable deposit is due for each child each week upon registration.
- Any changes to existing registrations will incur a \$20 fee per child per week after June 1, 2023.
- There are no credits or refunds for absences.

For more information, contact:

Karae Johnson

Site Manager

732.287.1131

karae.johnson@ymcaofmews.org