

### **SUMMER CAMP REGISTRATION**

KEN SHIRK LEARNING CENTER 445 Old Post Road Edison, NJ 08817

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Child's Name				Sex 🗖 M	□F	Othe
Address						
City		Sta	te	Z	<u></u>	
Date of Birth		Grade i	n Fall of 2019			
Shirt Size: Youth Small Youth Med (Circle)	lium Youth Large	Adult Small	Adult Medium	Adult La	ırge	Adult XI
Parent #1 Full Name				_ Sex 🗖 M	□F	Othe
Parent #1 Place of Employment		Email				
Parent #1 Work Phone #		Cell	#			
Parent #2 Full Name				_ Sex $\square$ M	□F	□0the
Parent #2 Place of Employment		Email				
Parent #2 Work Phone #		Cell	#			
If your child will be attending camp on speci	fic days, please indicate da	ays (eg. M-W-F)				
Does your child have any special needs that	we should know about to	provide you with t	he best service poss	ible?		
On the following page, please check off the camp weeks for w 2019 will incur a \$10 change fee for each week of can published pay schedule or will be subject to a \$20 late fee. M start of the camp week. Automatic drafts will be drafted as fo	<b>np changed.</b> All camp fees are non- ake checks payable to YMCA. Visa, M	refundable after the baland lastercard, American Expre	ce is due for a camp week. C ess and Discover are accepted	amp fees must be	paid as liste	ed in the
2019 CAMP FEES						
SUMMER CAMP 8:00am - 5:00pm		BEFORE/A	FTER CARE			
Full Week	\$245			5 day	daily	
3 Day	\$210	<b>Before Care</b> 7:00am - 8:00	0	\$20	\$15	
2 Day	\$140	7:00am - 8:00	Ualli			
Camp Daily Fee	\$70	<b>After Care</b> 5:00pm - 6:30	Орт	\$25	\$15	
SUMMER FUN CLUB 9:00am - 1:00pm		Before/After		\$40	\$30	
Full Week	\$135	7:00am - 6:30	Upm			
3 Day	\$110		a 10% Sibling Disco			
2 Day	\$95	simultaneou	sly in full time child	care program	s at the	Υ.

# 2019 CAMP SELECTIONS FORM

Check off camp weeks for which you are registering.

Week 1	June 24-28	SUMMER CAMP Grades K-5 8am-5pm Y SPIRIT WEEK	Full Week	Partial Week (Circle Days)	Before Care	After Care	SUMMER FUN CLUB Ages 3-5 yrs. 9am-1pm BABY SHARK WEEK	Full Week 3 Day	3 Day	2 Day
Week 2	<b>July 1–5</b> (Closed 4th of July)	STARS & STRIPES		MTWRF			HOORAY FOR THE USA			
Week 3	July 8-12	SHIPWRECKED!		MTWRF			3-D ART WITH RECYCLABLES			
Week 4	July 15-19	Y OLYMPICS		MTWRF			MAD SCIENTIST WEEK			
Week 5	July 22-26	IUNANJI		MTWRF			DYNAMIC DINOSAURS			
Week 6	July 29 – August 2	3,2,1 BLAST OFF!		MTWRF			UNDER THE BIG TOP			
Week 7	August 5-9	COLOR WARS		MTWRF			ERIC CARLE'S WORLD OF BUGS	<u> </u>		
Week 8	August 12–16	GOLD RUSH		MTWRF			STEAM WEEK			
Week 9	August 19–23	Y'S GOT TALENT		MTWRF			OUT OF THIS WORLD			
Parent Signature:	nature:						Date:			
Camper's Name:	ame:									

EZPAY

Parent/Guardian Signature

give the YMCA authority to charge my credit card on file with YMCA for camp payments due June 1st, July 1st, and August 1st. 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.

Date

## 2019 YMCA CAMP PERMISSION/AUTHORIZATION (Please read, sign and/or initial where requested)

I grant permission and authorization to YMCA CAMP for the following:							
(initial)	I, the parent/guardian of to participate in YMCA CAMP programs, including transportation will be provided by a school bus.	f, give perm any trips taken during the camp day.	nission for my child I understand that				
(initial)	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.						
(initial)	$\overline{g}$ I hereby permit consent and authorize photographs, v at a YMCA camp as an individual or part of a group, with		ny child while				
(initial)	Prescription medication will be given to my child by understand that I must sign a statement for each illnes						
(initial)	An accident or sudden illness to my child will be treated on the premises of YMCA CAMP 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 YMCA CAMP 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)	A Y medical form and a permission authorization form are required to attend. These are due one week prior to the all camper's first week of camp.						
(initial)	I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian.						
(initial)	Transportation by any necessary means to obtain circumstances may require in the discretion of the Yauthorized.						
(initial)	If on a trip, I further authorize and give consent to any or closest medical facility personnel to render transp their discretion and in the best interest of the life, heal	ortation and/or medical care as deemed					
(initial)	I understand that YMCA CAMP shall provide approper mentioned transportation. Prior notice will be given wh		as the above				
(initial)	$\overline{g}$ I have read and understand the YMCA CAMP Registrat and will follow them.	tion Procedures, Payment Procedures, and	Cancellation Policy				
	ring the summer of 2019, the following people are au ase have a photo I.D. ready at the time of pickup.	thorized to routinely pick up my child/c	hildren.				
1.	Name Relatio	nshipPhone (	)				
2.	NameRelatio		)				
3.	NameRelatio		)				
4.			)				
5.	Name Relatio	nshipPhone (	)				
Parent/Guardian's Signature Date							

# the KEN SHIRK LEARNING CENTER

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### How to Register

Visit <u>ymcaofmewsa.orq</u> to register online or visit the YMCA location for assistance with the registration process.

### **Registration Procedures**

 Health forms must be completed and submitted to the camp director no later than 1 week prior to your child(ren)'s first day of camp. NJ law requires that a health form for each child be on file at camp. Any child that does not have completed forms will not be able to attend camp. The parent packet will have the health form attached.

### **Camp Discounts**

 10% discount is applicable for sibling(s) enrolled simultaneously in YMCA Camp & Full-Time Child Care.

### **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 \$25 non-refundable and non-transferable deposit is due for each child each week upon registration.
- Any changes to existing registrations will incur a \$10 fee per child per week after June 1, 2019.
- There are no credits or refunds for absences.

### **Before/After Care**

Before/After Care is available for an additional fee.

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

After Care Hours: 5:00pm - 6:30pm

Registration is required. Please see page 2.

### Field Trips

Fun and educational off site field trips are included each week. Field trip schedules will be available in the Spring. Campers must bring a bagged lunch, as many of the venue's do not offer food. They must also wear their Camp T-Shirt each trip, closed toed sneakers, sunscreen, and under parent's discretion, spending money for snacks and souvenirs. On field trip days, care is not provided at the camp. Campers must go on the trip or not come to camp that day.

### 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 <a href="mailto:ymcaofmewsa.org">ymcaofmewsa.org</a> to download a financial assistance application or call your camp location to pick up an application. Financial Assistance application deadline is June 8, 2019.

\*Camp is not in session July 4, 2019.

For more information, contact:

Samantha Coté, Director

732.287.1131

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