	ATION FORM- CAMP	PTASTIC
the Metuchen YMC 65 High Street Metuchen, NJ		FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY
Child's Name		Date:
Address		
		ate:Zip:
Home Telephone Number:		Date of Birth
Male Female		
Parent #1 Full Name:		
Address if different from child:		
Parent #1 Place of Employment:	Jo	b Title:
Email:		
Parent #1 Work Phone #:	Се	ell #:
Parent #2 Full Name:		
Address if different from child:		
Parent #2 Place of Employment:	٦	lob Title:
Email:		
Parent #2Work Phone #:	(Cell #:
Marital Status:MarriedSingle	WidowedSeparatedDivorc	ced
If you have another child attending camp a	t the Metuchen YMCA, please print name:	
Does your child have any special needs tha	t we should know about to provide you with	the best service possible?
		to pick up my child or to be contacted in case of ase have photo ID ready at the time of pick-up.
		Phone #
		Phone #
		Phone # e
י מיפווע סעמיטומוי טוטוומנערפ	Date	د

CAMPTASTIC 2020 SELECTION FORM

Check off camp weeks & circle days for which you are registering:

		Ages 3-4	Ages 4-6		Full			
	Theme Weeks	Child must be 3 by Sept.1st	Child must be 4 by June 1st		Week	4 Days/Week*	3 Days/Week*	2 Days/Week*
June 29– July 3 (week 1)	Hooray for the USA!			Full Day AM PM		M T W Th F	M T W Th F	M T W Th F
July 6-10 (week 2)	Sea, Sand & Sun			Full Day AM PM		M T W Th F	M T W Th F	M T W Th F
July 13-17 (week 3)	Under the Big Top Circus Fun			Full Day AM PM		M T W Th F	M T W Th F	M T W Th F
July 20-24 (week 4)	Superheroes & Princesses			Full Day AM PM		M T W Th F	M T W Th F	M T W Th F
July 27-31 (week 5)	Go for Gold! Summer Olympics			Full Day AM PM		M T W Th F	M T W Th F	M T W Th F
August 3-7 (week 6)	Magical & Mythical Creatures			Full Day AM PM		M T W Th F	M T W Th F	M T W Th F
August 10-14 (week 7)	lt's a Bugs Life			Full Day AM PM		M T W Th F	M T W Th F	M T W Th F
August 17-21 (week 8)	Welcome to the Jungle!			Full Day AM PM		M T W Th F	M T W Th F	M T W Th F

Child's Name:

2020 Camptastic fees

Full Day: 8:00am-4:00pm			Half Day AM: 8:00am– 11:30am Half Day PM: 12:30pm-4:00pm		
	Family	Program/Non-Member		Family	Program/Non-Member
Full Day/Full Week	\$225	\$235	Half Day/Full Week	\$148	\$158
Full Day/4 Days	\$205	\$215	Half Day/4 Days	\$128	\$138
Full Day/3 Days	\$185	\$195	Half Day/3 Days	\$113	\$123
Full Day/2 Days	\$165	\$175	Half Day/2 Days	\$99	\$109

* There is a \$10/week early bird discount for registrations before June 1, 2020.

* There is a 10% sibling discount for the second child enrolled in camp or child care.

* There is a \$25 deposit due per week of camp.

Please note: Camp deposits are not refundable after June 1st . Changes made after June 1st will incur a \$10 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. Make checks payable to Metuchen YMCA. Visa, Mastercard, American Express and Discover are accepted.

EZPAY

I, _______ give Camptastic authority to charge my credit card on file with the Metuchen YMCA for camp payments for weeks 1-4 on June 1, 2020 and for weeks 5-8 on July 1, 2020. I can terminate this agreement by filling out a cancellation form. 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 Metuchen YMCA immediately.

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Signature
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Date_

CAMPTASTIC CAMPER HEALTH HISTORY FORM

HEALTH HISTORY:

Allergies:	Treatment:
	Treatment:
Dietary modifications	
Disabilities	
Current medications	
Any other known physical or me	ital conditions
Name of physician	Address
Phone ()	Date of last physical examination

This Health History is correct, so 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 me/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 me/my child as named above. This form may be photocopied.

Signature of Parent/Guardian

Date

PLEASE HAVE CHILD'S DOCTOR FILL OUT THE UNIVERSAL CHILD HEALTH FORM

PLEASE SUBMIT A CURRENT COPY OF YOUR CHILD'S IMMUNIZATION RECORDS

2020 CAMPTASTIC PERMISSION/AUTHORIZATION (Please read, sign and/or initial where requested)

1. As the parent/guardian of _______, I give permission for my child to participate in Y programs, including any walks, gym time, or swim lessons that take place during the day. 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. ____

2. I hereby permit, consent and authorize photographs and/or videos made of my child while at the Y as an individual or part of a group, with or without text in YMCA publications. _____

3. Prescription medication will be given to my child by the staff at specific times. I understand that I must sign a statement at each illness, giving the center's specific instructions and permission. _____

4. An accident or sudden illness to my child will be treated on the premises of the Y 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 the Y to a designated place determined by me. _____

5. Emergency treatment for my child will be obtained in my absence by YMCA 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. I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian. Transportation by any necessary means to obtain such medical care of assistance for my child, as circumstances may require in the discretion of the YMCA staff, its employees or agents, is hereby authorized by me.

6. I have supplied a bottle of sunscreen with my child's name written on the bottle. I give permission for the teachers at Camptastic to apply the sunscreen on my child prior to going outside. _____

7. I give permission for the teachers at Camptastic to apply the classroom's bug spray on my child prior to going outside and only if it is needed. _____

8. I have read the registration information and payment policies provided in the Camptastic Parent Handbook and agree to abide by said policies. _____

9. - 15. I have read and received the following policies (In the Camptastic Parent Handbook):

- Information to Parents Document _____
- Policy on the Release of Children ______
- Positive Guidance and Discipline Policy _____
- Policy on Methods of Parental Notification _____
- Policy on Communicable Disease Management ______
- Expulsion Policy _____
- Policy on the Use of Technology and Social Media ______

Child's Name

Parent's (or Guardian) Signature

Child Care Director's Signature

Date

Date

Date

THINGS TO KNOW- CAMPTASTIC

Metuchen YMCA 65 High Street Metuchen, NJ 08840 FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Registration Procedures

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- Registration is available at the Membership Service Desk of the Metuchen YMCA or online at ymcaofmewsa.org
- Online registration is available until June 15. Registration forms are still required for online registrations.
- All campers must be current members of the Metuchen YMCA or will be required to pay a camp registration fee of \$50.
- A \$25 deposit is required for each week of camp and is non-refundable and non-transferable.
- Any changes to existing registrations will incur a \$10 fee.

Camp Payments

Camp Payments are due:

Camp weeks 1-4 due on or before June 1.

Camp weeks 5-8 due on or before July 1.

- A \$20 fee will be assessed on all late payments.
- There are no credits or refunds for absences.

Camp Discounts

- Register December 1st– January 31st to receive the 2019 camp rates
- Register February 1st to June 1st to get a \$10 discount on every week a deposit is paid for.
- A 10% sibling discount is available for the second child enrolled in a camp or YMCA childcare program.

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 ymcaofmewsa.org to download a financial assistance application or pick up an application at the front desk of the Metuchen YMCA. The Financial Assistance application deadline is June 1, 2020.

Camp Forms

- A Universal Child Health Record needs to be filled out by a pediatrician and submitted along with Immunization Records prior to your child's first day of camp.
- Medication Permission forms are available for children who need to keep medications at camp.
- Children currently enrolled in the Metuchen Y Preschool or KEDS program (2019-2020) do not need to resubmit any health forms for camp.

Swim Lessons

- Free swim lessons are offered to both half day and full day campers.
- The children swim almost every day. The swim schedule is provided in the Camptastic Parent Handbook.

General Information

- Campers remain at the Metuchen Y everyday.
- All children must be fully toilet trained.
- Snack is provided by the YMCA, lunch must be brought from home. A pizza lunch is available on Fridays for a small fee.
- All three year old children will be provided with a 30 minute rest time. A nap sheet and blanket need to be brought from home.
- Campers need a bathing suit and towel everyday for swim lessons and sprinkler days.
- Campers should arrive to camp with sunscreen on which will be re-applied prior to outdoor time.

For more information, contact:

Pamela Cohen - Camptastic Director 732.548.2044 ext. 2226 Pam.Cohen@ymcaofmewsa.org

Melia Parchman – Billing 732.548.2044 ext. 2227 Melia.Parchman@ymcaofmewsa.org