



SUMMER CAMP REGISTRATION

OAKCREST COMMUNITY POOL
970 Inman Avenue
Edison, NJ 08820

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____ Sex M F Other

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade in Fall of 2021 _____

Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL
(Circle)

Parent #1 Full Name _____ Sex M F Other

Parent #1 Place of Employment _____ Email _____

Parent #1 Work Phone # _____ Cell # _____

Parent #2 Full Name _____ Sex M F Other

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 that we should know about to provide you with the best service possible?

2021 CAMP FEES

SUMMER CAMP (8:00am - 5:00pm)

	Family Member	Program/Non-Member*
5 Days	\$290	\$310
4 Days	\$260	\$280
3 Days	\$230	\$250
Camp Daily Fee	\$80	\$80

BEFORE/AFTER CARE

	5 Days	4 Days	3 Days
Before Care 7:00am - 8:00am	\$35	\$30	\$25
After Care 5:00pm - 7:00pm	\$45	\$40	\$35
Before/After Care 7:00am - 7:00pm	\$70	\$65	\$55

There will be an early bird discount of 10% off all registrations submitted by March 1, 2021. A 10% Sibling Discount will also be extended to campers enrolled simultaneously in full time child care programs at the Y.

*A one time registration fee of \$50.00 will be charged *only* to non-members.

For more information contact Bradford Lindsey at (908) 756-9853 ext.3505 • OAKCREST COMMUNITY POOL • 970 Inman Avenue Edison, NJ 08820

2021 CAMP SELECTIONS FORM

Check off camp weeks for which you are registering.

			Full Week 8am-5pm	4 Days 8am-5pm	3 Days 8am-5pm	Before Care 7am-8am	After Care 5pm-7pm	Before & After Care Combo
Week 1	June 28-July 2	HAWAIIAN HULLABALOO						
Week 2	July 5-9	SUPERHERO ACADEMY						
Week 3	July 12-16	MYTH BUSTERS						
Week 4	July 19-23	COLOR EXPLOSION						
Week 5	July 26-30	SHOOT FOR THE STARS						
Week 6	August 2-6	OLYMPIC CAMPERS						
Week 7	August 9-13	GAMERS PARADISE						
Week 8	August 16-20	SHARK WEEK						
Week 9	August 23-27	OAKCREST'S GOT TALENT						
Parent Signature: _____								
Camper's Name: _____								

EZPAY

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 _____

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

(initial) I, _____ the parent/guardian of _____, give permission for my child 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.

(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) I hereby permit consent and authorize photographs, videotapes and audio recordings made of my child while at a YMCA camp as an individual or part of a group, with or without text in Y publications.

(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, giving the camp specific instructions and permission.

(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) Immunization records, a Y medical form and a permission authorization form are required to attend. These are due one week prior to the 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 such medical care or assistance for my child, as circumstances may require in the discretion of the YMCA CAMP staff, its employees or agents, is hereby authorized.

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

(initial) I have read and understand the YMCA CAMP Registration Procedures, Payment Procedures, and Parent Handbook and will follow them.

**During the summer of 2021, the following people are authorized to routinely pick up my child/children.
Please have a photo I.D. ready at the time of pickup.**

1. Name _____ Relationship _____ Phone (____) _____
2. Name _____ Relationship _____ Phone (____) _____
3. Name _____ Relationship _____ Phone (____) _____
4. Name _____ Relationship _____ Phone (____) _____
5. Name _____ Relationship _____ Phone (____) _____

Parent/Guardian's Signature _____ Date _____



HEALTH HISTORY FORM

OAKCREST DAY CAMP

Oakcrest Community Pool
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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, 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



MEDICATION TREATMENT & AUTHORIZATION FORM

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

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 or 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 YOU'RE CHILD DOES NOT REQUIRE MEDICATION, PLEASE SIGN READ AND SIGN BELOW

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

PARENT SIGNATURE: _____ DATE: _____



THINGS TO KNOW

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How to Register

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

Registration Procedures

Medical 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

- An Early Bird discount of 10% will be extended to all registrations received prior to March 1, 2021.
- 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 one-time registration fee of \$50 will be charged to non-members upon enrollment in camp.

A \$50 deposit is due for each child each week upon registration.

Before/After Care

Before/After Care is available for an additional fee.

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

After Care Hours: 5:00pm - 7:00pm

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 ymcaofmewsajersey.org to download a financial assistance application or call your camp location to pick up an application. Financial Assistance application deadline is June 15, 2021.

COVID-19 Safety Protocols

Below is a list of COVID-19 Protocols that will be followed as per the Department of Health & the Department of Children & Families, Office of Licensing. We will update you if the guidance changes in the upcoming months.

- Upon entry, all staff & children will answer health screening questions & have their temperature checked. If they answer yes to any of the questions or have a temperature over 100.4 they will be excluded from camp.
- Campers will enter & exit through their own "camp only" entrance escorted both ways by a staff member, keeping parents & guardians outside the gate to minimize the number of contacts.
- All staff will wear masks at all times.
- Group sizes will be limited to 20 children maximum.
- Children will be encouraged to wear masks, as well as, practice increased hand washing & sanitation.
- Equipment sharing will be minimized & increased cleaning & sanitizing of all equipment will be implemented whenever necessary.

For more information, contact:

Bradford Lindsey

908.756.9853

bradford.lindsey@ymcaofmewsajersey.org