



SUMMER CAMP REGISTRATION

COLONIA LEARNING CENTER
400 Inman Avenue
Colonia, NJ 07067

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/Guardian #1 Full Name _____ Sex M F Other

Parent #1 Place of Employment _____ Email _____

Parent #1 Work Phone # _____ Cell # _____

Parent/Guardian #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 (Grades K-5)

Full Week	\$255
3 Day	\$220
2 Day	\$150
Camp Daily Fee	\$75

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

Full Week	\$135
3 Day	\$110
2 Day	\$95

EXTENDED CARE FOR SUMMER FUN CLUB

(7:00am - 6:00 pm)

There will be a \$25 daily fee to extend Summer Fun Club to a full day.

BEFORE/AFTER CARE

	5 day	daily
Before Care 7:00am - 8:00am	\$20	\$15
After Care 5:00pm - 6:00pm	\$25	\$15
Before/After Care 7:00am - 6:00pm	\$40	\$30

Please note: Camp deposits are not refundable after June 1, 2021. Changes made after June 1, 2021 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.

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

2021 CAMP SELECTIONS FORM

Check off camp weeks for which you are registering.

CAMP WEEKS		CHECK HERE	SUMMER CAMP Grades K 5 8am 5pm	Circle Days	Before Care	After Care	CHECK HERE	SUMMER FUN CLUB Ages 3 5 yrs. 9am 1pm	Circle Days	Full Day Option
Week 1	June 21-25		READY, SET, SUMMER	M T W R F				READY, SET, SUMMER	M T W R F	
Week 2	June 28-July 2		HOORAY USA	M T W R F				HOORAY USA	M T W R F	
Week 3	July 5-9		COLOR CRAZE	M T W R F				COLOR CRAZE	M T W R F	
Week 4	July 12-16		THUMBS UP FOR GARDENING	M T W R F				THUMBS UP FOR GARDENING	M T W R F	
Week 5	July 19-23		TRASH TO TREASURE	M T W R F				TRASH TO TREASURE	M T W R F	
Week 6	July 26-30		3. 2. 1. BLASTOFF!	M T W R F				3. 2. 1. BLASTOFF!	M T W R F	
Week 7	August 2-6		H-2 wOah!	M T W R F				H-2 wOah!	M T W R F	
Week 8	August 9-13		IT'S COOL TO BE KIND	M T W R F				IT'S COOL TO BE KIND	M T W R F	
Week 9	August 16-20		SCIENCE ROCKS	M T W R F				SCIENCE ROCKS	M T W R F	
Week 10	August 23-27		WE'VE GOT THE SPIRIT	M T W R F				WE'VE GOT THE SPIRIT	M T W R F	

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 _____

2021 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 _____, 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) 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 Cancellation Policy 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 Signature _____ Date _____



HEALTH HISTORY FORM

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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 ymcaofmewsa.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.

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, 2021.
- 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 - 6:00pm

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 ymcaofmewsa.org to download a financial assistance application or call your camp location to pick up an application. Financial Assistance application deadline is June 1, 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 and have their temperature checked. If they answer "yes" to any of the questions or have a temperature over 100.4°F they will be excluded from camp.
- Campers & staff members will only be allowed inside the building/classrooms, keeping parents/guardians only at the front entrance to minimize the number of contacts.
- All staff will wear masks at all times.
- Children will be encouraged to wear masks as well as practice increased hand washing & sanitation.
- Equipment sharing will be minimized and increased cleaning & sanitizing of all equipment will be implemented whenever necessary.

For more information, contact:

Jeanna Kim

Child Care Director

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