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Colonia Learning Center 400 Inman Avenue Colonia, NJ 07067

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FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Child's Name			Sex 🗖 M	٦F	Other
Address					
City		_State	Z	ip	
Date of Birth	Gr	ade in Fall of 2021			
Shirt Size: Youth Small Youth Medium Your (Circle)	th Large Adult Sm	all Adult Medium	Adult La	rge	Adult XL
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	DOther
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-I	F)			

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

On the following page, please check off the camp weeks for which you are registering. 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. Make checks payable to YMCA. Visa, MasterCard, American Express and Discover are accepted. Payments are due 30 days prior to the

2021 CAMP FEES							
SUMMER CAMP 8:00am	- 5:00p	m (Grade	es K-5)		SUMMER FUN CLUB 9:00am - 1:00pm (Ages 3-5)		
Full Week	\$255				Full Week	\$135	
3 Day	\$220				3 Day	\$110	
2 Day	\$150				2 Day	\$95	
Camp Daily Fee	\$75				2 009		
BEFORE/AFTER CARE	5 day	3 days	2 days	daily	EXTENDED CARE FOR SUMMER FUN CLUB (7:00am- 6:00 pm)		
Before Care 7:00am - 8:00am	\$20	\$20	\$20	\$15	There will be a \$25 day	daily fee to extend Summer Fun Club to a full	
After Care 5:00pm - 6:00pm	\$25	\$25	\$25	\$15	There will be a 10% Sibling Discount for campers enrolled simultaneously in full time child care programs at the Y.		
Before/After Care 7:00am - 6:00pm	\$40	\$40	\$40				

3	ıll Partial Week ek (Circle Days)	Before After Care Care	Ages 3-5 yrs. 9am-1pm
, SET, SUMMER	MTWRF		READY, SET, SUMMER
ORAY USA	MTWRF		HORRAY USA
LOR CRAZE	MTWRF		COLOR CRAZE
	MTWRF		
TO TREASURE	MTWRF		TRASH TO TREASURE
1. BLASTOFF!	MTWRF		3. 2. 1. BLASTOFF!
-2 wOah!	MTWRF		H-2 wOah!
OL TO BE KIND	MTWRF		IT'S COOL TO BE KIND
INCE ROCKS	MTWRF		SCIENCE ROCKS
GOT THE SPIRIT			WE'VE GOT THE SPIRIT
		Full Partial Week Week Circle Days) M M M M M M M M M M M M M M M M M T	Full Partial Week Before Week M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F M T W R F

2021 CAMP SELECTIONS FORM

For more information contact Cindy Shields at (732) 340-9622 • Colonia Learning Center • 400 Inman Avenue, Colonia NJ 07067

2021 YMCA CAMP PERMISSION/AUTHORIZATION (Please read, sign and/or initial where requested)

l grant permission and authorization to YMCA CAMP for the following:						
(initial)	I,, 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)	_l 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.					
	ng the summer of 2021, the following people are authorized to routinely pick up my child/children. se have a photo I.D. ready at the time of pickup.					
1,	Name Delationship Dhope ()					

Pare	ent/Guardian's Signature		Date
5.	Name	Relationship	_Phone ()
4.	Name	Relationship	_Phone ()
3.	Name	Relationship	_Phone ()
2.	Name	Relationship	_Phone ()
1.	Name	Relationship	_Phone ()



THINGS TO KNOW

COLONIA LEARNING CENTER 400 Inman Avenue Colonia, NJ 07067

How to Register

Visit <u>ymcaofmewsa.orq</u> 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

Registration is required. Please see page 2.

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 <u>ymcaofmewsa.orq</u> to download a financial assistance application or call your camp location to pick up an application. Financial Assistance application deadline is June 1, 2021.

For more information, contact: Cindy Shields, Senior Childcare Director 732.340.9622 Cindy.shields@ymcaofmewsa.org