CAMP SAY LEADER IN TRAINING CAMP REGISTRATION

SOUTH AMBOY YMCA 200 John T. O'Leary Blvd. South Amboy, NJ 08879

MUST REGISTER BY WEDNESDAY FOR THE FOLLOWING WEEK



Camper's Name	Date of Birth:				
Address			State:	_Zip:	
Male Female How did you hear about the Y?					
Camper Shirt Size: Youth Small Youth Medium Youth Large	Adult Small	Adult Medium	_ Adult Large	_ Adult XL	
Parent/Guardian #1 Name:	F	Primary Phone #:			
Email:					
Place of Employment/Location:	City:		State:	Zip:	
Parent/Guardian #2 Name:	F	Primary Phone #:			
Email:	S	econdary Phone#:			
Place of Employment/Location: In case of emergency or your need during camp, if after both prima	ary guardians can	inot be reached, pl	State: lease list addit	Zip: ional people who	
can be contacted and would be authorized to pick up your child. Photo I.D	. is required at the	time of pickup.			
Name Relationship		Pho	ne #		
Name Relationship		Pho	ne #		
Name Relationship		Pho	ne #		
Please list any parent/guardian who is not authorized to contact your chil					
Name Relati	onship to Camper				
Is your child under and medical/physical restriction? No Yes If	yes, please explain b	oelow (include asthm	a, injuries, hearir	ng loss, diabetes, etc)	
Is your child allergic to any medications/food/insect stings? No	Yes If yes, please	explain below.			
Any dietary restrictions?	ion? No	Yes If yes, please	explain below.		
Please share any current or past medical treatment that would affect your ch	nild's day at camp.				
Are there any activities your child	should b	pe restricted	from?		
Is your child currently taking any medication? No Yes If **Medications must be in <u>original container</u> accompanied by a <u>Permission</u> Are there any physical, mental, or psychological conditions requiring medic information to share to help your child be successful at camp, an extra spa	to Medicate form	with written instructions or	ctions for staff to considerations f	o carry and dispense. or camp? If you have	
Data of last tetrans about (a sadad in case of amount on the Manth	Vasa			·	
Date of last tetanus shot (needed in case of emergency): Month Insurance carrier:					
Physician:					
Dentist					
This health history is correct as far as I know and my school-age child has vac vaccinations due to the following reasons: I also attest my child is in good health and has permission to engage in all th	cination records on	file with the NJ Board	d of Ed, <u>OR</u> I exer	mpt my child from	
Permission to Treat/Informed Consent An accident or sudden illness to my child will be treated on the premises of I will be notified immediately, and will be required to pick up my child or ser Camp SAY to a designated place determined by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permisecure proper treatment, order x-rays, routine tests, injections, anesthesia,	d a reliable person	in my place to be responsel personnel selected	ponsible for taking by the Y to trans	ng my child from port, hospitalize, and	
child as named above and to release any records for treatment, referral, and	d insurance purpose	es.			
Parent/Guardian Signature			Date		
For more information contact 732-553-9622, Ext. 4210 • SOUTH AMBOY VMC	A 200 John T O'Los	ary Blyd South Ambo	W 00070	1/11/2021	

2021 Parent Guardian and YMCA Agreement (PLEASE INITIAL ALL LINES AFTER READING)

Parent Receipt of Information: I ha	ve read and received a copy of the information/p	oolicies listed here in the	Camp handbook. CHECK OFF EACH ITEM:
Information to Parents Methods of Parental Notification	Policy on the Release of Children Policy on Communicable Disease Management	Positive Guidance and Expulsion Policy	d Discipline Policy Policy on Use of Technology & Social Media
may occur, and further certify that reimbursable by insurance coverage	my child is in good physical condition in order to	participate in these act	or my child, whatever risk of injury or loss which ivities. I understand that any cost of service not ome camp activities may take place in local parks
displays any signs or symptoms of		is my responsibility to	toms of COVID-19 in my camper. If my camper tell the Camp Director immediately. In the event raperson that I designate, immediately.
Field Trips: Locations, arriv	ral/departure times will be posted on the camp v	website page. There is r	no alternate care for trip days as campers go on
withdrawal, there are NO refunds o			rstood that, in the case of dismissal or voluntary ed for medical reasons, unused sessions may be
and \$1 per minute after those fi		orm us of your expect	e Pick-Up Fees of \$5 for the for 10 minutes late ed late arrival will help sooth your child and your account after payment due dates.
	nough sunscreen for later applications. Staff wi		ians are responsible for applying the first layer. suring follow-up applications after two hours of
Y is handled with much care and t		nt are used to help child	hild prior to the start of camp. Discipline at the dren understand proper behavior. Campers not
of a group, with or without text in Director in writing. All media taken	YMCA publications. I understand that if I do n by YMCA staff or agents for the expressed pur y media images I take of other children during	ot want any media take pose of marketing the Yl	ren while with the YMCA as an individual or part n or used by the YMCA I must notify the YMCA MCA, its programs, or membership is property of authorized for my own social media postings.
Personal Belongings: All princluding cell phones, are now allow		Camp is NOT responsib	le for personal belongings. Electronic devices,
satisfaction. I agree that certain ac		the activity. No insura	erein. All questions have been answered to my nce has been included in membership or program uch injuries and losses.
Parent/Guardian Signature (requ	uired)		Date
	any information about your child to help e xperiencing challenges at camp, we encoura		experience, including physical, mental, and staff so we can support any needs.
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CAMP SAY 2021 LIT CAMP SELECTION FORM

Camper Name:	Week 1 June 21-25	Week 2 June 28-July 2	Week 3 July 5-9	Week 4 July 12-16	Week 5 July 19-23	Week 6 July 26-30	Week 7 Aug 2-6	Week 8 Aug 9-13	Week 9 Aug 16-20	Week 10 Aug 23-27	Week 11 Aug 30-Sep 3
CAMP SAY Day Camps	FLEXIBILITY TO REGISTER FOR DAYS OF THE WEEK. <u>CIRCLE DAYS NEEDED</u> . After initial enrollment, single day rates apply to add days.										
LEADERS IN TRAINING (Ages 13-15) 8am-5pm	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF

Full Facility Use Family Memberships are available for the entire family.

Program Members pay \$75 annually to register for programs.

Non-Members must pay \$50 Camp Membership Fee.

After initial enrollment, single day rates apply to add days.

10% Savings for additional siblings enrolled simultaneously.

	<u>Camp Hours</u>	Full Facility	Program / Non-	
	8:00am-5:00pm	Members Price	Members Price	
5 Days/Week	Leader in Training (LIT) Camp	\$225/week	\$250/week	

Camp deposits of \$50 per week, regardless of how many days a week selected, are non-refundable/non-transferable. Deposits are applied towards the balance of each week. Camp balances paid are non-refundable after a session has started. \$10 processing fee to add AM/PM Care after initial registration. Camp fees are due and must be paid in full as follows: Weeks 1-2 Due June 18th, Weeks 3-4 Due July 2nd, Weeks 5-6 Due July 16th, Weeks 7-8 Due July 30th, Weeks 9-10 Due Aug 13th, Week 11 Due Aug 27th or will be subject to a \$25 Late Fee and possible forfeit of space in camp, including losing deposits. Adding additional days after initial enrollment requires the single day rate. Make checks payable to South Amboy YMCA. Visa, MasterCard, American Express and Discover are accepted. EZ-Pay drafts on due dates are available by authorizing with your signature on

75 Annual Program Membership (if not Full Family Members) <u>OR</u> \$50 Camp Membership			STAFF USE ONLY
\$50 Deposit Per Week (applied to camp tuition) X weeks =			Forms Signed
Y Annual Campaign Donation—Please consider giving the Gift of Camp		(optional)	Membership
Total Amount Due at Time of Registration	\$		Deposits Paid
EZ PAY will automatically charge your card on file for balances on the due dates.	EZ Pay Set-Up		

EZ PAY Authorization SignatureDate

For more information contact 732-553-9622, Ext. 4210 • SOUTH AMBOY YMCA 200 John T. O'Leary Blvd., South Amboy 08879

THINGS TO KNOW

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How to Register

Visit www.ymcaofmewsa.org to register online or visit the South Amboy YMCA for assistance with the registration process.

Registration Procedures

- All Campers are required to be Full Facility Members of any YMCA, Program Members of the YMCA of Metuchen, Edison, Woodbridge and South Amboy, or pay a Camp Membership fee of \$50. Camp memberships are valid through December 31st for all 2021 additional programs.
- A \$50 non-refundable/non-transferable deposit is due for each child each week upon registration, regardless of how many days are selected. Deposits are applied towards the balance of camp. Camp balance paid are non-refundable after a session has started. Camp fees are due as follows: Camp fees are due and must be paid in full as follows: Weeks 1-2 Due June 18th, Weeks 3-4 Due July 2nd, Weeks 5-6 Due July 16th, Weeks 7-8 Due July 30th, Weeks 9-10 Due Aug 13th, Week 11 Due Aug 27th or will be subject to a \$25 Late Fee and possible forfeit of space in camp, including losing deposits.
- Adding additional days after initial enrollment requires the single day rate.
- Medical forms for those not enrolled in public school must be completed and submitted to the camp director no later than 1 week prior to your camper's first day of camp. NJ law requires a complete health form and immunization record for each child who does not have vaccinations on file with the Board of Education. Any child that does not have completed forms and immunization will not be able to attend camp. This form can be fund on our website.

Camp Discounts

• 10% savings are applied upon request for additional siblings enrolled simultaneously.

Hours of Camp

The camp day is 8:00am to 5:00pm. Extended camp days is available from 7:00-8:00am (AM Care) and 5:00 -7:00pm (PM Care). If preferred, campers must be registered for AM and/or PM Care for the same days as camp enrollment for each week. Example, if you register M-W-F for one week and want to add AM Care, you must register for AM Care for the same three days of that week. \$10 processing fee to add AM/PM Care after initial registration.

Field Trips

In accordance with NJ guidance for summer camps we campers will not leave the premises to go on field trips. Campers will participate in virtual trips and experiences to places like Buckingham Palace, Aquariums, Outer Space and so much more.

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 www.ymcaofmewsa.org to download a financial assistance application or call your camp location to pick up an application. Financial Assistance application deadline is June 18, 2021. Financial assistance is awarded on an annual basis and cannot be transferred between childcare programs.

FOR MORE INFORMATION:

Annmarie Sabovick, Healthy Living Director 732.553.9622, Ext. 4210 annmarie.sabovick@ymcaofmewsa.org