

Camper Registration Form - Centenary Early Learning Center

200 Hillside Avenue Metuchen, NJ 08840 (732) 548-5468

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Child's Name:						Sex UM UF UOther
Address:						
City:					State:	Zip:
Date of Birth	ter		-11		Grade in Fall of 2021	
Does your child hav	ve any dietary re	strictions?	YES or N	O If yes,	please describe:	
Is this your child's	first year at Co	entenary Ca	amp? YE	5 or 🔲 NO	If yes, how did you hear abou	it us?
W ere you referred	to Centenary	Camp?	YES or N	O If yes, b	y whom were you referred?	
Is there anything v	we should know	about your	child that wo	uld help mak	e his/her summer the BEST SU!	MMER EVER?
• • • • • • • •		• • • • •	• • • • • •			
Parent/Guardian #1	Full Name:					
Parent/Guardian #1	Place of Employ	/ment:			Email:	
Parent/Guardian #1	Work Phone #:				Cell #:	
Parent/Guardian #2	Full Name:			eć.		
Parent/Guardian #2	Place of Employ	ment:			Email:	
Parent/Guardian #2	Work Phone #:				Cell #:	
2021 will incur a \$10 ch oublished pay schedule or w	ange fee for each wo	eek of camp cha late fee. Make ch	anged. All camp fees ecks payable to YMC	s are non-refundat A. Visa, Mastercar	p deposits are not refundable after June ole after the balance is due for a camp week. C d, American Express and Discover are accepted July 1st; Weeks 7-9 on August 1st.	amp fees must be paid as listed in the
2021 CAMP F	EES					
SUMMER CAMP	HOURS: 8:00	am - 5:00pm	or part time	9:00-1:00	SUMMER FUN CLUB HO	OURS: 9:00am - 1:00pm
Full Week	full time :	\$255	Part time:	\$150	Full Week	\$135
3 Day		\$220		\$130	3 Day	\$110
2 Day		\$150		\$115	2 Day	\$95
Camp Daily Fee		\$75		\$50	Camp Daily Fee	\$50

2021 CENTENARY CAMP SELECTIONS FORM



Check off camp weeks for which you are registering.

		SUMMER CAMP		Full	Part	CHECK	SUMMER FUN	
CHECK HERE	CAMP WEEKS	Ages 5-13 8 am- 5 pm/ 9 am- 1 pm	Circle Days	Time	Time		Ages 3-5 9am-1pm	Circle Days
	Week 1 JUNE 21-25	Ready, Set, Summer!	MTWRF				Super Heroes Unite!	MTWRF
	Week 2 JUNE 28-JULY 2	Hooray USA!	MTWRF				Party in the USA	MTWRF
	Week 3 JULY 5-9	Color Craze	MTWRF				Sports Camp	MTWRF
	Week 4 JULY 12-16	Thumbs Up for Gardening	MTWRF				Goin' Green	MTWRF
	Week 5 JULY 19-23	Trash to Treasure	MTWRF				LEGO Week	MTWRF
	Week 6 JULY 26-30	3,2,1 Blast Off!	MTWRF				Bugs, Bugs, Bugs	MTWRF
	Week 7 AUGUST 2-6	H-2 wOah!	MTWRF				Animal Planet	MTWRF
	Week 8 AUGUST 9-13	Its Cool to be Kind	MTWRF				Little Picasso & Mini Matisse	MTWRF
	Week 9 AUGUST 16-20	Science Rocks	MTWRF				Pirates & Treasures Last Week of Summer Fun	MTWRF
	Week 10 AUGUST 23-27	We've Got the Spirit	MTWRF				Hope to See You Next Summer !!!	MTWRF

Parent Signature:	Date:
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EZ PAY- SCHEDULED AUTOMATIC BILLING

I, ______ give the YMCA authority to charge my credit card on file with the YMCA for camp payments due June 1st, July 1st, and August 1st. 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.

CENTENARY SUMMER FUN CLUB Summer 2021 Themes

the

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June 21st—August 20

Super Heroes Unite!

(June 21- June 25)

Unlock your superhero powers for this adventure-filled week! Explore the lives and heroics of famous superheroes, invent your own superhero powers and follow our own code of conduct!

Party in the USA

(June 28-July 2)

This week we will have the BEST CELEBRATION EVER, a birthday party for America! Celebrate America with songs, crafts and games, all with a red, white and blue

Sports Camp

(July 5-July 9)

If there is a game that involves a ball, we will play it! T -Ball, Kickball, Soccer, Volleyball and more! Campers will learn about physical fitness and, most importantly, good sportsmanship. Let's play ball!

Goin' Green

(July 12-July 16)

Summer is definitely a green time of year. So what better way to fill this week than with fun-filled GREEN, GREEN, GREEN activities! Children will learn about the importance of being eco-friendly while having fun! Activites include plant an herb garden in a soda bottle, decorating a recycleing shopping bag and going on a green scavenger hunt.

LEGO Week

Nature Camp/ Bugs, Bugs, Bugs

Animal Planet

(August 2-August 6)

This will be a week-filled adventure exploring animals from all over the world. The children will learn about each animal's behavior and habitat, and where they live around the world. We will explore animals that live in the rainforest and those you might see on a safari.

Art Camp/Little Picasso and Mini-Matisse

(August 9-August 13)



Ahoy Matey! Pirates and Treasures

(August 16-August 20)

with the children working together to create a pirate ship from a box, because how can you have a pirate adventure without a pirate ship! There will be games and crafts, but the week wouldn't be complete with a treasure hunt!

SUMMER FUN CLUB

AGES 3-6

Camp Hours: 9:00am - 1:00pm

2 Days: from \$95/week

3 Days: from \$110/week

5 Days: from \$135/week

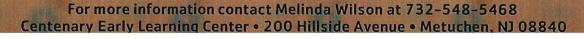
Camp Extra Day Fee

\$50











FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

The section *must* be completed by parent/guardian **OR** child's primary physician.

Allergies:Treatment:	CHILD'S HEALTH HISTORY:	
Allergies:Treatment:	Allergies:	_Treatment:
Disabilities Chronic/recurring illnesses Current medications Activity limitations Any other known physical or mental conditions Name of Physician 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.	Allergies:	_Treatment:
Chronic/recurring illnesses	Allergies:	_Treatment:
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Any other known physical or mental conditions	Chronic/recurring illnesses	
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	Signature of Daront/Guardian	



MEDICATION AND TREATMENT AUTHORIZATION

CENTENARY EARLY LEARNING CENTER

200 Hillside Avenue Metuchen, NJ 08840 (732) 548-5468

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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

- 1. All medications will be administered only with a medical doctor's written orders.
- 2. **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?
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 <u>DOES NOT</u> need to be administered any medications at this time:
PARENT SIGNATURE: DATE:

2021 CENTENARY CAMP PERMISSION/AUTHORIZATION

l grant	permission and authorization to YMCA CAMP for the following:
(initial)	I,
(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.
	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)	l have read and understand the YMCA CAMP Registration Procedures, Payment Procedures, and Cancellation Policy and will follow them.
EMER	GENCY CONTACTS/AUTHORIZED PICKUPS
	ollowing people are my child's emergency contacts who are also routinely allowed to pick up my child/children. • have a photo I.D. ready at the time of pickup.
1. Na	nme
	me
	Relationship Phone
	me
	mePhone ()

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FOR SOCIAL RESPONSIBILITY

How to Register

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

Registration Procedures

 Health 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.

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 7-10 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, 2021There are no credits or refunds for absences.

Hours:

Part Time Camp Hours:

9:00-1:00

Full time Camp Hours:

8:00-5:00

Summer Fun Club Hours:

9:00-1:00

Field Trips:

Virtual Field Trips

Swimming:

Water Play Activities

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.

Deadline June 1st.

For more information contact:

Melinda Wilson, Director 732.548.5468

melinda.wilson@ymcaofmewsa.org