



Registration Form - Camp Lenape

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____ Date: _____

Address _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Date of Birth _____

Grade in fall of 2021: _____
Shirt Size: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult X-Large

Parent #1 Full Name: _____

Parent #1 Place of Employment: _____ Email: _____

Parent #1 Work Phone #: _____ Cell #: _____

Parent #2 Full Name: _____

Parent #2 Place of Employment: _____ Email: _____

Parent #2 Work Phone #: _____ Cell #: _____

If your child will be attending camp on specific days, please indicate days (e.g., M-W-F) _____

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

Please check off the camp weeks for which you are registering. The shaded weeks are not available. **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 Piscataway Y. Visa, MasterCard, American Express and Discover are accepted.

Camp Weeks & Dates	Week 1 6/21 6/25	Week 2 6/28 7/2	Week 3 7/6 9	Week 4 7/12 7/16	Week 5 7/19 7/23	Week 6 7/26 7/30	Week 7 8/2 8/6	Week 8 8/9 8/13	Week 9 8/16 8/20	Week 10 8/23 8/27	Week 11 8/30 8 9/3
	Moovin' and Groovin'	Myth Busters	Minute to Win It	Dear Future, I'm Ready	Build It and They Will Come	Color Craze	Houston, The Eagle Has Landed	Emergency Services	Life Is Better At The Beach	Happy Holidays	Super Heroes and Story Tellers
Traditional											
Swim Lessons											
Before & After Care											
Before Care											
After Care											
Before/After Care Combo											

Parent's Signature _____

Date _____

Camp Lenape	Member	Program/ Non-Member
Full week 8:00 AM-5:00 PM	\$276	\$296
4 Days* M T W Th F	\$251	\$273
3 Days* M T W Th F	\$229	\$239
Daily Rate	\$100	\$100
Swim Lessons- T,Th 30 minute lessons	\$15	\$15

Extended Before or After Care		
Before Care, Full Week 7:00 AM-8:00 AM	\$37	\$37
After Care, Full Week 5:00 PM-6:00 PM	\$43	\$43
Before & After Care Combo 7:00 AM-6:00 PM	\$62	\$62
Daily Rate for either Before or After Care	\$20	\$20

For more information contact:
Meghan Doriety at
meghan.doriety@ymcaofmews.org
732-562-2302

*Please indicate days

There will be a 10%/week early bird discount for registrations before March 1, 2021.

2021 Camp Lenape Permission/Authorization

(Please read, sign and/or initial where requested)

I, _____ the parent/guardian of _____, give permission for my child to participate in Camp Lenape programs, including any trips taken during the camp day. I understand that transportation will be provided by school bus. 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 Camp Lenape as an individual or part of a group, with or without text in Y publications. _____
initial

I grant permission and authorize Camp Lenape for the following:

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 Camp Lenape 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 Camp Lenape 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 health form and a permission authorization form are required to attend. _____
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 Camp Lenape 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 Camp Lenape shall provide appropriate chaperones on all trips, as well as the above mentioned transportation. Prior notice will be given wherever possible. _____
initial

I give permission for the YMCA camp staff to apply sunscreen to my child. _____
initial

I have read and understand Camp Lenape's Registration Procedures, Payment Procedures and Cancellation Policy and will follow them. _____
initial

During the summer of 2021, the following primary people will routinely pick up my child/children (will be placed on sign-out list for daily pick-up). Please have a photo I.D. ready at the time of pickup.

1. Name _____ Relationship _____

2. Name _____ Relationship _____

The following people are also authorized to pick up my child/children in my absence:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Parent/Guardian's Signature _____ Date _____

EZPAY

I, _____ give the Piscataway YMCA authority to charge my credit card on file with Metuchen YMCA for camp payments: weeks 1-4 due on

May 1, weeks 5-8 due on June 1, weeks 9-10 due on July 1. I can terminate this agreement by filling out a cancellation form. 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

Signature: _____

Date: _____