CAMP SAY 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 Birt	Grade in fall of 2021:		
Address	City:		State:	_Zip:	
Male Female How did you hear about					
Camper Shirt Size: Youth Small Youth Med	ium Youth Large	Adult Small_	Adult Medium_	Adult Large_	Adult XL
Parent/Guardian #1 Name:			Primary Phone #:		
Email:			Secondary Phone#:		
Place of Employment/Location:	C	ity:		State:	Zip:
Parent/Guardian #2 Name:			Primary Phone #:		
Email:			Secondary Phone#:		
Place of Employment/Location: In case of emergency or your need during camp	Ci , if after both primary o	ity: guardians ca	nnot be reached,	State: please list addit	Zip: tional people who
can be contacted and would be authorized to pick up	your child. Photo I.D. is i	required at th	e time of pickup.		
Name	Relationship		Ph	one #	
Name	Relationship		PI	none #	
Name					
Please list any parent/guardian who is not authorize					
Name	Relationsh	nin to Camper			
Is your child under and medical/physical restriction?	No Yes If yes,	please explain	below (include asth	ma, injuries, heari	ng loss, diabetes, etc)
Is your child allergic to any medications/food/insect sti	ings? No Yes	If yes, please	e explain below.		
Any dietary restrictions? Has your child been under a doctor's care or hospitalized.			···		
Please share any current or past medical treatment that	at would affect your child's	day at camp.			
Are there any activities	your child s	should	be restricted	from?	
Is your child currently taking any medication? **Medications must be in original container accompa Are there any physical, mental, or psychological concinformation to share to help your child be successful	anied by a <u>Permission to l</u> ditions requiring medicatio	Medicate forn n, treatment,	<u>n</u> with written instr special restrictions o	uctions for staff to or considerations f	to carry and dispense. for camp? If you have
Date of last tetanus shot (needed in case of emergency	/): Month Ye	 ar			·
Insurance carrier:					
Physician:					
Dentist					
This health history is correct as far as I know and my so vaccinations due to the following reasons: I also attest my child is in good health and has permiss					
Permission to Treat/Informed Consent An accident or sudden illness to my child will be treat. I will be notified immediately, and will be required to place Camp SAY to a designated place determined by me. In the event that I cannot be reached in an EMERGENG secure proper treatment, order x-rays, routine tests, i child as named above and to release any records for the secure proper treatment.	pick up my child or send a r CY, I hereby give permission njections, anesthesia, or su	reliable persor n to the medic urgery, and to	in my place to be re al personnel selecte release any records	sponsible for taki	ng my child from sport, hospitalize, and
Parent/Guardian Signature				Date	<u>.</u>
For more information contact 732-553-9622 Ext. 4210	• SOUTH AMBOV VMCA 20	O John T Oʻl o	ary Plyd South Am	201/ 00070	1/11/2021

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

Parent Receipt of Information: I have	ve read and received a copy of the information/p	olicies 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 i reimbursable by insurance coverage	my child is in good physical condition in order to	participate in these acti	r 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 t	toms of COVID-19 in my camper. If my camper tell the Camp Director immediately. In the event a person that I designate, immediately.
Field Trips: Locations, arriv scheduled trips.	al/departure times will be posted on the camp w	vebsite page. There is n	no alternate care for trip days as campers go on
withdrawal, there are NO refunds o			stood that, in the case of dismissal or voluntaryed 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		ans are responsible for applying the first layer. suring follow-up applications after two hours of
Y is handled with much care and t		t 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 no by YMCA staff or agents for the expressed purp y media images I take of other children during	ot want any media taken oose of marketing the YM	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 p including cell phones, are now allow	ersonal items should be labeled permanently. (ed at camp.	Camp is NOT responsib	le for personal belongings. Electronic devices,
satisfaction. I agree that certain ac		the activity. No insurar	erein. All questions have been answered to my nce has been included in membership or program Ich injuries and losses.
Parent/Guardian Signature (requ	uired)		Date
•	any information about your child to help experiencing challenges at camp, we encoura	•	

CAMP SAY 2021 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 C	amps	FLEXIBILITY TO REGISTER FOR DAYS OF THE WEEK. <u>CIRCLE DAYS NEEDED</u> . After initial enrollment, single day rates apply to add days.										
EXPLORERS (Grades K-1)	8am-5pm	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF
ACHIEVERS (Grades 1-2)	8am-5pm	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF
ACHIEVERS (Grades 2-3)	8am-5pm	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF
ADVENTURERS (Grades 3-5)	8am-5pm	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF
VOYAGERS (Grades 5-8)	8am-5pm	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF
AM & PM Add-On Options												
BEFORE Camp Care (7am-8an	n)	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
AFTER Camp Care (5pm-7pm)		PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM

AM & PM Camp Options

Must select same days as camp each week at time of registration or incur \$10 processing fee. Circle Weeks

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> 8:00am-5:00pm	Full Facility Members Price	Program / Non- Members Price	
5 Days/Week	Exp/Ach/Adv/Voy Camp	\$280/week	\$305/week	
4 Days/Week	Exp/Ach/Adv/Voy Camp	\$255/week	\$270/week	
3 Days/Week	Exp/Ach/Adv/Voy Camp	\$220/week	\$225/week	
Single Days	Exp/Ach/Adv/Voy Camp	\$115/day	\$130/day	

Flexible Pricing!

Extend Your Camp Day

Must select same days as camp at time of registration or incur \$10 processing fee.

 Before Camp Care
 7:00-8:00am
 \$10/day

 After Camp Care
 5:00-7:00pm
 \$15/day

 Before & After Care
 7:00am-7:00pm
 \$20/day

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) OR \$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