



# Theater Camp Registration Form

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?

## CAMP PRICING

Full Day	\$310
Half Day	\$195
Camp Daily Fee	\$100
Before Care	\$37
After Care	\$43
Before & After Care	\$62
Daily Rate (Before & After Care)	\$20

## CAMP PAYMENTS

Camp Weeks 1-4 due on or before May 1st.

Camp Weeks 5-8 due on or before June 1st.

Camp Weeks 9-10 due on or before July 1st.

## CAMP HOURS

Full Day: 8:30am-5pm

Half Day 8:30am- 1pm

For more information contact:

**Gabriella St. Fleur, Camp Director**

**732.548.2044 ext. 2255**

**[gabriella.stfleur@ymcaofmewsa.org](mailto:gabriella.stfleur@ymcaofmewsa.org)**

### EZPAY

I, \_\_\_\_\_ give the YMCA authority to charge my credit card on file with Metuchen YMCA for camp payments.

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 Metuchen YMCA immediately.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please check off the camp weeks for which you are registering. **Please note: A \$50 deposit is required for each week. 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 Metuchen Y. Visa, MasterCard, American Express and Discover are accepted

WEEK	CAMP	FULL DAY	HALF DAY	Before Care	After Care	Before& After Care
July 12th-July 16th	AGE 10-13 SESSION 1: WEEK 1					
July 19th-July 23rd	AGE 10-13 SESSION 1: WEEK 2					
July 26th-July 30th	AGE 10-13 SESSION 1: WEEK 3					
August 2nd - August 6th	AGE 7-9 SESSION 2: WEEK 1					
August 9th- August 13th	AGE 7-9 SESSION 2: WEEK 2					
August 16th - August 20th	AGE 7-9 SESSION 2: WEEK 3					

# 2021 Camp Permission/Authorization

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

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give permission for my child to participate in Camp Munsee 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 Munsee as an individual or part of a group, with or without text in Y publications. \_\_\_\_\_Initial

## I grant permission and authorize Camp Munsee 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 Munsee 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 Munsee 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 Munsee 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 have read and understand Camp Munsee 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:**