

# Y SUMMER CAMP 2018 REGISTRATION FORM

Please write legibly, as your information is very important in an emergency situation.

Child's Name: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Gender: M F

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size (circle one): Youth: SM, MED, LG Adult: SM, MED, LG, XL Swim Level: Beginner, Intermediate, Advanced

Please indicate selections below:

## CAMP CARR DAY CAMP

Camp Carr Groups → (Circle one)	Jr. Camp Ages 4-5	Rangers or Scouts Ages 6-7	Explorers or Ages 8-9	Pathfinders	Trailblazers Ages 10-11	Pioneers Ages 11-12					
Camp Carr	Session 1 6/18-6/22	Session 2 6/25-6/29	Session 3 7/2-7/6	Session 4 7/9-7/13	Session 5 7/16-7/20	Session 6 7/23-7/27	Session 7 7/30-8/3	Session 8 8/6-8/10	Session 9 8/13-8/17	Session 10 8/20-8/24	
Session											
AM Care											
PM Care											

## SPORTS CAMP

Sports Camp Groups → (Circle one)	Jr. Sportsters Ages 4-5	Rookies Ages 6-7	Winners Ages 8-9	Champions Ages 9-10	All Stars Ages 11-12						
Sports Camp	Session 1 6/18-6/22	Session 2 6/25-6/29	Session 3 7/2-7/6	Session 4 7/9-7/13	Session 5 7/16-7/20	Session 6 7/23-7/27	Session 7 7/30-8/3	Session 8 8/6-8/10	Session 9 8/13-8/17	Session 10 8/20-8/24	Session 11 8/27-8/30
Session											
AM Care											
PM Care											

## SOUTH CAMP

South Camp	Session 1 6/18-6/22	Session 2 6/25-6/29	Session 3 7/2-7/6	Session 4 7/9-7/13	Session 5 7/16-7/20	Session 6 7/23-7/27	Session 7 7/30-8/3	Session 8 8/6-8/10	Session 9 8/13-8/17		
Session											
AM Care											
PM Care											

## CIT PROGRAM

Camp (Circle below)	CC = Camp Carr (Sessions 1-10)			SC = Sports Camp (Sessions 1-11)			SO = South Camp (Sessions 2-9)				
CIT Program	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Session 11
Please circle camp →	6/18-6/22	6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17	8/21-8/25	8/28-8/31
	CC SC	CC SC SO	CC SC SO	CC SC SO	CC SC SO	CC SC SO	CC SC SO	CC SC SO	CC SC SO	CC SC	SC
AM Care											
PM Care											

## SNACK BAR CARDS

Add a snack bar card to your registration

NOTE: At Camp Carr children in PM Care go daily to the snack bar (Avg. \$10 per week). Children with no PM CARE will go once a week (Avg. \$2.00 per week). At Sports Camp all campers will go daily to the snack bar (Avg. \$10 per week). If they also attend PM Care they will go a 2nd time during their day. Cards will be kept on file to be used as credit. Total in \$10 increments only, please.

Indicate how to split between camps if attending Sports Camp & Camp Carr	
Camp Carr	\$
Sport Camp	\$
Total Amount for Summer	\$
Max to be spent per day	\$

# Y SUMMER CAMP 2018 REGISTRATION FORM

Child's Name: \_\_\_\_\_

## CAMP CARR SPECIALTY CAMPS

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10
	6/18-6/22	6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17	8/20-8/24
Travel Camp										
Horseback										
Mad Science										
Lego® Camp										
AM Care										
PM Care										

## SPORTS CAMP SPECIALTY CAMPS

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Session 11
	6/18-6/22	6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17	8/20-8/24	8/27-8/30
Nerf											
Tennis											
Ballet		Half	Full								
Golf											
Extreme Sports											
Baseball											
Dance											
Super Hero											
Flag Football											
Ninja Warrior											
Artful Discovery											
Lacrosse											
Soccer											
Lego® Camp											
AM Care											
PM Care											

## NATURE CAMP

	Session 2	Session 3	Session 4	Session 5
	6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20
Please Circle Home Camp (please see page 6 for details):	Camp Carr		Sports Camp	
Farming and Gardening				
Fishing				
Environmental Survival and Adventure Camp				
AM Care				
PM Care				

For Office Use Only

NOTES:

MEM TYPE:

MEM EXP: \_\_\_\_/\_\_\_\_/\_\_\_\_

MEM#:

RECEIPT:

SCHOLARSHIP:

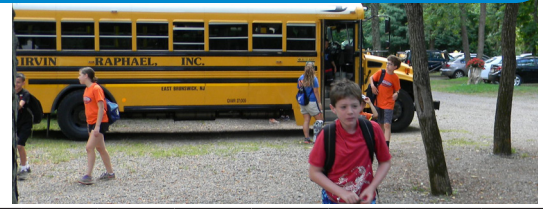
DATE:

AMOUNT ENCLOSED:

CUST. REP.:

# TRANSPORTATION REGISTRATION

Child's Name: \_\_\_\_\_



Camp Carr & Sports Camps Only

Please check the box/es of the sessions that your child will be riding the bus

Place X in route/session(s) needed:	Pick-Up	Drop-Off	SESSIONS:								
			1	2	3	4	5	6	7	8	9
			6/18-6/22	6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17
<b>Route 1</b>											
Luggage Factory	7:45	4:50									
Barley Sheaf Elementary School	7:55	4:40									
Three Bridges Firehouse Upper Lot	8:05	4:20									
Deer Path YMCA	8:20	4:10									
<b>Route 2</b>	Pick-Up	Drop-Off									
Old York School	7:35	5:05									
Kings Plaza	7:45	4:50									
Boehms Golf Center on Rte 22	7:50	4:40									
YMCA Child Learning Center	8:00	4:35									
Previously Clinton A&P	8:05	4:25									
<b>Route 3</b>	Pick-Up	Drop-Off									
Washington's A&P on Route 31	7:30	5:30									
St. Anns in Hampton	7:45	5:15									
Califon Stop TBD	8:00	5:00									
High Bridge Elementary School	8:10	4:45									
<b>Route 4</b>	Pick-Up	Drop-Off									
Holland Township Elementary	7:30	5:05									
Lester D. Wilson School	7:45	4:50									
Our Lady of Victories Church	8:00	4:40									
Robert Hunter Elementary School	8:10	4:30									

## Important Bus Information:

- Buses runs to and from Camp Carr and Sports Camp Only.
- Buses operates from June 18 - August 17
- Parent, guardian, or approved individual must put child on the bus in the morning and pick-up in the afternoon. CHILDREN ARE NOT PERMITTED TO WALK HOME.
- Bus times may vary slightly depending on traffic and or delays at bus stops. Be at the bus stop 10 minutes prior to pick-up in the morning and allow for 10 minutes prior to and after scheduled drop off time in the afternoon.
- The YMCA reserves the right to adjust time or location of stops.
- MORE information regarding bus transportation may be found in the parent information packet.

# POLICIES AND PROCEDURES

## HOW TO REGISTER FOR CAMP

- Your child must have a current full or program membership to the HC YMCA to be able to register and attend camp.
  - a. If your child does not have a current membership registration must be done in person at either our Deer Path Branch, Flemington or Round Valley Branch, Annandale.
  - b. If your child does have a current membership you may come in person (recommended) or mail your forms in with deposits (or payment in full if registering less than one month before a session). Mailed registrations will be processed on the day they are received.
- A deposit of \$100 per session per camper is needed to register (deposits are non refundable). The \$100 deposits are not an additional fee. It is already included in the cost of camp fees. If you register for Sessions 1-6 after May 1, you must pay in full for those and if you register for any sessions starting June 1 you must pay in full.
- Complete forms included in this camp program guide (Registration pages, Bus Pages, and Health Forms). Immunization records are due by June 1.
- Registration for each session ends the Wednesday before that session begins.

## PARENT INFORMATION

- Please download parent information packet from the camp page of our website, [www.hcymca.org](http://www.hcymca.org). The parent information packet contains details for each camp. Also on our website: The Parent information packet, which includes pick-up and drop-off procedures & what a child needs to bring to camp
- Travel Camp information packet and schedule
  - Counselor in Training Application
  - Newsletters

## PAYMENT OPTIONS

- Payment in full is gladly accepted at anytime. (\$100 deposits are still assumed if sessions are canceled which are non-refundable)
- \$100 deposits must be made per session per camper. Camp balance payments are due for (Session 1 – 6 by May 1st) and (Sessions 7 – 11 by June 1st).
- Monthly automatic payment plan – If you register by February 28 you may opt to join our automatic payment plan. The total remaining cost of sessions per camper will be divided into equal payments. Drafts to your credit card will be made on March 15, April 15, May 15, June 15, July 15, and August 15.

## IMPORTANT! AVOID BEING BLOCKED OUT OR ADDITIONAL FEES

- Please note that these policies and regulations are in place to ensure we have accurate attendance rosters at the start of a session and for the safety of your child.
- Friday Blackout: Camp registrations will not be accepted after NOON (12:00pm) the Friday before the start of a session/ week. (NO EXCEPTIONS)
  - Late AM/PM sign-up: When signing up for AM/PM care during the week that care is needed you will incur a \$25.00 processing fee in addition to the care fee.
  - Late Pick-up from camp (after 4:00pm pick-up or 6:00 pick-up) A \$15 late fee will be charged for the first 15 minutes or any portion thereof and \$15 for every 15 minutes or portion of thereafter (according to the directors cell phone).

## CHANGES, ADDITIONS AND TRANSFERRING BETWEEN SESSIONS

- Any changes to a campers schedule (i.e. busing and/or AM or PM care) and or registration must be done in writing via email to [tpieper@hcymca.org](mailto:tpieper@hcymca.org) or fax to 908-782-0871.
- Adding a session requires a deposit of \$100 per session or payment in full based on the payment schedule (Session 1-6 by May 1st ) and (Sessions 7-11 by June 1st).
- Transferring sessions prior to April 15th is permitted with no additional fee and must be done in writing.
- After April 15th when transferring between sessions a \$10.00 processing fee will be incurred for each session a camper is transferred between and must be done in writing.

## CANCELLATIONS AND REFUND POLICY

Cancellation of a session at any time will result in the forfeiture of the non-refundable deposit. Refund policy:

- 100% refunded (less \$100 deposit) if cancellation received one month prior to the start of session
- 50% refunded (less \$100 deposit) if cancellation received three weeks prior to the start of session
- 0% refunded if cancellation received less than three weeks prior to the start of session

For billing information call or email Tracy Pieper, 908-483-4931 or [tpieper@hcymca.org](mailto:tpieper@hcymca.org)

**Initial below and submit this form with registration**

### Registration and Payment Guidelines

I hereby enroll my child \_\_\_\_\_ in the Hunterdon County YMCA Day Camp Program and I:

Have read and understand or know where to download the parent handbook online at [www.hcymca.org](http://www.hcymca.org). \_\_\_\_ (Initials)

Understand that each camper and parent must cooperate and accept camp rules and guidelines. Inappropriate behavior may involve disciplinary action by the camp directors and/or dismissal from camp. If a camper is dismissed for inappropriate behavior camp fees are non-refundable. \_\_\_\_ (Initials)

I understand and agree to submit immunizations records (required by the state) by June 1. Campers will not be able to attend until immunizations are submitted \_\_\_\_ (Initials)

I have read and understand the refund policy. I understand that \$100 per session per child is non-refundable if a cancellation is made. \_\_\_\_ (Initials)

I understand and agree to adhere to the payment schedule. \_\_\_\_ (Initials)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# 2018 HEALTH INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

THIS FORM MUST BE COMPLETED AND RETURNED TO THE YMCA UPON REGISTRATION

IMMUNIZATION RECORDS NEEDED! NO PHYSICAL NEEDED

\*\*You must include your child's immunization records when returning this form. Campers will not be able to attend until immunizations are submitted. Your Immunization Record must show that your child has been immunized against Diphtheria, Tetanus, Polio, Measles, Pertussis, Mumps, Rubella Haemophilus, Influenza Type B, Pneumococcal (PCV), Hepatitis B, Hepatitis A, Varicella (Chicken Pox), Meningococcal Meningitis (MCV4), and Tuberculosis (TB) test or a statement from your physician that immunization is in progress.\*\*

## ALLERGY ALERT!!!

PLEASE LIST YOUR CHILD'S ALLERGIES: INCLUDING FOOD, MEDICATIONS & ENVIRONMENTAL (DETAILED SECTION WITHIN HEALTH FORM)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICATION ALERT!!!

PLEASE LIST YOUR CHILD'S MEDICATION (DETAILED SECTION WITHIN HEALTH FORM)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an EpiPen? YES NO (If yes, YMCA must be provided with it)

PLEASE CIRCLE THE LOCATION OR LOCATIONS THAT YOUR CHILD IS REGISTERED:

CAMP CARR SPORTS CAMP AT DEER PATH SOUTH CAMP AT SHHS

Gender: M F Age at camp \_\_\_\_\_ Family email: \_\_\_\_\_

Mailing address \_\_\_\_\_ Home Phone \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PARENT 1's Name: \_\_\_\_\_

↑  
(Home Address if different from above) \_\_\_\_\_

Check box of preferred contact. Phone # if different from above \_\_\_\_\_

↓  
Cell phone \_\_\_\_\_

PARENT 2's Name \_\_\_\_\_

(Home Address if different from above) \_\_\_\_\_

Phone # if different from above \_\_\_\_\_

Cell phone \_\_\_\_\_

Marital Status: Married\_\_ Divorced\_\_ Separated\_\_ Widowed\_\_ Unmarried\_\_ Partner\_\_

Custody Schedule (if applicable) \_\_\_\_\_

If there is a court order restricting visitation/pickup, a copy must be provided to the Camp Director.

Parent 1's Employer \_\_\_\_\_

Town \_\_\_\_\_ Phone \_\_\_\_\_

Parent 2's Employer \_\_\_\_\_

Town \_\_\_\_\_ Phone \_\_\_\_\_

# 2018 HEALTH INFORMATION

Child's Name: \_\_\_\_\_

Does your child have any allergies? Please list what type of reaction. \_\_\_\_\_

Is your child on any medications? For what reason? \_\_\_\_\_

Any dietary restrictions? Please list. \_\_\_\_\_

Any chronic/recurring illness or medical conditions? Please list/explain. \_\_\_\_\_

Operations or serious injuries? Please explain & give dates. \_\_\_\_\_

In order for our staff to ensure your child has a happy, meaningful experience at our Camp programs, please share any special needs your child may have. (i.e. learning disabilities, limitations, etc.) \_\_\_\_\_

Do you carry family medical/ hospital insurance? YES NO Indicate: Carrier Policy/Group # \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of family dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical History. If applicable check and give approximate dates:

Frequent Ear Infections \_\_\_\_\_ Mumps \_\_\_\_\_

Heart Disease \_\_\_\_\_ German Measles \_\_\_\_\_

Convulsions \_\_\_\_\_ Measles \_\_\_\_\_

Diabetes \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Bleeding/Clotting Disorders \_\_\_\_\_ Mononucleosis \_\_\_\_\_

Hypertension \_\_\_\_\_

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW. CHILD IS NOT CONSIDERED REGISTERED WITHOUT SIGNATURE.

I give my permission for my child to participate in all program activities, including field trips at the HCYMCA camp programs. He/she is in good health and may participate in normal program activities unless I specify otherwise on the personal history form. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with YMCA camps from liability for any harm that befalls my child as a result of participation in YMCA camp. I have received and read the Parents' Information Packet. I consent that photographs taken of my child are the property of the Hunterdon County YMCA and may be reproduced and publicized as the YMCA desires, at any time, free of claims on my part. In case of a medical emergency, I authorize the staff of the Hunterdon County YMCA Camp programs to seek emergency care for my child. I understand that medical information and personal data will be used in the programs, when necessary, to protect my child's well being. I agree to adhere to all camp policies listed in this brochure and in the parents packet. I understand that participant's membership must remain current during all sessions attended.

If you would like us to apply sunscreen lotion, please send your child's lotion with his/her name printed on it in permanent marker.



I HAVE READ THE POLICIES LISTED IN THE PARENT HANDBOOK. I UNDERSTAND THAT IF I DO NOT COMPLY WITH THESE POLICIES, MY CHILD IS SUBJECT TO SUSPENSION/TERMINATION FROM THE PROGRAM.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RETURN TO: Deer Path Branch, 144 West Woodschurch Rd., Flemington, NJ 08822 or  
Round Valley Branch, 1410 Route 22 West, Annandale, NJ 08801

# 2018 HEALTH INFORMATION

Child's Name: \_\_\_\_\_

Please list all persons authorized to pick up your child. Parents or guardian names must be included on this list. You will be given pick up cards to distribute to everyone on this list, which must be presented when picking up your child. In emergency situations only, parent/guardian may give verbal and/or written permission for an individual, who is not on this list, to pick up child. No child will be released without a pick up card or emergency verbal/written permission. NO exceptions will be made to this policy. This is done for the safety of your child. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or to delete from this list at any time, however you will be responsible for retrieving any invalid cards. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file at program.

## EMERGENCY CONTACTS AND PICK-UP AUTHORIZATIONS

1. Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_
2. Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_
3. Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

In the event of an emergency, parents will be contacted. If not available, other individuals on the emergency contact/pick-up list will be contacted.

### The Following Individuals are NOT allowed to pick up my child:

1. NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_
2. NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_
3. NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_