2016 CAMP REGISTRATION FORM (A)

Please print clearly – One form is required for each child.
Complete in full and sign.

Mail: Summit Area YMCA, 490 Morris Ave., Summit, NJ 07901
Email: debbie.graisser@theSAY.org
Fax: Attn: Camp Registrar, 908 273 4272

Register online at www.theSAY.org or at Member Services

PLEASE INDICATE YOUR CHILD'S T-SHIRT SIZE:

Size: ○ YXS ○ AS ○ YS ○ AM ○ YM ○ AL ○ YL ○ AXL

Camp Shirts are required every day.
Each camper receives 2 Camp shirts, with registration.
Would you like to order additional T-shirts? Yes ☐ No ☐
Please include $8 for each additional shirt or get 3 T-shirts for $20.

CHILD'S NAME				☐ Returning Camper ☐ New Camper *Please check one
BIRTHDAY	AGE (as of 6/1/16)	GENDER	GRADE (as of 9/1/16)	HOME PHONE

PARENTAL CUSTODY (If applicable)	ALLERGIES
PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
CELL PHONE	CELL PHONE
WORK PHONE	WORK PHONE

STREET ADDRESS	CITY	STATE	ZIP
Email (all camp updates sent by email – please print clearly)			

EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS

In addition to parents, ONLY those on the below list will be allowed to pickup a camper from camp. Please list all additional persons authorized to pick 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 emergency verbal/written permission. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child and must bring photo identification. You are welcome to add or to delete from this list at any time; however you will be responsible for retrieving any invalid parent pickup 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. Any camper picked up after the end of their program end time are subject to a late pick up charge of $2/minute.

ADDITIONAL AUTHORIZED PICKUP (Guardian, Friends, Nanny, Babysitter, Relatives, etc.)

NAME	CELL	HOME/WORK#
NAME	CELL	HOME/WORK#
NAME	CELL	HOME/WORK#

PARTICIPATION AGREEMENT AND FINANCIAL TERMS

Please read very carefully and sign and return with a deposit or payment in full.
Please call us with any questions you may have.

I/We hereby enroll my/our child and enclose a non-refundable deposit or payment in full. Any balances owed on July 16, 2016 will be automatically charged to the credit/debit card on file unless alternative arrangements are made. Refunds on amounts paid, less deposit and a $20 fee, may be approved up to May 1, 2016. Refunds will be made in the same form that payment was made. **There are no refunds available after May 1, 2016.**
I/We understand that I/We are allowed one change of session per family at no cost. Thereafter a $30 fee for each change request will be applied. I/We understand that no refunds are given if a child leaves camp early because of disruptive behavior as determined by the Camp Director. I/We understand that completion of all required summer camp forms is required as a condition of participation in the camp programs.

REQUIRED FORMS

1. General camper information
2. Emergency pickup and authorization
3. Health history and immunizations
4. Camp payment
5. Camp option
6. Extended care selection
7. Sign agreement

Signature _____ Printed Name_____ Date_____

CAMPER HEALTH HISTORY INFORMATION FORM (B)

This section is required for your camper's care and is mandated by the State of NJ and the ACA to be completed in full.

○ May participate in all activities (see the program guide for the full list) ○ My child is allergic to: _____

○ Please restrict from these activities: _____

Current Medical, Mental or Psychological Condition pertinent to routine care of camper including any current treatment/care:

_____

Please describe any past medical treatment that this camper has received:

_____

Dietary restrictions? Please list:_____

Medications? Please list:_____

If medications need to be taken during the day you must complete a Medication Authorization Form and submit to the camp office.

CAMPER IMMUNIZATIONS

No child will be allowed at camp without immunization records on file prior to the start of camp.
Please have your doctor's office fax records within 2 weeks for immunizations.

MEMBERSHIP IS REQUIRED FOR CAMP ENROLLMENT

$_____ YOUTH MEMBERSHIP OF $100
(Membership must be active and valid through all camp sessions)

$_____ TEEN CAMP MEMBERSHIP OF $125 OR
ALL-IN ONE MONTHLY TEEN MEMBERSHIP OF $35
(Signed membership agreement required. All-in One allows access to both Summit YMCA and Berkeley Heights YMCA)

$_____ TOTAL CAMP FEES

$_____ EXTENDED CARE FEES

$_____ TOTAL FEES PAID AT THIS TIME

$_____ BALANCE DUE

PAYMENT METHOD

I have enclosed a check for $_____

Credit / Debit Card (circle one)

○ VISA ○ AMEX ○ MasterCard

Name on Card_____

Last 4 digit #_____ Expiration Date:_____

By providing my signature below I authorize the Summit Area YMCA to charge my credit card on the following dates:

May 15, 2016, for weeks A, 1, 2, 3

June 16, 2016, for weeks 4, 5, 6

July 15, 2016, for weeks 7, 8, 9, B

Sign_____Date_____

REGISTRATION RELEASE

I am aware of all camp activities (camp brochure/website) and allow my child to participate fully unless otherwise noted above. I hereby certify that my child named herein is in normal health and capable of safely participating in camp activities including field trips and swimming. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with the YMCA camps from liability for any harm that befalls my child as a result of participation in YMCA camp. I consent that photographs and video taken of him or her are the property of the Summit Area YMCA and may be reproduced and publicized as the YMCA desires, free of claims on my part. In case of illness or emergency, I authorize the Camp Director or trained and certified personnel to provide first aid care or secure the services of a doctor if necessary. I understand that medical information and personal data will be used only in camp, when necessary, to protect a child's well being. I agree to adhere to all camp policies listed in this brochure and in the Parent Handbook. I understand that participant's membership must remain current during all sessions attended. By signing below I agree to pay the balance of the camp fees in full on or before the payment dates of May 15, 2016, June 16, 2016, and July 15, 2016. Payments made after the above due dates will be subject to $25 late fee per child.

Registration not valid without signature and will be returned to sender.

By signing below I acknowledge and accept the above stated release and Summit Area YMCA camp policies.

Signature _____Printed Name_____Date_____

BERKELEY HEIGHTS YMCA
A branch of the Summit Area YMCA.
550 Springfield Avenue
Berkeley Heights, NJ 07922
(P) 908 464 8373
(F) 908 508 1059

SUMMIT YMCA
A branch of the Summit Area YMCA.
67 Maple Street
Summit, NJ 07901
(P) 908 273 3330
(F) 908 273 0258

THE LEARNING CIRCLE YMCA
A branch of the Summit Area YMCA.
95 Morris Avenue
Summit, NJ 07901
(P) 908 273 7040
(F) 908 273 5670

www.theSAY.org summitarea.ymca @summitareaymca @summitareaymca

SUMMIT AREA YMCA CAMP REGISTRATION FORM (C)

CAMPER NAME: _____ **LAST NAME:** _____

BH: Berkeley Heights YMCA **SU:** Summit YMCA **WR:** Watchung Reservation **BHCP:** Berkeley Heights Community Pool

Please complete one form per camper. Additional copies are available online at www.theSAY.org or at the Berkeley Heights YMCA and Summit YMCA Membership Services.

L: LOCATION **W:** WEEK
FD: FULL DAY 9:00AM–4:00PM
HD: HALF DAY 9:00AM–1:00PM
SHD: SPECIALTY HALF DAY 9:00AM–12:00PM

To register for a camp, please check off the empty white box(es) below to indicate your chosen camp(s).

PRICING PER WEEK

AGE	CAMP	L	HOURS	EARLY BIRD PRICING BY 5/1 HD & SHD	EARLY BIRD PRICING BY 5/1 FD	REGULAR PRICING HD & SHD	REGULAR PRICING FD	6/27–7/01 W: A	7/05 – 7/08 W: 1	7/11 – 7/15 W: 2	7/18 – 7/22 W: 3	7/25 – 7/29 W: 4	8/01 – 8/05 W: 5	8/08 – 8/12 W: 6	8/15 – 8/19 W: 7	8/22 – 8/26 W: 8	8/29 – 9/02 W: B
3–5	BUSY BEES*	BH	FD		$290		$320										
	BUSY BEES*	BH	HD	$255		$280											
	LITTLE CRITTERS*	SU	FD		$290		$320										
	LITTLE CRITTERS*	SU	HD	$255		$280											
5–7	CAMP LAGOON*	BHCP	FD		$335		$370										
	CAMP LAGOON*	BHCP	HD	$220		$245											
	CAMPER SAMPLER	BH	FD		$210		$230										
	CRAZY FOR COOKIES	BH	SHD	$200		$220											
	DOUGH RISES	BH	SHD	$200		$220											
	MERMAIDS & PRINCESSES	SU	SHD	$200		$220											
	MESSY ART	BH	SHD	$200		$220											
5–10	SPORTS CAMP*	WR	FD		$295		$315										
	SPORTS CAMP*	WR	HD	$190		$210											
	MAGIC & BEYOND	BH	SHD	$265		$295											
5–13	CAMP CANNUNDUS*	WR	FD		$295		$315										
6–8	BRING IT ON!	SU	SHD	$200		$220											
	RECYCLED CREATIONS	BH	SHD	$200		$220											
6–9	CONSTRUCTION CAMP	SU	SHD	$265		$290											
	FARM CAMP	SU	SHD	$265		$290											
	SUPERHEROES	SU	SHD	$200		$220											
6–10	CHEERLEADING	BH	SHD	$200		$220											
7–9	ANIMAL ADVENTURE CAMP	BH	SHD	$350		$385											
7–14	CAMP DISCOVERY	SU	FD		$450		$475										
	CAMP ENTERPRISE	SU	FD		$450		$475										
8–10	BEHIND THE SCENES* 2 WEEK CAMP	BH	SHD	$405		$428											
				$450		$475											
	DRAMA MANIA!* 2 WEEK CAMP	BH	SHD	$405		$428											
				$450		$475											
	FASHION DESIGN CAMP	SU	HD	$265		$290											
	HANDS ON! MINDS ON! SCIENCE CAMP	BH	SHD	$350		$385											
8–12	PAINT WITH A PURPOSE	BH	SHD	$200		$220											
	SEWING CAMP	BH	SHD	$200		$220											
	SKILL SHARPENER CAMP	SU	SHD	$300		$315											
9–10	TRAVELERS CAMP	WR	FD		$325		$360										
9–11	APPETIZERS & QUICK MEALS	BH	SHD	$200		$220											
	BRING IT ON!	SU	SHD	$200		$220											
	CREATIVE COMPETITIVE COOKING	BH	SHD	$200		$220											
	VOLLEYBALL CAMP	SU	SHD	$200		$220											
9–12	DIGITAL PHOTOGRAPHY	SU	HD	$265		$290											
11–13	FASHION DESIGN CAMP	SU	SHD	$265		$290											
11–14	INSIDE NYC CAMP	SU	FD		$350		$385										
	TEEN TREK*	WR	FD		$375		$415										
	SPORTS CONDITIONING CAMP	BH	1PM – 4PM	$200		$220											
	YOGA CAMP	BH	1PM – 4PM	$200		$220											
12–14	VOLUNTEER SERVICE CAMP	SU	FD		$265		$290										
12–15	ROLLER COASTER CAMP	SU	FD		$400		$420										
	BABYSITTING CAMP	SU	HD	$200		$220											
14–16	LIT PROGRAM*	WR	FD		$165		$180										

EXTENDED CARE OPTIONS		L	TIME	EARLY BIRD PRICING	REGULAR PRICING	W: A	W: 1	W: 2	W: 3	W: 4	W: 5	W: 6	W: 7	W: 8	W: B
5–13	PM SPECIALTY SIDEKICK*	WR	12PM–4PM	$160	$175										
	PRE CAMP (7:00AM–8:00AM)	○ BH	○ SU	$67											
	POST CAMP (4:00PM–6:30PM)	○ BH	○ SU	$85											

TRANSPORTATION		TIME	LOCATION	EARLY BIRD PRICING	REGULAR PRICING	W: A	W: 1	W: 2	W: 3	W: 4	W: 5	W: 6	W: 7	W: 8	W: B
5–17	BERKELEY HEIGHTS	8:30 AM	BH	$20 EACH WAY PER WEEK											
	BERKELEY HEIGHTS	4:00 PM	BH	$20 EACH WAY PER WEEK											
	CEDAR STREET	8:30 AM	SU	$20 EACH WAY PER WEEK											
	CEDAR STREET	4:00 PM	SU	$20 EACH WAY PER WEEK											

***Week 1 pricing will apply due to July 4 holiday**

Registrations for The Learning Circle YMCA camps (The Young Explorers Camp and The Adventurers Camp) will not be accepted at the Berkeley Heights YMCA and Summit YMCA branches. To register, please visit The Learning Circle YMCA to register on-site at 95 Morris Avenue, Summit, NJ 07901.