



In Collaboration:



**RARITAN BAY AREA YMCA  
PRAHD, INC.  
2018 Summer Camp Application**

**Participant's Information:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SUMMER STARS DAY CAMP** Ages 3 to 12

- DAY CAMP**     **MEMBER**     **NON-MEMBER**
- Pre-School    \$140                      \$160
- School Age    \$140                      \$160

**SCHOOL AGE SITES**

- Edward J. Patten School
- Dr. Herbert N. Richardson School

**Check the CAMP session(s) your child will be attending:**

- JUNE 25<sup>th</sup> - JUNE 29<sup>th</sup>
- JULY 2<sup>nd</sup> - 6<sup>th</sup>\*
- JULY 9<sup>th</sup> - 13<sup>th</sup>
- JULY 16<sup>th</sup> - 20<sup>th</sup>
- JULY 23<sup>rd</sup> - 27<sup>th</sup>
- JULY 30<sup>th</sup> - AUGUST 3<sup>rd</sup>
- AUGUST 6<sup>th</sup> - 10<sup>th</sup>
- AUGUST 13<sup>th</sup> - 17<sup>th</sup>
- AUGUST 20<sup>th</sup> - 24<sup>th</sup>

**REGISTRATION FEE:** (Waived until May 1<sup>st</sup>)

- \$30

**BEFORE & AFTER CARE:**

- Before Care    \$20
- After Care    \$30
- Before & After Care Combo    \$40 (\$10 savings)

**ENRICHMENT CAMP** Ages 6 to 13

SESSIONS	MEMBER	NON-MEMBER	
<input type="checkbox"/> <b>Week 1</b> (Ages 8+) Martial Arts Camp	\$150	\$170	JUNE 25 <sup>th</sup> - 29 <sup>th</sup>
<input type="checkbox"/> <b>Week 2</b> (Ages 7-13)* Swim Camp	\$120	\$136	JULY 2 <sup>nd</sup> - 6 <sup>th</sup>
<input type="checkbox"/> <b>Week 3</b> (Ages 8+) Dance Camp	\$150	\$170	JULY 9 <sup>th</sup> - 13 <sup>th</sup>
<input type="checkbox"/> <b>Week 4</b> (Ages 6+)** Sports Camp	\$150	\$170	JULY 16 <sup>th</sup> - 20 <sup>th</sup>
<input type="checkbox"/> <b>Week 5</b> (Ages 7-13) Martial Arts Camp	\$150	\$170	JULY 23 <sup>rd</sup> - 27 <sup>th</sup>
<input type="checkbox"/> <b>Week 6</b> (Ages 7-13) Basketball Camp	\$150	\$170	JULY 30 <sup>th</sup> - AUG. 3 <sup>rd</sup>
<input type="checkbox"/> <b>Week 7</b> (Ages 7+) Cooking Camp	\$150	\$170	AUG. 6 <sup>th</sup> - AUG. 10 <sup>th</sup>
<input type="checkbox"/> <b>Week 8</b> (Ages 8+) Swim Camp	\$150	\$170	AUG. 13 <sup>th</sup> - AUG. 17 <sup>th</sup>
<input type="checkbox"/> <b>Week 9</b> (Ages 7- 13)** STEAM Camp	\$150	\$170	AUG. 20 <sup>th</sup> - AUG. 24 <sup>th</sup>

**Reminder:** Your child is not registered in any session until either a payment has been made or the payment has been scheduled with a bank or credit card that has been scanned into the system.

\* Camp is CLOSED on July 4, 2018

\*\* Campers will go on a field trip for a small additional fee.  
Call the Y for more details

**T-SHIRT Size:**

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large

**YOUTH LEADERSHIP & JUNIOR COUNSELOR IN TRAINING PROGRAMS:**

- Youth Leadership Program                      Age 13                      \$125.00
- Junior Counselor In Training Program        Ages 14-15                \$125.00

(Please complete other side)

**Parent's Information:**

Mother's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work No.: \_\_\_\_\_  
 Who is Guardian?  Both Parents  Mother  Father  Grandparents  Guardian

**Emergency Contact/Authorized Pick-Up:**

Person(s) authorized to pick-up and/or contact in case of emergency, if neither parent is available. These people are required to show identification when picking-up your child and must be 18-years old and over.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Health and Insurance Information:**

Does your child have health insurance?  No  Yes

If no, would you like information/resources regarding health insurance?  No  Yes

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Insurance Provider: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Emergency Medical Information:** (Please check, if the participant has a history of any of the following)

- Asthma  Contact Lens  
 Diabetes  Heart Trouble  
 Fainting Spells  High Blood Pressure  
 Convulsions  Other \_\_\_\_\_

**PLEASE LIST ANY ALLERGIES, BEHAVIORAL, PHYSICAL OR MEDICAL PROBLEMS/CONCERNS:**

**REQUIRED ACTION:** Please provide date of last Tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH VERIFICATION, ACTIVITY AUTHORIZATION, PAYMENT NOTIFICATION, and PHOTOGRAPHY RELEASE:**

As the parent/guardian, I verify my child is in good physical health and is authorized to participate in all activities including but not limited to HIKING, WALKING TRIPS (within the YMCA's neighborhood), WATER ACTIVITIES and SPORTS. I give consent for the YMCA to walk or transport my child. **Initial** \_\_\_\_\_

I attest that my child is current with all immunizations required for school and including the actual date of the last Tetanus shot. **Initial** \_\_\_\_\_

I understand in the event of an emergency I give the YMCA consent to transfer my child's health record to the health provider. I understand any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent and or guardian. In the event of an emergency, transportation by any necessary means to obtain medical care or assistance for my child, as circumstance may require in the discretion of the YMCA staff, its employees or agents, is hereby authorized. I further give consent to any rescue squad or emergency personnel to render transportation and/or medical care deemed necessary in their discretion and in the best interest of the life, health and well-being of my child. **Initial** \_\_\_\_\_

I understand in the event of a minor accident or sudden illness my child will be treated on the premise of the YMCA by staff with emergency standard first aid procedures, as deemed necessary, for the well being of my child. I understand I will be notified immediately and will be required to pick-up my child or in my absence an authorized person I designate will pick-up my child from the YMCA. Please note the Y DOES NOT dispense medication. **Initial** \_\_\_\_\_

I understand my child may be photographed while at activities, camp, and programs. I give the Y permission to use the pictures/videos of my child for the Y's promotional and marketing materials such as newsletters, local newspaper, website and or brochures. **Initial** \_\_\_\_\_

I understand any balance owed for child care services is the responsibility of the parent/guardian. FOR FAMILIES RECEIVING FINANCIAL ASSISTANCE FROM A THIRD PARTY PAYER: I understand I'm responsible for any and all associated fees should the Third Party Payer not cover the applicable fees. **Initial** \_\_\_\_\_

REFUND AND CREDITS: I am aware that no credit or refund will be issued for vacations, incidental absences, withdrawals or dismissals from camp. Registration fees are non-transferable and non-refundable. Returned check and credit/debit card will incur a \$30.00 return fee. **Initial** \_\_\_\_\_

**STATEMENT OF VERIFICATION:**

I have completed this application accurately and I understand that misinformation can result in immediate dismissal from all YMCA programs.

I have received the Parent Handbook which outlines the general organizational information, fees, and certain child care policies including the Required Parent Information Statement, Guidelines for Positive Discipline Policy, Child Release Policy, Expulsion Policy, Use of Social Media Policy, Methods of Parental Notification and Management of Communicable Diseases.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_