

OAK TREE CAMP REGISTRATION

EDISON YMCA 1775 Oak Tree Road Edison, NJ 08820

Child's Name						Sex	. I M	□F	□0the
Address									
City									
Date of Birth	ate of Birth			Grade in Fall of 2022					
Shirt Size: Youth (Circle)	n Small Youth I	Medium Yo	uth Large	Adult Small	Adult Medic	ım Ad	dult Lar	ge	Adult Xl
Parent #1 Full Nam	e					Sex	. □ M	□F	Othe
Parent #1 Place of	Employment			Email					
Parent #1 Work Pho	one #			Cell #	‡				
Parent #2 Full Nam	e					Sex	а □м	□F	Othe
Parent #2 Place of	Employment			Email					
Parent #2 Work Pho	one #			Cell #	t				
Does your child hav	ve any special needs t	hat we should kr	now about to p	provide you with th	e best service	possible?			
	REE CAMP FEES								
OAK TREE CAMP	(8:00am - 5:00pm)			BEFORE/AFTE	R CARE				
	Family Member	Program/Non-I	Member*	Before Care 7:00am - 8:00am	\$3	5			
Full Week Only	\$385	\$405		After Care 5:00pm - 6:30pm	\$4	5			
				Before/After Car 7:00am - 6:30pm	e \$7	0			

There will be an early bird discount of 10% off all registrations submitted by April 15, 2022. A 10% Sibling Discount will also be extended to campers enrolled simultaneously in full time child care programs at the Y.

^{*}A one time registration fee of \$50.00 will be charged *only* to non-members.

2022 OAK TREE CAMP SELECTIONS FORM

Check off camp weeks for which you are registering.

			Full Week 8am-5pm	Before Care 7am-8am	After Care 5pm-6:30 pm	Before & After Care Combo
Week 1	June 20-June 24	JR. NATURALIST				
Week 2	June 27– July 1	BRICK CITY ENGINEERS LEGO CAMP				
Week 3	July 5-10	NASA STEM EXPLORERS (4 DAYS)				
Week 4	July 11-15	BUILDING IS AWESOME LEGO CAMP				
Week 5	July 18-22	EUREKA LAUNCHING LEGENDS				
Week 6	July 25-29	LEGO BATTLE ROYALE FOR A FORTNITE CAMP				
Week 7	August 1-5	JR. PHYSICANS				
Week 8	August 8-12	LEGO- SECRET LIFE OF ANIMALS				
Week 9	August 15-19	BRIXOLOGY				
Week 10	August 22–26	MINING AND CRAFTING WITH MINECRAFT LEGO CAMP				
Parent Signature:	ature:					
Camper's Name:	ame:					
EZPAY						
y notifying the	give the YMCA authority to by notifying the office. After a written cancellation notice is r changes or to cancel, I agree to notify the YMCA immediately.	give the YMCA authority to charge my credit card on file with YMCA for camp payments when they are due. I can terminate this agreement by notifying the office. 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 YMCA immediately.	agrees to end the camp	or camp payments when the pre-authorized charges ag	ney are due. I can termir gainst my account. In th	nate this agreement e event of any

Parent/Guardian Signature



2022 OAK TREE CAMP PERMISSION/AUTHORIZATION (Please read, sign and/or initial where requested)

I grant permission and authorization to YMCA CAMP for the following:						
(initial)	the parent/guardian of	, give permission for my child ne camp day. I understand that				
(initial)	I further acknowledge and am aware that these activities may involve inherent risk whatever risk of injury or loss which may exist, and further certify that my child is to take on these activities.					
(initial)	$_{}$ I hereby permit consent and authorize photographs, videotapes and audio record at a YMCA camp as an individual or part of a group, with or without text in Y publi					
(initial)	Prescription medication will be given to my child by the staff at specific time understand that I must sign a statement for each illness, giving the camp specific i					
(initial)	An accident or sudden illness to my child will be treated on the premises of YM emergency first aid procedures. I understand that I will be notified immediately, as my child or send a reliable person in my place to be responsible for taking my designated place determined by me.	nd will be required to pick up				
(initial)	Emergency treatment for my child will be obtained in my absence by the Camp I agents or whatever kind is deemed necessary and in his/her interest to protect the of said son/daughter.	Director and/or staff and its ne life, health and well-being				
(initial)	Immunization records, a Y medical form and a permission authorization form are one week prior to the camper's first week of camp.	required to attend. These are due				
	I understand that any cost of service not reimbursable by insurance coverage parent/guardian.	shall be the responsibility of the				
(initial)	Transportation by any necessary means to obtain such medical care or a circumstances may require in the discretion of the YMCA CAMP staff, its emp 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)	\overline{y} I understand that YMCA CAMP shall provide appropriate chaperones on all to mentioned transportation. Prior notice will be given wherever possible.	trips, as well as the above				
(initial)	I have read and understand the YMCA CAMP Registration Procedures, Payment and will follow them.	Procedures, and Parent Handbook				
	ring the summer of 2022, the following people are authorized to routinely pick ase have a photo I.D. ready at the time of pickup.	c up my child/children.				
	ase have a photo his. ready at the time of pickap.					
1.	Name Relationship	Phone ()				
2.	Name Relationship					
3.	NameRelationship					
4.	Name Relationship					
5.	Name Relationship	Phone ()				
Pare	ent/Guardian's Signature	Date				

HEALTH HISTORY FORM



OAK TREE CAMP

Edison YMCA 1775 Oak Tree Road Edison, NJ 08820 FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Date

The section *must* be completed by parent/guardian **OR** child's primary physician.

CHILD'S HEALTH HISTORY: Allergies:______Treatment:_____ Allergies:______Treatment:_____ Allergies:______Treatment:_____ Dietary modifications_____ Disabilities_____ Chronic/recurring illnesses_____ Current medications Activity limitations Any other known physical or mental conditions______ Name of physician Phone ()_____ Physician's address ______ Date of last physical examination This Health History is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. _____ initial **Emergency Authorization:** I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for me/my child as named above. This form may be photocopied.

Signature of parent/quardian

the

MEDICATION TREATMENT & AUTHORIZATION FORM

OAK TREE CAMP

Edison YMCA 1775 Oak Tree Road Edison, NJ 08820 FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

<u>PLEASE NOTE</u>: EVEN IF YOUR CHILD DOES NOT NEED TO BE ADMINISTERED MEDICATION, PLEASE SIGN BELOW THAT YOU HAVE READ AND RECEIVED THIS INFORMATION. THANKS!

Medication/Treatment Authorization

State licensing requirements permit day camp facilities to administer medications under the following guidelines:

- 1. All medications shall be administered only on the written approval of a parent or guardian.
- 2. Prescription medications shall be administered only as directed on the label or as otherwise authorized by a physician. Over the counter medications will be administered only with a medical doctor's written orders.
- 3. **Medications must be stored in their original container.** The container must have the patient's name, amount to be administered, and date of expiration.

Please provide the following information: Child's Name:	
Medical Problem(s):	
Is the problem chronic or ongoing? YES NO	
Name of Medication: Amount:	
Method of Administration:	
Times/Frequency: Dosage: Dates of Administ	ration:
Parent/Guardian Signature	Date

DATE:

IF YOUR CHILD DOES NOT REQUIRE MEDICATION, PLEASE SIGN READ AND SIGN BELOW

I hereby acknowledge that my child **DOES NOT** need to be administered any medications at this time:

PARENT SIGNATURE:

THINGS TO KNOW



FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

How to Register

Visit <u>ymcaofmewsa.orq</u> to register online or visit the YMCA location for assistance with the registration process.

Registration Procedures

Medical forms must be completed and submitted to the camp director no later than 1 week prior to your child(ren)'s first day of camp. NJ law requires that a health form for each child be on file at camp. Any child that does not have completed forms will not be able to attend camp. The health form is included in this packet-see page 4.

Camp Discounts

- An Early Bird discount of 10% will be extended to all registrations received prior to April 15, 2022.
- 10% discount is applicable for sibling(s) enrolled simultaneously in YMCA Camp & Full-Time Child Care.

Payment

Camp payments are due:

- Camp Weeks 1-4 due on or before June 1.
- Camp Weeks 5-7 due on or before July 1.
- Camp Weeks 8-10 due on or before August 1.

Payments can be made by credit card draft, bank draft or by check payable to "YMCA." All major credit cards are accepted. EZ Pay option will be assessed on payment due dates.

A one-time registration fee of \$50 will be charged to non-members upon enrollment in camp.

A non-refundable \$50 deposit is due for each child, each week, upon registration.

Before/After Care

Before/After Care is available for an additional fee.

Before Care Hours: 7:00am - 8:00am After Care Hours: 5:00pm - 6:30pm

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 ymcaofmewsa.org to download a financial assistance application or call your camp location to pick up an application. Financial Assistance application deadline is June 13, 2022.

COVID-19 Safety Protocols

Below is a list of COVID-19 Protocols that will be followed as per the Department of Health & the Department of Children & Families, Office of Licensing. We will update you if the guidance changes in the upcoming months.

- Upon entry, all staff & children will answer health screening questions & have their temperature checked. If they answer yes to any of the questions or have a temperature over 100.4 they will be excluded from camp.
- Campers will enter & exit through their own "camp only" entrance escorted both ways by a staff member, keeping parents & guardians outside the gate to minimize the number of contacts.
- All staff will wear masks at all times.
- Group sizes will be limited to 20 children maximum.
- Children will be encouraged to wear masks, as well as, practice increased hand washing & sanitation.
- Equipment sharing will be minimized & increased cleaning & sanitizing of all equipment will be implemented whenever necessary.

For more information, contact:

Jennifer Guthlein

732.494.3232

Jennifer.Guthlein@ymcaofmewsa.org