



SUMMER CAMP REGISTRATION

CAMP MUNSEE
65 HIGH STREET
METUCHEN, NJ 08840

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade in Fall of 2022 _____

Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL
(Circle)

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 (eg. M-W-F) _____

Does your child have any special needs that we should know about to provide you with the best service possible?

2022 SPECIALITY CAMP FEES

SUMMER CAMP (8:30am - 5:00pm)

	Half Day	Full Day
5 Days	\$215	\$405
Camp Daily Fee	\$100	\$100

BEFORE/AFTER CARE

Before Care 7:00am - 8:00am	\$35
After Care 5:00pm - 6:30pm	\$45
Before/After Care 7:00am - 6:30pm	\$70
Daily Fee	\$20

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.

For more information contact Gabriella St.Fleur at (732) 548-2044 ext.2255 • Camp Munsee • 65 High Street Metuchen, NJ 08840

2022 CAMP SELECTIONS FORM

Check off camp weeks for which you are registering.

		Half Day 8:30am-1pm	Full Day 8:30am-5pm	Before Care	After Care	Before & After Care Combo
Theater	July 11 - 15					
Theater	July 18 - 22					
Theater	July 25 - 29					
Art	August 1 - 5					
Dance	August 8 - 12					
Parent Signature: _____						
Camper's Name: _____						

EZPAY

I, _____ 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.

Parent/Guardian Signature _____

Date _____

I grant permission and authorization to YMCA CAMP for the following:

 I, _____ the parent/guardian of _____, give permission for my child
(initial) to participate in YMCA CAMP programs, including any trips taken during the camp day. I understand that transportation will be provided by a school bus.

 I further acknowledge and am aware that these activities may involve inherent risks and that I assume, for my child,
(initial) 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.

 I hereby permit consent and authorize photographs, videotapes and audio recordings made of my child while
(initial) at a YMCA camp as an individual or part of a group, with or without text in Y publications.

 Prescription medication will be given to my child by the staff at specific times scheduled by the camp. I
(initial) understand that I must sign a statement for each illness, giving the camp specific instructions and permission.

 An accident or sudden illness to my child will be treated on the premises of YMCA CAMP by the staff with
(initial) 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 YMCA CAMP to a designated place determined by me.

 Emergency treatment for my child will be obtained in my absence by the Camp Director and/or staff and its
(initial) agents or whatever kind is deemed necessary and in his/her interest to protect the life, health and well-being of said son/daughter.

 Immunization records, a Y medical form and a permission authorization form are required to attend. These are due
(initial) one week prior to the camper's first week of camp.

 I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the
(initial) parent/guardian.

 Transportation by any necessary means to obtain such medical care or assistance for my child, as
(initial) circumstances may require in the discretion of the YMCA CAMP staff, its employees or agents, is hereby authorized.

 If on a trip, I further authorize and give consent to any rescue squad or emergency assistance personnel and/
(initial) 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.

 I understand that YMCA CAMP shall provide appropriate chaperones on all trips, as well as the above
(initial) mentioned transportation. Prior notice will be given wherever possible.

 I have read and understand the YMCA CAMP Registration Procedures, Payment Procedures, and Parent Handbook
(initial) and will follow them.

During the summer of 2022, the following people are authorized to routinely pick up my child/children. Please have a photo I.D. ready at the time of pickup.

1. Name _____ Relationship _____ Phone (____) _____
2. Name _____ Relationship _____ Phone (____) _____
3. Name _____ Relationship _____ Phone (____) _____
4. Name _____ Relationship _____ Phone (____) _____
5. Name _____ Relationship _____ Phone (____) _____

Parent/Guardian's Signature _____ Date _____



HEALTH HISTORY FORM

CAMP MUNSEE

Metuchen YMCA
65 High Street
Metuchen, NJ 08840

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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/guardian

Date

THIS FORM MUST BE NOTARIZED

State of _____

County of _____

Subscribed and sworn to before me

On _____, 20____, by

(Applicant's name)

_____ Notary Signature		_____ Date	NOTARY PLACE STAMP HERE
My Commission Expires:		_____ Date	



MEDICATION TREATMENT & AUTHORIZATION FORM

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PLEASE NOTE: EVEN IF YOUR CHILD DOES NOT NEED TO BE ADMINISTERED MEDICATION, PLEASE SIGN BELOW THAT 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 Administration: _____

Parent/Guardian Signature _____ Date _____

IF YOU'RE 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: _____ DATE: _____



THINGS TO KNOW

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How to Register

Visit ymcaofmewsa.org 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 parent packet will have the health form attached.

This completed packet

- Registration forms
- Waiver
- Health history form (Notarized)
- Medication and authorized permission form

Signed Parent, Camper Hand book receipt

Copy of immunization records from doctor

A \$50 deposit is due for each child, each week at time of registration.

Non-members are required to pay a one time \$50 fee at time of registration.

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:

Weeks 2-4 due May 1st

Weeks 5-6 due June 1st

Weeks 7-8 due July 1st

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 \$50 deposit is due for each child each week at time of 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

Registration is required. Please see page 2.

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 15, 2022.

For more information, contact:

Gabriella St. Fleur

732.548.2044

gabriella.stfleur@ymcaofmewsa.org