

DISCOVERY TRAVEL CAMP

CAMP MUNSEE 65 HIGH STREET METUCHEN, NJ 08840 FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

We welcome your family to our Summer Camp at the Metuchen YMCA and look forward to a safe and fun-filled summer! Our first priority is to see that you and your children feel at home—this is your Y and you belong. Character development is integral to all YMCA programs. We are guided by four core values: Caring Honesty, Respect, and Responsibility. We ask that all of our campers come to camp without any electronic devices, as we encourage everyone to learn social skills and make new friends!

Our Travel Camp offers amazing opportunities for campers to go on exciting adventures with professional supervision, gain independence, experience new parts of our local tristate area, make new friends and most of all have fun! Travel Camp is a great way to get your child out and about this summer! Campers will enjoy a whole day of field trips to state parks, museums, fun centers and other exciting locations

If you have any questions concerning the enclosed information, please email gabriella.stfleur@ymcaofmewsa.org

- For safety and staffing reasons, there are only 30 spots available per week.
 - Campers must be fully vaccinated to attend Travel Camp.
- Travel Camp follows our Day Camp full-day schedule. Drop-off begins at 8:00am and pick-up begins at 4:00pm.
 - There is no half day option for Travel Camp.
 - For reservation and staffing purposes, changes in your child's enrollment can NOT be guaranteed
 - Any cancellations for trip weeks must be done two weeks in advance to be eligible for refund/credit.
 - A bagged lunch and snack must be packed for your child unless otherwise specified.
- Please be sure to supply us with a valid and working email to relay any important information regarding trips.
 - Travel Camp is only eligible for children entering 4TH--9TH grade. No exceptions will be made.
- If at any point a child is deemed to be safety risk to themselves or any other camper, they will be removed from the program.



SUMMER CAMP REGISTRATION

CAMP MUNSEE 65 HIGH STREET METUCHEN, NJ 08840

| Child's Name | | _ | |
|--|--|-------------|----------|
| Address | | | |
| City | State | Zip | |
| Date of Birth | Grade in Fall of 2022 | | |
| Shirt Size: Youth Small Youth Medium Youth Lar (Circle) | rge Adult Small Adult Medium | Adult Large | Adult XL |
| 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 indica | ate days (eg. M-W-F) | | |
| Does your child have any special needs that we should know abc | out to provide you with the best service pos | sible? | |

| 2022 TRAVEL | CAMP FEES | | | | |
|----------------|-----------------|--------------------|---|------|--|
| SUMMER CAMP (8 | :00am - 5:00pm) | | BEFORE/AFTER CAP | RE | |
| | Family Member | Program/Non-Member | | | |
| 5 Days | \$375 | \$405 | Before Care 7:00am - 8:00am | \$35 | |
| Camp Daily Fee | \$100 | \$100 | 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.

| Full Week Before Care After Care Before & After Care Combo Week 2 July 5 - 8 July 11 - 15 Inter Care After Care Combo Week 3 July 11 - 15 Inter Care July 11 - 15 Inter Care Combo Week 4 July 18 - 22 Inter Care Inter Care Inter Care Inter Care Week 5 July 25 - 29 Inter Care Inter Care Inter Care Inter Care Week 6 August 1 - 5 Inter Care Inter Care Inter Care Inter Care Week 7 August 8 - 12 Inter Care Inter Care Inter Care Inter Care Week 8 August 15 - 19 Inter Care Inter Care Inter Care Inter Care Parent Signature: Week 7 August 7 - 19 Inter Care Inter Care Inter Care | Full Week 8am-SpmBefore CareAfter Care/uly 5 - 8 </th <th>you are registering.</th> <th>ring.</th> <th>you are registering.</th> <th></th> <th></th> <th></th> | you are registering. | ring. | you are registering. | | | |
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| Parent Signature: | Parent Signature: Camper's Name: | Week 8 Ai | ugust 15 - 19 | | | | |
| Camper's Name: | | Camper's Name: | | | | | |
| | i) | , give the YMCA authority to charry notifying the office. After a written cancellation notice is receive or to cancel, I agree to notify the YMCA immediately. | ge my creait cara or ed, the YMCA agree | s to end the c | camp pre-auth | orized charge | n tney are du is against my |

| l grant | permission and authorization to YMCA CAMP for the following: |
|-----------|--|
| (initial) | I,, give permission for my child 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. |
| (initial) | I further acknowledge and am aware that these activities may involve inherent risks and that I assume, for my child, 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. |
| (initial) | I hereby permit consent and authorize photographs, videotapes and audio recordings made of my child while at a YMCA camp as an individual or part of a group, with or without text in Y publications. |
| (initial) | Prescription medication will be given to my child by the staff at specific times scheduled by the camp. I understand that I must sign a statement for each illness, giving the camp specific instructions and permission. |
| (initial) | An accident or sudden illness to my child will be treated on the premises of YMCA CAMP by the staff with 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. |
| (initial) | Emergency treatment for my child will be obtained in my absence by the Camp Director and/or staff and its agents or whatever kind is deemed necessary and in his/her interest to protect the life, health and well-being of said son/daughter. |
| (initial) | Immunization records, a Y medical form and a permission authorization form are required to attend. These are due one week prior to the camper's first week of camp. |
| (initial) | l understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian. |
| (initial) | Transportation by any necessary means to obtain such medical care or assistance for my child, as circumstances may require in the discretion of the YMCA CAMP staff, its employees or agents, is hereby 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) | I understand that YMCA CAMP shall provide appropriate chaperones on all trips, as well as the above mentioned transportation. Prior notice will be given wherever possible. |
| (initial) | I have read and understand the YMCA CAMP Registration Procedures, Payment Procedures, and Parent Handbook 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 () |
| | | | |
| | | | |
| Par | ent/Guardian's Signature | | Date |
| | | | |

HEATLTH HISTORY FORM



CAMP MUNSEE

Metuchen YMCA 65 High Street Metuchen, NJ 08840 FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

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.

Date

THIS FORM MUST BE NOTARIZED

| State of County of | Notary Signature | Date | NOTARY PLACE STAMP HERE |
|---|------------------------|------|-------------------------|
| Subscribed and sworn to before me On, 20, by | My Commission Expires: | | |
| | Date | | |
| (Applicant's name) | | | |



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 YOURE CHILD DOES NOT REQUIRE MEDICATION, PLEASE SIGN READ AND SIGN BELOW

| I hereby acknowledge | that my child <u>DOES</u> | NOT need to be | administered any med | lications at this time: |
|----------------------|---------------------------|----------------|----------------------|-------------------------|
| PARENT SIGNATURE: | | | DATE: | |



THINGS TO KNOW

METUCHEN YMCA 65 High Street Metuchen, NJ 08840

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 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 <u>ymcaofmewsa.orq</u> 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