



## 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](mailto: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

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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 TRAVEL CAMP FEES

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

	Family Member	Program/Non-Member
5 Days	\$375	\$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.

		Full Week 8am-5pm	Before Care	After Care	Before & After Care Combo
Week 2	July 5 - 8				
Week 3	July 11 - 15				
Week 4	July 18 - 22				
Week 5	July 25 - 29				
Week 6	August 1 - 5				
Week 7	August 8 - 12				
Week 8	August 15 - 19				
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 \_\_\_\_\_





# HEALTH HISTORY FORM

## CAMP MUNSEE

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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

**METUCHEN YMCA**  
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## How to Register

Visit [ymcaofmewsa.org](http://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](http://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](mailto:gabriella.stfleur@ymcaofmewsa.org)**