



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUMMER DAY CAMP REGISTRATION FORM

Please complete one form per child and print clearly. This form must be filled out and returned to the camp of your choice. Please note that registration is not considered complete, and children will not be allowed to attend camp until all required documentation and forms have been submitted. Once your registration is processed, parents or guardians will receive additional forms to complete.

CAMPER

FIRST NAME _____ LAST NAME _____

MALE FEMALE NON-BINARY PRONOUNS HE/HIS SHE/HER THEY/ THEM OTHER _____

RACE/ETHNICITY ASIAN/PACIFIC ISLANDER BLACK/AFRICAN AMERICAN HISPANIC/LATINO NATIVE AMERICAN
 WHITE/CAUCASIAN BI/MULTI-RACIAL OTHER _____

DATE OF BIRTH ____/____/____ GRADE IN SEPTEMBER 2026 _____ SHIRT SIZE _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

(WHILE SUPPLIES)

ALL TRADITIONAL CAMPS OFFER A 3-, OR 5-DAY OPTION. IF SELECTING 3 DAYS, PLEASE INDICATE WHICH DAYS THEY'LL ATTEND (I.E. MWF)

PARENT/GUARDIAN 1

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

(IF DIFFERENT FROM ABOVE)

DATE OF BIRTH ____/____/____ PRIMARY EMAIL _____ PRIMARY PHONE _____

PARENT/GUARDIAN 2

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

(IF DIFFERENT FROM ABOVE)

DATE OF BIRTH ____/____/____ PRIMARY EMAIL _____ PRIMARY PHONE _____

FINANCIAL AID/STATE SUBSIDY (PLEASE CHECK ONLY IF APPLICABLE)

I am applying for Financial Assistance from the Y (separate form & documentation required)

A 3rd Party (Community Childcare Solutions, Community Coordinated Childcare, etc.) is paying for camp (3rd party agreement is required to register).

WEEKS	TRADITIONAL CAMPS				DAYS						
	CENTENARY	KEN SHIRK	COLONIA	AVENEL	5 DAYS	3 DAYS	M T W Th F				
	Grades K-5						M	T	W	Th	F
1	<input type="radio"/>	Unavailable			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
EXTENDED CARE OFFERINGS (See page 2 for rates & times)											
<input type="radio"/> Before Care Only			<input type="radio"/> After Care Only			<input type="radio"/> Before & After Care					
HALF DAY OR FULL DAY											
<input type="radio"/> Half Day Available at Colonia (Only for camp PACE STUDENT)						<input type="radio"/> FULL DAY					

CAMP DATES AND PAYMENT

INFORMATION

The YMCA of MEWSA stands as a trusted leader in delivering exceptional day camp experiences in Middlesex County, NJ. We take great pride in the outstanding character and expertise of our highly trained camp staff. Each of our directors and counselors is not only skilled but also deeply committed to working with, supporting, and inspiring children to thrive.

CAMP WEEKS & LOCATIONS

**CENTENARY EARLY LEARNING CENTER: 200 HILLSIDE AVE. METUCHEN, NJ
9 WEEK CAMP**

WEEK 1 6/22-6/26	WEEK 2 6/29-7/3	WEEK 3 7/6-7/10	WEEK 4 7/13-7/17	WEEK 5 7/20-7/24	WEEK 6 7/27-7/31	WEEK 7 8/3-8/7	WEEK 8 8/10-8/14	WEEK 9 8/17-8/21
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KEN SHIRK: KEN SHIRK LEARNING CENTER 445 OLD POST RD. EDISON, NJ

AVENEL: AVENEL LEARNING CENTER 238 AVENEL ST. AVENEL, NJ

COLONIA: COLONIA LEARNING CENTER 400 INMAN AVE. COLONIA, NJ

8 WEEK CAMP

WEEK 2 6/29-7/3	WEEK 3 7/6-7/10	WEEK 4 7/13-7/17	WEEK 5 7/20-7/24	WEEK 6 7/27-7/31	WEEK 7 8/3-8/7	WEEK 8 8/10-8/14	WEEK 9 8/17-8/21
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YMCA OF MEWSA CAMP RATES

WEEKLY 3 FULL DAYS RATE:
\$265

WEEKLY 3 HALF DAYS RATE:
\$185

WEEKLY 5 FULL DAYS RATE:
\$325

WEEKLY 5 HALF DAYS RATE: \$210

(HALF DAY TRADITIONAL CAMP COLONIA FOR CAMP PACE STUDENTS)

EXTENDED CARE RATES & TIMES

BEFORE CARE (7:00 A.M.-8:00 A.M.): \$40

AFTER CARE (5:00 P.M.-6:00 P.M.): \$40

BEFORE & AFTER CARE COMBO: \$75

PAYMENT OPTIONS

I, _____, give the YMCA of MEWSA authority to charge my credit card on file for camp payments when they are due. I can terminate this agreement by contacting 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. **There is a 3% service fee on all credit card transactions. There will be no charge for EFT transfers, debit cards, or check payments.**

CHANGE FEE

We understand that summer plans can change! For a \$10 fee, you may request to change your camper's registration to another week. You must submit a change request at least one week before the camp week starts. View our Change Request Form at ymcaofmewsa.org/camp-change.

Parent/Guardian Signature _____ Date _____

I/We would like to help another family in need of child care with a monthly donation that can be canceled or changed at any time. Donation will be charged on the first of the month.

\$40 \$25 \$10 \$5 \$ _____

CHILD HEALTH HISTORY

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

Allergies: _____ **Treatment:** _____

Allergies: _____ **Treatment:** _____

Dietary modifications: _____

Disabilities or Special Needs: _____

Does your child have an IEP or 504 plan? **YES** **NO**

If yes, please share the sections that relate to health/safety and daily supports at camp (ex: supervision needs, communication supports, mobility, toileting, behavior supports, allergies/medical, de-escalation strategies). This information helps us plan staffing and reasonable accommodations and to maintain required supervision ratios. After review, we may contact you to schedule a brief support-planning call. If support needs are identified after registration, your child's start date may be adjusted while we complete this planning.

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 _____

Is there anything else we should know about your child to provide your family with the best service possible?

The 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

MEDICAL AUTHORIZATION

**PLEASE NOTE: EVEN IF YOUR CHILD DOES NOT NEED TO BE ADMINISTERED MEDICATION,
PLEASE SIGN BELOW THAT YOU HAVE READ AND RECEIVED THIS INFORMATION. THANK YOU!**

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/guardian.
2. Prescription medications shall be administered only as directed on the label or as otherwise authorized by a physician.
3. 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.**

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:

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

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

PARENT SIGNATURE _____ DATE _____

WAVIERS

I grant permission and authorization to YMCA of MEWSA Camp for the following:

(initial) I, _____ the parent/guardian of _____, 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 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) 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 permissions.

(initial) An accident or sudden illness to my child will be treated on the premises of the 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 the 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 agent or whatever kind is deemed necessary and in his/her/their best interest to protect the life, health and well-being of said child.

(initial) A healthy history form and a permission pick-up authorization form are required to attend. These are due *one week* prior to the camper's first week of camp.

(initial) I understand that any cost of service is 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 seemed necessary in their discretion and in the best interest of the life, health and well-being of my child.

During the summer of 2026 the following people are authorized to pick up my child/children. Please have a photo I.D. ready at the time of pickup. The state of New Jersey requires at least two individuals, please contact your Center Director to add additional individuals.

Authorized Pick-Up 1

Name	Date of Birth
Relationship	Address

Authorized Pick-Up 2

Name	Date of Birth
Relationship	Address

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by YMCA of MEWSA and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experience.

My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the parent or legal guardian of (_____).

I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____

(CHILD'S NAME)

ESSENTIAL INFORMATION

HOW TO REGISTER

Visit ymcaofmewsa.org to make your deposits or visit a YMCA location for assistance with the registration process.

REGISTRATION PROCEDURES

Medical forms must be completed and submitted to the camp no later than 1 week prior to your child's first day of camp. NJ law requires that a health form for each child be on file at the camp. Any child that does not have completed forms will not be able to attend camp.

The completed packet:

- Registration form(s)
- Parent waiver
- Photo release form (optional)
- Health history form
- Medication and authorized permission form
- Signed parent code of conduct
- A non-refundable \$50 deposit is due for each child, each week at time of registration
- Signed parent receipt of information

PAYMENTS

Camp payments are due:

- Weeks 1 – 4 are due on or before **May 1, 2026**
- Weeks 5 – 8 are due on or before **June 1, 2026**
- Weeks 9-11 are due on or before **July 1, 2026**

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

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

All changes and cancellations must be made at least 7 days prior to the camp week's start date. All changes and cancellations will include a \$10 change fee as of June 1st.

All deposits are non-refundable. No other refund will be given after June 1st. All deposit(s) will transfer to the new week(s) or be given as a system credit. Refunds will be issued for group or camp closure due to COVID-19 or illness with a doctor's note.

CAMP DISCOUNTS

- An early bird discount of 10% will end March 15
- 10% discount is applicable for siblings enrolled simultaneously in a Full-Time* YMCA of MEWSA Camp and/or Child Care program. Sibling discounts cannot be stacked with early bird discount.

*Full-time is any child registered for 5 days a week