

# 2022 CAMP REGISTRATION FORM

Please submit these forms after you have registered [online](#) or in person at our Welcome Center. Forms must be completed and emailed to Katie Lizer at [klizer@fspymca.org](mailto:klizer@fspymca.org) or brought to our Y, 1340 Martine Ave., by Friday, May 6. Please print clearly - One form is required for each child. Complete in full and sign. Membership is required for Camp Enrollment.

**PLEASE INDICATE THE CAMP(S) YOUR CHILD IS REGISTERING FOR:**

- Apple Seeds  
  Little Sprouts  
  Discovery  
  Explorer  
  Adventure  
  Crossroads  
 Splash  
  Cook & Grow  
  BigTop Y  
  Theatre  
  Gymnastics  
  Art  
  Sports Unlimited  
  STEAM

CHILD'S NAME		<input type="checkbox"/> Returning Camper <input type="checkbox"/> New Camper *Please check one	
BIRTHDAY	GENDER	GRADE (entering 2022-2023 School Year)	
PARENTAL CUSTODY (if applicable)		CURRENT SWIM LEVEL (IF KNOWN)	
PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
CELL PHONE		CELL PHONE	
WORK PHONE		WORK PHONE	
STREET ADDRESS		CITY	STATE      ZIP
E-MAIL (all camp updates and invoices sent by e-mail - please print clearly)			

**EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS**

In addition to parents, ONLY those on the below list will be allowed to pick up a camper from camp. Please list all additional persons authorized to pick up your child. In emergency situations only, parent/guardian may give written permission for an individual, who is not on this list, to pick up child. No child will be released without emergency written permission. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or to delete from this list at any time. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file at the program.

**ADDITIONAL AUTHORIZED PICKUP (Guardian, Friends, Nanny, Babysitter, Relatives, etc.)**

NAME	CELL	HOME/WORK#
NAME	CELL	HOME/WORK#
NAME	CELL	HOME/WORK#

**PARTICIPATION AGREEMENT AND FINANCIAL TERMS**

Please read very carefully and sign and return with a deposit or payment in full. Please call us with any questions you may have.

I/We hereby enroll my/our child and enclose a non-refundable deposit. Changes and cancellation requests must be made **at least 7 days prior** to the camp week's start date. I/We understand that prior to May 1, 2022, a full refund will be given for any cancellations; after May 1, 2022, a YMCA credit of a camp balance that has been paid (minus the deposit) will only be given if I make the Y aware of the cancellation at least 7 days prior. If the Y cancels a camp due to lack of enrollment or facility conflict, a full Y credit or refund is issued. All system credits are good for one year. I/We understand that no refunds are given if a child leaves camp early due to a medical reason and/or disruptive behavior as determined by the Camp Director. I/We understand that completion of all required summer camp forms is required as a condition of participation in the camp programs. It is my complete understanding that if I wish to cancel, change my membership, or change bank and/or bank/credit card accounts, I must give the YMCA 15 days written notice prior to draft date. Financial assistance requests for camp are due March 1, 2022. Applications received later will be considered on an as-available basis. The application is available online at <https://fspymca.org/membership/financial-assistance>.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

REQUIRED FOR CAMP

1. YMCA Membership
2. Non-refundable deposit per week
3. Camp Registration Form
4. Emergency pickup and authorization
5. Health History Form and Immunization Records
6. Camp payment
7. Signed agreement

All above required documents must be received to ensure your registration is complete.

# CAMP HEALTH HISTORY FORM

**PLEASE INDICATE THE CAMP(S) YOUR CHILD IS REGISTERING FOR:**

- Apple Seeds  
  Little Sprouts  
  Discovery  
  Explorer  
  Adventure  
  Crossroads  
 Splash  
  Cook & Grow  
  BigTop Y  
  Theatre  
  Gymnastics  
  Art  
  Sports Unlimited  
  STEAM

CHILD'S NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

**This section is required for your camper's care and is mandated by the State of NJ and the ACA to be completed in full.**

- May participate in all activities (see the program guide for the full list)  
  My child is allergic to: \_\_\_\_\_  
 Please restrict from these activities: \_\_\_\_\_

Current Medical, Mental or Psychological Condition pertinent to routine care of camper including any current treatment/care:

\_\_\_\_\_

Please describe any past medical treatment that this camper has received:

\_\_\_\_\_

Dietary restrictions? Please list: \_\_\_\_\_

Medications? Please list: \_\_\_\_\_

If medications need to be taken during the day you must complete a Medication Authorization Form and submit to the camp director.

Insurance Carrier: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

**CAMPER IMMUNIZATIONS** Parents please indicate the complete date for each below or have your doctor's office fax records within 2 weeks

DPT/DPaT - 1		DPT/DPaT - 3		OPV/IPV - 1	
DPT/DPaT - 2		DPT/DPaT - 4		OPV/IPV - 2	
Influenza (Hib)		Chicken Pox/Vrx.		OPV/IPV - 3	
Hepatitis B - 1		Hepatitis B - 2		Hepatitis 3	
Children 6+ are required to have MMR shots:		Measles (MMR) - 1		Measles (MMR) - 2	

No child will be able to attend camp without a completed and signed Registration/Health History Form/Asthma treatment plan. A separate "Food Allergy & Anaphylaxis Emergency Care Plan" and "Asthma Treatment Plan is available online at [fspymca.org/camp](http://fspymca.org/camp).

**REGISTRATION RELEASE**

I am aware of all camp activities and allow my child to participate fully unless otherwise noted above. I hereby certify that my child named herein is in normal health and capable of safely participating in camp activities including swimming and field trips. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with the YMCA camps from liability for any harm that befalls my child as a result of participation in YMCA camp. I consent that photographs and video taken of him or her are the property of the Fanwood-Scotch Plains YMCA and may be reproduced and publicized as the YMCA desires, free of claims on my part. In case of illness or emergency, I authorize the Camp Director or trained and certified personnel to provide first aid care or secure the services of a doctor if necessary. I understand that medical information and personal data will be used only in camp, when necessary, to protect a child's well being. I agree to adhere to all camp policies listed in the brochure. I understand that participant's membership must remain current during all sessions attended. By signing below I agree to pay the balance of the camp fees in full on or before the payment due dates.

Registration not valid without signature. By signing below I acknowledge and accept the above stated release and the Fanwood-Scotch Plains YMCA camp policies.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Every year the Fanwood-Scotch Plains YMCA helps more than 200 families afford childcare, camp, family memberships and other rewarding and necessary programs for their own development. Your contribution can help families experience the magic of camp!

I would like to pledge the following amount to a family in need:  
 \$50  
  \$100  
  1 week of Camp (\$328)  
  Other \$\_\_\_\_\_

**PAYMENT METHOD** (If paying by check/cash, speak to the camp director)

Credit / Debit Card (Circle One) - must already be on file at the YMCA  
 VISA  
  AMEX  
  Mastercard  
  Discover

Name on Card \_\_\_\_\_

Card# last 4 digits \_\_\_\_\_ Expiration Date: \_\_\_\_\_

By providing my signature below I authorize the Fanwood-Scotch Plains YMCA to charge my credit card on the following dates for the balance due:

- |                    |                    |
|--------------------|--------------------|
| Week 1 due June 6  | Week 6 due July 11 |
| Week 2 due June 14 | Week 7 due July 18 |
| Week 3 due June 20 | Week 8 due July 25 |
| Week 4 due June 27 | Week 9 due Aug. 1  |
| Week 5 due July 4  |                    |

Sign \_\_\_\_\_ Date \_\_\_\_\_

# 2022 SUMMER DAY CAMP REGISTRATION CHECKLIST

Please submit the registration checklist along with your Registration and Healthy History Forms. Forms must be completed and emailed to Katie Lizer at [klizer@fspymca.org](mailto:klizer@fspymca.org) or brought to our Y, 1340 Martine Ave. by Friday, May 6. Please print clearly – One form is required for each child.

CHILD'S NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CAMP WEEKS	DATES	CAMP WEEKS	DATES
Week 1	June 27-July 1	Week 6	August 1-5
Week 2	July 5-8	Week 7	August 8-12
Week 3	July 11-15	Week 8	August 15-19
Week 4	July 18-22	Week 9	August 22-26
Week 5	July 25-29		

CAMP	AGES	LOCATION	WEEKS	RATE	EXTENDED CARE (per week rate)
APPLE SEEDS TODDLER PLUS 9am-11:30am M,W,F	2.5-3	FSPY	<input type="checkbox"/> WEEK 1 <input type="checkbox"/> WEEK 6 <input type="checkbox"/> WEEK 2 <input type="checkbox"/> WEEK 7 <input type="checkbox"/> WEEK 3 <input type="checkbox"/> WEEK 8 <input type="checkbox"/> WEEK 4 <input type="checkbox"/> WEEK 9 <input type="checkbox"/> WEEK 5	<input type="checkbox"/> \$150 PER WEEK (WEEK 2: \$120)	N/A
LITTLE SPROUTS 9am-1:00pm M-F	4-5	FSPY	<input type="checkbox"/> WEEK 1 <input type="checkbox"/> WEEK 6 <input type="checkbox"/> WEEK 2 <input type="checkbox"/> WEEK 7 <input type="checkbox"/> WEEK 3 <input type="checkbox"/> WEEK 8 <input type="checkbox"/> WEEK 4 <input type="checkbox"/> WEEK 9 <input type="checkbox"/> WEEK 5	<input type="checkbox"/> \$240 PER WEEK (WEEK 2: \$192)	N/A
DISCOVERY CAMP 9am-4pm M-F	Entering Kindergarten Only	FSPY	<input type="checkbox"/> WEEK 1 <input type="checkbox"/> WEEK 6 <input type="checkbox"/> WEEK 2 <input type="checkbox"/> WEEK 7 <input type="checkbox"/> WEEK 3 <input type="checkbox"/> WEEK 8 <input type="checkbox"/> WEEK 4 <input type="checkbox"/> WEEK 9 <input type="checkbox"/> WEEK 5	<input type="checkbox"/> \$328 PER WEEK (WEEK 2: \$263)	<input type="checkbox"/> BEFORE CARE (7-9AM): \$74 (WEEK 2: \$60) <input type="checkbox"/> AFTER CARE (4-6PM): \$74 (WEEK 2: \$60)
EXPLORER CAMP 9am-4pm M-F	Entering 1st, 2nd & 3rd Grades	SPF SCHOOL TBD	<input type="checkbox"/> WEEK 1 <input type="checkbox"/> WEEK 6 <input type="checkbox"/> WEEK 2 <input type="checkbox"/> WEEK 7 <input type="checkbox"/> WEEK 3 <input type="checkbox"/> WEEK 8 <input type="checkbox"/> WEEK 4 <input type="checkbox"/> WEEK 9 <input type="checkbox"/> WEEK 5	<input type="checkbox"/> \$340 PER WEEK (WEEK 2: \$272)	<input type="checkbox"/> BEFORE CARE (7-9AM): \$74 (WEEK 2: \$60) <input type="checkbox"/> AFTER CARE (4-6PM): \$74 (WEEK 2: \$60)
ADVENTURE CAMP 9am-4pm M-F	Entering 4th, 5th & 6th Grades	TERRILL MIDDLE SCHOOL	<input type="checkbox"/> WEEK 1 <input type="checkbox"/> WEEK 6 <input type="checkbox"/> WEEK 2 <input type="checkbox"/> WEEK 7 <input type="checkbox"/> WEEK 3 <input type="checkbox"/> WEEK 8 <input type="checkbox"/> WEEK 4 <input type="checkbox"/> WEEK 9 <input type="checkbox"/> WEEK 5	<input type="checkbox"/> \$355 PER WEEK (WEEK 2: \$284)	<input type="checkbox"/> BEFORE CARE (7-9AM): \$74 (WEEK 2: \$60) <input type="checkbox"/> AFTER CARE (4-6PM): \$74 (WEEK 2: \$60)
CROSSROADS CAMP 9am-4pm M-F	Entering 7th, 8th and 9th Grades	TERRILL MIDDLE SCHOOL	<input type="checkbox"/> WEEK 1 <input type="checkbox"/> WEEK 6 <input type="checkbox"/> WEEK 2 <input type="checkbox"/> WEEK 7 <input type="checkbox"/> WEEK 3 <input type="checkbox"/> WEEK 8 <input type="checkbox"/> WEEK 4 <input type="checkbox"/> WEEK 9 <input type="checkbox"/> WEEK 5	<input type="checkbox"/> \$435 PER WEEK (WEEK 2: \$348)	<input type="checkbox"/> BEFORE CARE (7-9AM): \$74 (WEEK 2: \$60) <input type="checkbox"/> AFTER CARE (4-6PM): \$74 (WEEK 2: \$60)

Please turn over for our Specialty Camp Registration Checklist.

# 2022 SPECIALTY CAMP REGISTRATION CHECKLIST

You can mix and match AM and PM Specialty Camps to custom create your camp day!

Specialty Camps can not be combined with Traditional Camps; each week you must register for either a Traditional Camp or a combination of the available Specialty Camps.

Please note: All of our Specialty Camps will be held at the main Fanwood-Scotch Plains YMCA building, 1340 Martine Avenue in Scotch Plains and are open to children entering 1st, 2nd and 3rd grade only. Specialty Camps are held Monday through Friday each week.

CHILD'S NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

WEEK	DATES	AM CAMPS (9AM-12PM)	PM CAMPS (1PM-4PM)	EXTENDED CARE (per week rate)	LUNCH CLUB (must sign up if taking an AM and PM camp the same week)
Week 1	June 27-July 1	<input type="checkbox"/> Big Top Y: \$205 PER WEEK	<input type="checkbox"/> Gymnastics: \$205 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$74 <input type="checkbox"/> AFTER CARE (4-6PM): \$74	<input type="checkbox"/> \$30 PER WEEK
Week 3	July 11-15	<input type="checkbox"/> Cook & Grow: \$205 PER WEEK <input type="checkbox"/> Gymnastics: \$205 PER WEEK	<input type="checkbox"/> Splash: \$205 PER WEEK <input type="checkbox"/> Theatre \$205 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$74 <input type="checkbox"/> AFTER CARE (4-6PM): \$74	<input type="checkbox"/> \$30 PER WEEK
Week 4	July 18-22	<input type="checkbox"/> Cook & Grow: \$205 PER WEEK <input type="checkbox"/> Sports: \$205 PER WEEK	<input type="checkbox"/> Splash: \$205 PER WEEK <input type="checkbox"/> STEAM: \$205 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$74 <input type="checkbox"/> AFTER CARE (4-6PM): \$74	<input type="checkbox"/> \$30 PER WEEK
Week 5	July 25-29	<input type="checkbox"/> Cook & Grow: \$205 PER WEEK <input type="checkbox"/> Gymnastics: \$205 PER WEEK	<input type="checkbox"/> Splash: \$205 PER WEEK <input type="checkbox"/> Art: \$205 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$74 <input type="checkbox"/> AFTER CARE (4-6PM): \$74	<input type="checkbox"/> \$30 PER WEEK
Week 6	Aug. 1-5	<input type="checkbox"/> Cook & Grow: \$205 PER WEEK <input type="checkbox"/> Sports: \$205 PER WEEK	<input type="checkbox"/> Splash: \$205 PER WEEK <input type="checkbox"/> STEAM: \$205 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$74 <input type="checkbox"/> AFTER CARE (4-6PM): \$74	<input type="checkbox"/> \$30 PER WEEK
Week 7	Aug. 8-12	<input type="checkbox"/> Gymnastics: \$205 PER WEEK	<input type="checkbox"/> Theatre: \$205 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$74 <input type="checkbox"/> AFTER CARE (4-6PM): \$74	<input type="checkbox"/> \$30 PER WEEK
Week 8	Aug. 15-19	<input type="checkbox"/> Art: \$205 PER WEEK	<input type="checkbox"/> Sports: \$205 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$74 <input type="checkbox"/> AFTER CARE (4-6PM): \$74	<input type="checkbox"/> \$30 PER WEEK