

2024 CAMP REGISTRATION FORM

Please complete this form when you register in person at our Welcome Center. If you register online, you do not need to complete this form; all questions will be asked online.
Please print clearly.

One form is required for each child. Complete in full and sign.

CHILD'S NAME			
BIRTHDAY	GENDER		GRADE (entering 2024-2025 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 child from summer 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.

I enroll my child in 2024 Summer Camp and agree to pay a non-refundable deposit for each camp week. I understand that deposits may only be transferred between camp weeks up until April 1, 2024, if space is available. After April 1, 2024 deposits are not transferable. I understand that a YMCA credit of a camp/enrichment balance that has been paid (minus the \$50 deposit) will only be given if 3 weeks' notice is given prior to the start of the camp/enrichment week. 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 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 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/enrichments are due by March 4, 2024. Applications received later will be considered on an as-available basis. The application is available online at fspymca.org/membership/financial-assistance.

Signature _____

Printed Name _____

Date _____

PARTICIPANT T-SHIRT SIZE (Please check one)

- Youth Small
 Youth Medium
 Youth Large
 Youth XL
 Adult Small
 Adult Medium
 Adult Large
 Adult XL

REQUIRED FOR SUMMER DAY CAMP

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

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

CAMP HEALTH HISTORY FORM

CHILD'S NAME: _____

BIRTHDAY: _____

This section is required for your child'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 have your doctor's office email records to klizer@fspymca.org or fax to 908-889-4073 within 2 weeks of registration.

No child will be able to attend camp/enrichments without a completed and signed Registration/Health History Form and Immunization Records. A separate "Food Allergy & Anaphylaxis Emergency Care Plan" and "Asthma Treatment Care Plan" is available for those who require them online at fspymca.org/camp. If these are needed, they also must be submitted prior to camp start.

REGISTRATION RELEASE FOR CAMPS/ENRICHMENTS

I am aware of all program 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 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 programs from liability for any harm that befalls my child as a result of participation in YMCA programs. 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 programs, when necessary, to protect a child's well being. I agree to adhere to all policies listed in the camp brochure. I understand that participant's membership must remain current through the end of the month of my registered camp weeks. By signing below I agree to pay the balance of the camp/enrichment 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/enrichment 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 (\$357) 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 3 Week 6 due July 8

Week 2 due June 10 Week 7 due July 15

Week 3 due June 17 Week 8 due July 22

Week 4 due June 24 Week 9 due July 29

Week 5 due July 1 Week 10 due Aug. 5

Sign _____ Date _____

2024 SUMMER DAY CAMP REGISTRATION CHECKLIST

Submit this form with your Registration and Health History form when you register for 2024 Summer Camp in person at the Welcome Center.

CAMP WEEKS	DATES	CAMP WEEKS	DATES
Week 1	June 24-28	Week 6	July 29-August 2
Week 2	July 1-5 (no camp July 4)	Week 7	August 5-9
Week 3	July 8-12	Week 8	August 12-16
Week 4	July 15-19	Week 9	August 19-23
Week 5	July 22-26	Week 10	August 26-30

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"/> \$167 PER WEEK (WEEK 2: \$134)	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"/> \$260 PER WEEK (WEEK 2: \$108)	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"/> \$357 PER WEEK (WEEK 2: \$285)	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 (WEEK 2: \$65) <input type="checkbox"/> AFTER CARE (4-6PM): \$81 (WEEK 2: \$65)
EXPLORER CAMP 9am-4pm M-F	Entering 1st, 2nd & 3rd Grades	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"/> \$372 PER WEEK (WEEK 2: \$297)	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 (WEEK 2: \$65) <input type="checkbox"/> AFTER CARE (4-6PM): \$81 (WEEK 2: \$65)
ADVENTURE CAMP 9am-4pm M-F	Entering 4th, 5th & 6th Grades	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"/> \$395 PER WEEK (WEEK 2: \$316)	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 (WEEK 2: \$65) <input type="checkbox"/> AFTER CARE (4-6PM): \$81 (WEEK 2: \$65)
CROSSROADS CAMP 9am-4pm M-F	Entering 7th, 8th and 9th Grades	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"/> \$455 PER WEEK (WEEK 2: \$364)	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 (WEEK 2: \$65) <input type="checkbox"/> AFTER CARE (4-6PM): \$81 (WEEK 2: \$65)
CAMP FINALE WEEK 9am-4pm M-F	Entering K, 1st, 2nd & 3rd Grades	FSPY	<input type="checkbox"/> WEEK 10	<input type="checkbox"/> \$372 PER WEEK	N/A