

2024 SUMMER ENRICHMENT REGISTRATION FORM

Please complete this form when you register in person at our Welcome Center.

You do not need to complete this form if you register online; 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 enrichments. 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 the 2024 Summer Enrichment program and agree to pay a non-refundable deposit for each enrichment 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 an enrichment 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 enrichment 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 fsnymca.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 ENRICHMENTS

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

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

ENRICHMENT HEALTH HISTORY FORM

CHILD'S NAME: _____

BIRTHDAY: _____

This section is required for your child's care and must be completed in full.

My child is allergic: _____

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.

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 ENRICHMENT REGISTRATION CHECKLIST

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

You can mix and match AM and PM Summer Enrichments to custom create your day!

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

WEEK	DATES	AM ENRICHMENTS (9AM-12PM)	PM ENRICHMENTS (1PM-4PM)	EXTENDED CARE (per week rate)	LUNCH CLUB (must sign up if taking an AM and PM enrichment the same week)
Week 1	June 24-June 28	<input type="checkbox"/> Gymnastics: \$218 PER WEEK	<input type="checkbox"/> Big Top Y: \$218 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 <input type="checkbox"/> AFTER CARE (4-6PM): \$81	<input type="checkbox"/> \$33 PER WEEK
Week 3	July 8-12	<input type="checkbox"/> Cook & Grow: \$218 PER WEEK <input type="checkbox"/> Sports: \$218 PER WEEK	<input type="checkbox"/> Splash: \$218 PER WEEK <input type="checkbox"/> Theatre \$218 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 <input type="checkbox"/> AFTER CARE (4-6PM): \$81	<input type="checkbox"/> \$33 PER WEEK
Week 4	July 15-19	<input type="checkbox"/> Cook & Grow: \$218 PER WEEK <input type="checkbox"/> Gymnastics: \$218 PER WEEK	<input type="checkbox"/> Splash: \$218 PER WEEK <input type="checkbox"/> ART: \$218 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 <input type="checkbox"/> AFTER CARE (4-6PM): \$81	<input type="checkbox"/> \$33 PER WEEK
Week 5	July 22-26	<input type="checkbox"/> Cook & Grow: \$218 PER WEEK <input type="checkbox"/> Sports: \$218 PER WEEK	<input type="checkbox"/> Splash: \$218 PER WEEK <input type="checkbox"/> STEAM: \$218 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 <input type="checkbox"/> AFTER CARE (4-6PM): \$81	<input type="checkbox"/> \$33 PER WEEK
Week 6	July 29-August 2	<input type="checkbox"/> Cook & Grow: \$218 PER WEEK <input type="checkbox"/> Gymnastics: \$218 PER WEEK	<input type="checkbox"/> Splash: \$218 PER WEEK <input type="checkbox"/> Theatre: \$218 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 <input type="checkbox"/> AFTER CARE (4-6PM): \$81	<input type="checkbox"/> \$33 PER WEEK
Week 7	Aug. 5-9	<input type="checkbox"/> Art: \$218 PER WEEK	<input type="checkbox"/> Sports: \$218 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 <input type="checkbox"/> AFTER CARE (4-6PM): \$81	<input type="checkbox"/> \$33 PER WEEK
Week 8	Aug. 12-16	<input type="checkbox"/> Gymnastics: \$218 PER WEEK	<input type="checkbox"/> STEAM: \$218 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 <input type="checkbox"/> AFTER CARE (4-6PM): \$81	<input type="checkbox"/> \$33 PER WEEK
Week 9	Aug. 19-23	<input type="checkbox"/> Cook & Grow: \$218 PER WEEK	<input type="checkbox"/> Art: \$218 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 <input type="checkbox"/> AFTER CARE (4-6PM): \$81	<input type="checkbox"/> \$33 PER WEEK

WEEK	DATES	FULL DAY ENRICHMENTS (9AM-4PM)	EXTENDED CARE (per week rate)
Week 2	July 1-July3	<input type="checkbox"/> Move, Groove & Food: \$275 PER WEEK	N/A
Week 3	July 8-12	<input type="checkbox"/> Gymnastics: \$436 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 <input type="checkbox"/> AFTER CARE (4-6PM): \$81
Week 7	August 5-9	<input type="checkbox"/> Gymnastics: \$436 PER WEEK	<input type="checkbox"/> BEFORE CARE (7-9AM): \$81 <input type="checkbox"/> AFTER CARE (4-6PM): \$81