



# OCEAN COUNTY YMCA SUMMER CAMP 2017 REGISTRATION FORMS

All forms must be completed in full for each individual camper.  
Please print neatly and clearly.

Camper First Name \_\_\_\_\_ Camper Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ AGE \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade (Sept 2017) \_\_\_\_\_

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**Parent/Guardian with legal custody to be contacted in case of emergency:**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Primary Email address** \_\_\_\_\_**Secondary parent/guardian or other emergency contact:**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Additional contact in the event parent(s)/guardian(s) cannot be reached:**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Pick up authorizations:**

Please list all persons authorized to pick up your child. In emergency situations only, a parent/guardian must give written permission for an individual, who is not on this list to pick up the camper. At pick up, every individual will be asked for identification, so please have it ready at the time of pick up. No exceptions will be made. This is done for the safety of your child. Please make sure that the individuals on this list are aware that they may also be called in the case of an emergency to pick up your child. You are welcome to add or delete from this list at any time. Please indicate if a non-custodial parent has limits on visitations 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. If DCPD is an authorized pick up, they MUST be listed as an authorized pick up.

Check this box if the authorized persons are the same as those listed above.

**Other Authorized Individuals:**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## MEDICAL INFORMATION

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Current Medications** \_\_\_\_\_

**Prescription medications that must be taken during the camp day require a Medication Authorization Form to be completed separately the child's first day of camp.**

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Restrictions: Are there any medical issues or restrictions where the camper would be exempt from any camp activity?  
If so, please describe:

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Mental, Emotional, and Social: Has the camper ever been treated for emotional or behavioral difficulties? \_\_\_ Yes \_\_\_ No

Has the camper ever been treated for attention deficit disorder or attention deficit/hyperactivity disorder? \_\_\_ Yes \_\_\_ No

Please provide more information regarding the information above (or other concerns) that we would be able to use in order to provide a great experience for each camper:

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## **Immunization Information**

Please write down dates of most recent immunizations for your child. For your convenience, you may attach a copy of your child's immunization records from a physician.

Date of last physical \_\_\_\_\_

DTaP/DTP \_\_\_\_\_

Varicella \_\_\_\_\_

Influenza \_\_\_\_\_

HiB \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Rotavirus \_\_\_\_\_

IPV/Polio \_\_\_\_\_

Pneumococcal \_\_\_\_\_

Hep A \_\_\_\_\_

MMR \_\_\_\_\_

Tdap (Grade 6 & up) \_\_\_\_\_

Meningococcal (Grade 6 & up) \_\_\_\_\_

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## **HEALTH VALIDATION**

My child \_\_\_\_\_ is registered to participate in the Y Summer Camp Program. I attest to the fact that he/she is in healthy physical condition and is able to participate in camp activities.

**Parent/Guardian Initial** \_\_\_\_\_

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## **CONSENT FOR MEDICAL TREATMENT**

**CHILDS NAME** \_\_\_\_\_

"I, the parent or guardian of the above named child, gives permission to the physician selected by the Ocean County YMCA to hospitalize, secure proper treatment in the event of an emergency for the above named child."

**Parent/Guardian Signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian and YMCA Agreement**

**PLEASE READ, INITIAL AND DATE THE POLICIES BELOW**

**FIELD TRIP PERMISSION FORM**

**Initials** \_\_\_\_\_

My Child has permission to participate in all YMCA scheduled camp activities, including the bus transportation during the camp day, including for swimming and field trips. I am aware that we will be using outside busing transportation to transport the children to and from the destination. Children will be traveling with adult staff. Your child’s safety is our number one priority.

**RULES FOR ACCEPTANCE AND PARTICIPATION IN CAMP**

**Initials** \_\_\_\_\_

Are the same for everyone without regard to race, color, national origin, sex, age or disability. It is understood that all campers will be treated as individuals and respect will be shown for differences in tastes, preferences, abilities and range of behavior patterns. The Y reserves the right to dismiss a child from camp whose special needs we are not able to meet or whose conduct is not in the best interest of the total camp, without refund.

**DISCIPLINE POLICY**

**Initials** \_\_\_\_\_

I will review and reinforce the camper conduct and other camp policies in the Child Care Resource Guide with my child prior to the start of camp. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Inappropriate behavior may result in disciplinary action by the camp director and/or dismissal from camp. Campers not following the discipline policy may be suspended or expelled from camp with no refund.

**PHOTOGRAPHY POLICY**

**Initials** \_\_\_\_\_

I give the Y permission to use any and all photographs taken of my child during participation at camp for Y promotional purposes. This photograph may be placed on the Ocean County YMCA web page, brochures, or camp flyers to promote information about Y programs. The Ocean County YMCA values the privacy of its members. No photos or video of any type are to be made of any camper or staff person without the consent of the Y Staff.

**Identification Policy** I have read and understand the Identification Policy.

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**Bullying Policy** I have read & received and understand the Bullying Policy.

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**Suspension/Expulsion Policy**

I have read & received and understand the Suspension/Expulsion Policy.

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**Financial Policy**

All Memberships must be current and payments made on time according to the payment schedule. If payment is not made following the schedule, your child will be inactivated from the program.

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sunscreen/Bug Spray**

I give permission for YMCA staff to apply or reapply as necessary sun screen/bug spray that I provide for my child.

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**Child Care Resource Guide** I have received my Summer Camp Resource Guide

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

I have read all of the above information and I am fully aware of all of the terms and principles contained herein.

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

**Member Services Representative** \_\_\_\_\_ **Date** \_\_\_\_\_



## Camper Code of Conduct

During Camp I will...

- Keep my hands and feet to myself.
- Tell a camp counselor when there is a problem so they may help me.
- Listen to my camp counselors and directors and treat everyone with respect.
- Treat other people's belongings with respect and keep my hands off of others' property.
- Use clean language.
- Always stay with my group.
- Remember to use good sportsmanship.
- Be responsible for my belongings.
- Respect the buildings that we use.
- Respect the staff of outside organizations that we may visit, or that may visit us.
- Clean up after myself and the litter that we may leave.
- Treat all others (campers and adults) with respect.
- Follow our four core values: Caring, honesty, respect and responsibility.

During camp I will not...

- Bring any inappropriate items with me to camp (anything that can be used as a weapon, etc.)
- Bring any electronic devices while participating in camp (Nintendo DS, iPod, etc.). I understand that the YMCA is not responsible for the damage of or the loss of such items.
- Use of my cell phone during camp, and if I need to bring one with me, I will leave it turned off and in my bag out of site at all times.
- Borrow or take others belongings.
- Share food with other campers, or give my own personal stuff to others to take.
- Pickup sticks, dirt, throw rocks, or climb on structures unless I am instructed to by a counselor for a certain camp activity.
- Tease, taunt or provoke other campers.
- Hit, punch, threaten or use inappropriate language to other campers or YMCA staff members.

I understand that the YMCA seeks to provide fun, safe and satisfying experiences for everyone. The YMCA asks that you in turn accept responsibility for your own personal conduct. I understand that I must follow the above rules and any others that are determined necessary by the YMCA staff. I also understand that if I break any of the above rules, the YMCA may notify my parents, and send me home immediately. I also understand that my parents will be expected to pick me up and that no refund will be issued.

Any camper observed harming another camper will have their parents notified along with the camper or campers being harmed by the YMCA staff. If a problem exists or continues without change in behavior, the YMCA may remove the camper who has committed the harmful acts from camp.

## **Parent Financial Information**

- A non-refundable registration fee is due at the time of registration. A fee of \$50 per child is due if the child is currently a member of the Y. There is a \$125 fee per child due if the child is not currently a member.
- The child's first two weeks of camp is due at time of registration.
- Camp transfers can be done up to the Wednesday, two weeks prior to the session starting.
- Registration can be done up until the Wednesday, two weeks prior to the session starting.
- Payments are due two weeks prior to the session starting (see fee schedule below).
- Payments will be accepted at Member Services at the YMCA or by phone with a credit card. When you drop off or pick-up your child, payments can be made with money orders or checks to camp staff.
- A 10% sibling discount is applicable when 2 or more siblings are enrolled for the Summer Camp program. Discount is applied to the lesser rate program, for full price camp rates.
- There is a \$25 fee to reactivate your child once he/she has been inactivated.
- Bank draft is available for families wishing to sign up. Forms are available at time of registration.
- Families that receive funding through the state of NJ, must have a current valid contract upon registering their child. Parent or guardian must follow all applicable rules of their contract to continue to receive services.
- Financial Assistance is made available when funds are available on a first come, first serve basis. In order to be considered for Financial Assistance, all applications and paperwork must be submitted no later than April 1, 2017.
- A payment/fee schedule is listed below. Any payments received after the dates listed, will incur a \$20 late fee.
- Failure to pay on time, may result in your child not being able to attend camp.
- **Refund Policy:** The Ocean County YMCA will refund payment, less the \$50 registration fee, if cancellation is made within 7 days prior to the camp week beginning. NO refunds will be given after this point. Other situations must be requested in writing to the Summer Camp Director, and are determined at the discretion of the Director. Refunds are subject to a \$25 service fee. In case of illness or health related incidents, refund requests should be submitted accompanied by a doctor's note, to the Summer Camp Director. All refunds are subject to director's approval only and are never guaranteed. I understand if my child is removed from camp, due to a behavior issue, there will be no refund for the period in concern.
- No credits will be issued for absences. Credit may be given (at the discretion of the Director) for sick absences for three or more days with a Physician's note.
- Any childcare suspensions/expulsions do not receive a credit.
- Returned Check/Draft: Returned checks, bank/credit card draft will incur a \$25 return check fee, for the first time. A second returned check will incur a \$30 fee. Returned checks submitted to our Check Recovery Service will be electronically debited for the full face value of the check plus a State allowable service fee of up to \$30.
- I understand that the YMCA will assess a \$25 fee on all returned checks/not sufficient funds.

### **Schedule of payments for 2017 Summer Camp – Payments can be made online at [ocymca.org](http://ocymca.org)**

June 7 – to start week of June 19

July 12 – to start week of July 24

June 14 – to start week of June 26

July 19 – to start week of July 31

June 21 – to start week of July 3

July 26 – to start week of August 7

June 28 – to start week of July 10

August 2 – to start week of August 14

July 5 – to start week of July 17

August 9 – to start week of August 21



**OCEAN COUNTY YMCA SUMMER CAMP 2017**

**REGISTRATION SELECTION FORMS**

**PLEASE MARK SELECTIONS ACCORDINGLY.**

Campers Name \_\_\_\_\_

<b><u>CAMP SELECTION</u></b>	<b><u>SESSION SELECTION</u></b>	<b><u>DAYS OF THE WEEK ATTENDING</u></b>
<b><u>Grade Child Attending</u></b>	<b><u>830 AM – 400 PM</u></b>	
<b><u>September 2017</u></b>		<input type="checkbox"/> 2 DAYS A WEEK
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Week 1- June 19 – June 23	<input type="checkbox"/> 3 DAYS A WEEK
<input type="checkbox"/> First Grade	<input type="checkbox"/> Week 2 – June 26 – June 30	<input type="checkbox"/> 4 DAYS A WEEK
<input type="checkbox"/> Second Grade	<input type="checkbox"/> Week 3- July 3 – July 7	<input type="checkbox"/> 5 DAYS A WEEK
<input type="checkbox"/> Third Grade	NO Camp July 4th	<input type="checkbox"/> MONDAY THRU FRIDAY
<input type="checkbox"/> Fourth Grade	<input type="checkbox"/> Week 4 – July 10 – July 14	<input type="checkbox"/> MONDAY
<input type="checkbox"/> Fifth Grade	<input type="checkbox"/> Week 5 – July 17 – July 21	<input type="checkbox"/> TUESDAY
<input type="checkbox"/> Sixth Grade	<input type="checkbox"/> Week 6 –July 24 – July 28	<input type="checkbox"/> WEDNESDAY
<input type="checkbox"/> Seventh Grade	<input type="checkbox"/> Week 7 – July 31 – August 4	<input type="checkbox"/> THURSDAY
<input type="checkbox"/> Eighth Grade	<input type="checkbox"/> Week 8 – August 7 – August 11	<input type="checkbox"/> FRIDAY
	<input type="checkbox"/> Week 9 – August 14 – August 18	
	<input type="checkbox"/> Week 10 – August 21 – August 25	

**BEFORE CARE 630 AM – 830 AM**

Week 1  Week 2  Week 3  Week 4  Week 5

Week 6  Week 7  Week 8  Week 9  Week 10

**AFTER CARE 400 PM – 600 PM**

Week 1  Week 2  Week 3  Week 4  Week 5

Week 6  Week 7  Week 8  Week 9  Week 10

**FOR OFFICE USE ONLY**

<input type="checkbox"/> REGISTRATION PAID	<input type="checkbox"/> BILLING INPUT IN COMPUTER
<input type="checkbox"/> FIRST TWO WEEKS PAID	<input type="checkbox"/> REGISTRATION CHECKED BY CAMP DEPT.
<input type="checkbox"/> REGISTRATION FORM COMPLETED AND SIGNED	<input type="checkbox"/> CHS Y AGREEMENT
<input type="checkbox"/> PARENT RECEIVED PARENT RESOURCE GUIDE	<input type="checkbox"/> CHS PAPERWORK RECEIVED