

Summer Camp 2017 Registration Form

Summer 2017 Fee Information

For Office Use Only:

- Shot Record Received Mailed Out Pickup Cards
 Medical Records Received Text Alert

1 Camper's Name _____ Grade entering 9/17 _____
(one form per camper please • Please print clearly)

2 Please clearly check or highlight in the appropriate box to indicate the camp you would like to select for your child.
 All camps are based on grade child is entering in September 2017, except where otherwise noted. Please review your selections carefully.

3 Are you are registering for the fully integrated program for individuals with disabilities and would like a support person assigned to your child. Yes No

		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
		6/19 - 6/23	6/26 - 6/30	7/3 - 7/7	7/10 - 7/14	7/17 - 7/21	7/24 - 7/28	7/31 - 8/4	8/7 - 8/11	8/14 - 8/18	8/21 - 8/25
Traditional Camps											
Mini Camp	Entering K	\$305	\$305	\$244	\$305	\$305	\$305	\$305	\$305	\$305	\$305
Voyagers	Entering 1 - 2	\$305	\$305	\$244	\$305	\$305	\$305	\$305	\$305	\$305	\$305
Navigators 1	Entering 3 - 4	\$305	\$305	\$244	\$305	\$335	\$335	\$335	\$335	\$305	\$305
Navigators 2	Entering 5 - 6	\$305	\$305	\$244	\$305	\$335	\$335	\$335	\$335	\$305	\$305
Teen Camp	Entering 7 - 8	\$305	\$305	\$244	\$305	\$335	\$335	\$335	\$335	\$305	\$305
Specialty Camps											
Wet 'n Wild	Entering 1 - 3		\$305	\$244	\$305	\$305	\$305	\$305	\$305	\$305	\$305
Neverland Adventure	Entering 1 - 5	\$305				\$305		\$305		\$305	
Dance and Cheer	Entering 1 - 8	\$305	\$305	\$244	\$305	\$305	\$305	\$305	\$305	\$305	\$305
Game Architects	Entering 3 - 6			\$244			\$305	\$305			
Magic Camp	Entering 3 - 8				\$320						\$320
Camper Survivor	Entering 3 - 8		\$305		\$305		\$305		\$305		\$305
Aqua Mania	Entering 4 - 8			\$244		\$305		\$305		\$305	
Capes and Crusaders	Entering 1 - 5		\$305		\$305		\$305		\$305		\$305
S.K.O.R. Camp	Ages 5 - 21		\$305	\$244	\$305						\$305
Enrichment Camps											
Camp Rock	Entering 1 - 5		\$610				\$610				\$610
Bugs, Dinos, and the Zoo	Entering 1 - 3	\$305			\$305				\$305		
Exploration Art	Entering 1 - 3		\$305			\$305		\$305	\$305		\$305
Mad Science	Entering 1 - 5		\$320			\$320			\$320		\$320
Artful Mind	Entering 4 - 8	\$305			\$305		\$305	\$305			\$305
Storytellers tales	Entering 1 - 5				\$610			\$610			
EDGE	Entering 6 - 9			\$164			\$205			\$205	
LIT	Entering 7 - 8		\$205			\$205			\$205		
CIT	Ages 14 - 15			\$375			\$400			\$400	
Sports Camp											
Y World of Sports	Entering 1 - 3	\$305	\$305	\$244	\$305	\$305	\$305	\$305	\$305	\$305	\$305
Bob Smith Soccer School	Entering 1 - 8					\$320				\$320	
B.B.S Sports	Entering 4 - 8			\$244			\$305		\$305		
Net Sports	Entering 4 - 8	\$305			\$305			\$305			\$305
Flag Football camp	Entering 3 - 6		\$305			\$305					\$305
Travel Camps											
		<input type="checkbox"/> Jr Travel - Grades 4-6		<input type="checkbox"/> Sr. Travel - Grades 7-9		Check either Jr. Travel or Senior Travel AND week(s) attending.					
Adventure Week		\$365									
Beach Week			\$365			\$365					\$365
Overnight Week									\$425		
Park Hopper				\$340							
Best of NJ							\$425				
Water Park Week					\$365						
Vintage Video Games										\$365	
Best of PA								\$365			

Summer Fun Finale Week		
Full Week Option (M - F only)	\$305	(please check the day(s) campers will attend below)
Pick Your Day(s) Option	\$70 per day	<input type="checkbox"/> 8/28 <input type="checkbox"/> 8/29 <input type="checkbox"/> 8/30 <input type="checkbox"/> 8/31 <input type="checkbox"/> 9/1
SKOR Full Week Option (M - F only)	\$305	(please check the day(s) campers will attend above)
Transportation is not available 8/28 - 9/1 Pre Camp \$5/day Post Camp \$5/day		

Summer Camp Add Ons	Days	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
		6/19 - 6/23	6/26 - 6/30	7/3 - 7/7	7/10 - 7/14	7/17 - 7/21	7/24 - 7/28	7/31 - 8/4	8/7 - 8/11	8/14 - 8/18	8/21 - 8/25
Basics in Swim Strokes (ages 5 - 15)											
\$55 program members and \$40 facility members per session											
2:30 - 3:15 p.m.	Monday - Friday	\$55/\$40	\$55/\$40	\$44/\$32	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40
3:15 - 4:00 p.m.	Monday - Friday	\$55/\$40	\$55/\$40	\$44/\$32	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40
4:00 - 4:45 p.m.	Monday - Friday	\$55/\$40	\$55/\$40	\$44/\$32	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40	\$55/\$40
Specialty Sports (grades 4 - 8)											
May not register for early bus option; pick up after 5:00 p.m. requires post camp registration											
Archery (4:15 - 5:15 p.m.)	Monday - Thursday		\$55			\$55				\$55	
Fencing (4:15 - 5:15 p.m.)	Monday - Wednesday & Friday			\$44			\$55		\$55		
Pickleball (4:15 - 5:00 p.m.)	Monday - Friday				\$55			\$55			\$55

Fees for week 3 are prorated. Camp will be closed on Tuesday, July 4.

4 How Are You Getting To & From Camp? (This page must be completed)

This form must be completed for each camper.
This form includes registration for drop off and pick up at Sawmill, pre and post camp and transportation.

Camper's Name _____

- Campers may have a combination of any a.m. or p.m. bus with a.m. or p.m. camp at Sawmill (ex. 7:30 a.m. bus at Steinert and 4:00 p.m. pick up at Sawmill)
- Campers **MUST** have the same bus stop location for both a.m. and p.m.
- **Transportation fee: \$40.00 per week/per camper**
- A minimum of 15 campers is needed for each bus stop.
- **S.K.O.R. Camp transportation is available at the Steinert bus stop only.**
- August 28 - September: 1 Pre-camp is \$5/day and Post-camp is \$5/day if registering for individual days, otherwise, full week pre and post-camp fees apply. (Transportation is not available August 28 - September 1).

Please check your selections:

All times reflect departure and arrival times.

Sawmill Branch			Total Amount
___ 7:30 a.m. Pre Camp	\$25.00 pre camp fee per week	x # of weeks _____ =	_____
___ 8:45 a.m. Parent drop off	no additional pre camp charge		\$0
___ 4:00 p.m. Parent pick up	no additional post camp charge		\$0
___ 6:00 p.m. Post Camp	\$30.00 post camp fee per week	x # of weeks _____ =	_____
TOTAL FOR SAWMILL			_____

AMC Movie Theatre (Sloan Avenue)			Total Amount
___ 7:30 a.m. Bus	\$25.00 pre camp fee per week*	x # of weeks _____ =	_____
___ 8:30 a.m. Bus	no additional pre camp charge*		\$0
___ 4:40 p.m. Bus	no additional post camp charge*		\$0
___ 5:40 p.m. Bus	\$30.00 post camp fee per week*	x # of weeks _____ =	_____
Transportation	*\$40.00 transportation fee per week	x # of weeks _____ =	_____
TOTAL FOR AMC			_____

Text AMCBus to 84483 for free travel update texts.

Steinert High School (Klockner Road, bus entrance)			Total Amount
___ 7:30 a.m. Bus	\$25.00 pre camp fee per week*	x # of weeks _____ =	_____
___ 8:30 a.m. Bus	no additional pre camp charge*		\$0
___ 4:15 p.m. Bus	no additional post camp charge*		\$0
___ 5:15 p.m. Bus	\$30.00 post camp fee per week*	x # of weeks _____ =	_____
Transportation	*\$40.00 transportation fee per week	x # of weeks _____ =	_____
TOTAL FOR STEINERT			_____

Text Steinert to 84483 for free travel update texts.

GRAND TOTAL FOR ALL SITES _____

- 5** At minimum, a Hamilton Area YMCA Program Membership is required and must remain current through the duration of the program.
___ \$55 single youth program membership fee. ___ \$100 family program membership fee.

6 Payment Method

Check # _____
 Deposit Only \$ _____
 Full Payment \$ _____

Credit Card # _____
 SID # _____
 Exp. Date _____

Card Holder's Name (print) _____
 Signature _____

Please keep my credit card information on file. I authorize the Hamilton Area YMCA to charge my card on June 1, 2017 for any remaining balances. _____ Parent/Guardian initials

Don't forget to complete numbers 7 & 8

7 Emergency Contacts & Parent Acknowledgement

Camper's Name _____

Please list all persons authorized to pick up your child. Parents or guardian names must be included on this list. You will be given pick up cards (identified by pick up location) to distribute to everyone on this list, which must be presented when picking up your child. In emergency situations only, parent/guardian must give written permission for an individual who is not on this list to pick up the child listed on this application. No child will be released without a pick up card or emergency verbal/written permission. NO exceptions will be made to this policy. This is done for the safety of your child. 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 delete from this list at any time, however you will be responsible for retrieving any invalid cards. 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.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

In the event of an emergency, parents will be contacted. If parents are not available, the other individuals on the emergency contact/pick-up list will be contacted.

The following individuals are **NOT ALLOWED** to pick up my child:

1. Name _____	Relationship _____
2. Name _____	Relationship _____

Parent/Guardian Signed Releases

I hereby enroll my child, _____, in the Hamilton Area YMCA Sawmill Branch Summer Camps and I:
(please initial next to each of the following lines)

- ___ **Sunscreen release – Give permission to apply sunscreen to my child during the summer camp program.**
- ___ **Will provide child's current shot record no later than May 1.**
- ___ **Understand that it is my responsibility to read and understand these policies and procedures in addition to those explained in the parent handbook, found on the camp page of our website at hamiltonymca.org.**
- ___ **Confirmed we have a valid e-mail address on file for important camp welcome, update, and weekly update e-mails**

- Understand my child must remain a current facility or program member of the Hamilton Area YMCA.
- Submitted completed registration forms. Forms can be submitted by email, or mailed or dropped off at the Member Services Desk at the JKR Branch or Sawmill Branch.
- Provided a non-refundable deposit of \$25 per week, per child. Cash, check, credit and debit cards are accepted. NOTE: All deposits are non-refundable and non-transferable.
- Agree to pay the balance of camp fees in full. All payments must be paid in full on or before March 29 to receive phase one pricing. All outstanding balances to be paid in full on or before June 1.
- Understand that camp registration closes and will not be accepted after 8:00 p.m. on Wednesday prior to camp start date.
- Understand the first camp change is free, all subsequent changes are assessed a \$25.00 fee each change. All changes after June 1 must be approved by the Camp Director.
- Grant permission for the child to fully participate in all scheduled activities, including bus transportation (if applicable), swimming and field trips (if applicable), unless otherwise stated in writing to the Hamilton Area YMCA Sawmill Branch. Any conditions which might affect this child's performance at camp, or any conditions of which the staff should be aware (medical treatment, allergies, asthma, special requirements), are listed on the medical history part of the registration form.
- Understand I must supervise my child until he or she is checked in with the counselors. I must also sign my child in and out with the proper staff and identification at drop off and pick up.
- Give permission to use any pictures or film taken of my child during participation at camp for Hamilton Area YMCA promotional purposes as deemed appropriate.
- Understand each camper and parent must cooperate and accept camp rules and guidelines. Inappropriate behavior may involve disciplinary action by the camp directors and/or dismissal from camp. If a camper is dismissed for inappropriate behavior, camp fees are non-refundable.
- Understand in the event of payment default you will be responsible for reasonable collection agency fees and/or attorney fees in addition to the delinquent balance.

Parent or Guardian Signature _____ Date _____

8 Hamilton Area YMCA Sawmill Branch 2017 Summer Camp Registration Form

Please Print _____

Camper's Name _____ M _____ F _____ Grade entering in 9/17 _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Age _____ DOB _____
 Parent Name _____ Employer _____
 Work Phone _____ Cell Phone _____
 Parent Name _____ Employer _____
 Work Phone _____ Cell Phone _____
 Parent E-mail(s)* _____

*Weekly e-mail updates will be sent to all provided e-mail addresses. School Attending _____

Medical History (Required by the New Jersey Department of Health & Safety)

Doctor Preference _____ Phone _____

Immunization History: Please record the date (month & year) of the basic immunizations and the most recent booster. If you have questions, check with your doctor. **Physician's signature is NOT required. Please list dates below and submit a copy of shot records by May 1.**

DPT Booster _____	Tetanus Booster _____	Polio OPV (sabin) _____
MMR _____	Pertussis _____	HBV _____
HIB _____	Varicella _____	Tuberculin Test _____ Result _____

Date of last medical examination _____ Medical Insurance Carrier _____
 Group number _____ Policy number _____

Health History: (provide approximate date of onset or instance; if applicable)

<u>Allergies</u>	<u>Conditions</u>
Hay Fever _____	Ear Infections _____
Ivy Poisoning _____	Heart Defect/Disease _____
Insect Stings _____	Convulsions _____
Penicillin _____	Diabetes _____
Drugs _____	Bleeding Disorders _____
	Asthma/Reactive Airway _____

Food Allergies: _____ Reaction: _____

Medication Allergies: _____ Reaction: _____

Does your child carry an asthma inhaler? _____ Will you be sending an EpiPen to camp? _____

Operations or serious injuries (dates): _____

Chronic or recurring illness including seizures: _____

List all medications that your child is currently taking: _____

Please list any additional health history or behavior information we should be aware of: _____

A medication authorization form must be completed and signed by parent and physician (if applicable) if your child requires medication during the camp day. **Campers may not carry any medications on their person, this includes inhalers and EpiPens.**

IMPORTANT: PLEASE NOTIFY THE CAMP IF THIS CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE

Parents Authorization: This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me. The person herein has had a physical examination by his/her doctor within the last year, is up to date with immunizations and is in good health to participate in Hamilton Area YMCA Sawmill Branch programs. I hereby give permission to the physician selected by the Camp Director to order X-rays, routine tests and treatment for the health of my child in the event of an emergency. I hereby give permission to the physician selected by the Camp Director to emergency transport, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above in the event of an emergency if I cannot be reached.

Parent or Guardian Signature _____ Date _____

How did you hear about us? _____ Previous Camper _____ Direct Mail/Brochure _____ Website _____ Friend _____
 _____ School _____ Ad, which paper? _____ Other _____