



# PRESCHOOL SUMMER CAMP

at the Hamilton Area YMCA



Our Preschool Summer Camp for children ages 3 – 5 is a perfect blend of indoor and outdoor activities with a Garden where children will cultivate a love of nature and a connection to plants. Weekly swim lessons and water play day are also included. **Registration begins Wednesday, April 1! Space is limited!**

|        |                       |
|--------|-----------------------|
| Week 1 | June 29 – July 3      |
| Week 2 | July 6 – July 10      |
| Week 3 | July 13 – July 17     |
| Week 4 | July 20 – July 24     |
| Week 5 | July 27 – July 31     |
| Week 6 | August 3 – August 7   |
| Week 7 | August 10 – August 14 |
| Week 8 | August 17 – August 21 |
| Week 9 | August 24 – August 28 |

Limited spaces are available for extended day and half day options. **At minimum, a current YMCA program membership is required for all participants.**

#### Weekly Camp Rates

|              |                        |       |
|--------------|------------------------|-------|
| Camp Day     | 8:30 a.m. – 4:00 p.m.  | \$192 |
| Extended Day | 7:00 a.m. – 6:00 p.m.  | \$207 |
| Half Day     | 8:30 a.m. – 12:45 p.m. | \$142 |

For more information, visit the Camp page of our website or contact Beverly Gessner at 609.581.9622 ext. 113 or [bgessner@hamiltonymca.org](mailto:bgessner@hamiltonymca.org).



**Hamilton Area YMCA – JKR Branch**  
1315 Whitehorse-Mercerville Road  
609.581.9622 • [hamiltonymca.org](http://hamiltonymca.org)



## **Y's Owls Preschool Camp**

### **Registration Information**

Children eligible to attend Preschool Summer Camp must meet the following requirements:

- All minimum ages must be reached by October 1 of the current school year.  
Ex; A three year old attending Camp 2020 must turn three years old by October 1 of the 2019 - 2020 school year.
- All children must be completely potty-trained.
- Completed Preschool Summer Camp Program Medical Form with Immunization Record.

The following is required for each child on the day of registration:

1. A Hamilton Area YMCA Youth Program Membership. This membership is an annual fee and must remain current while child is attending Camp.
2. A one-time, non-refundable, non-transferrable \$25.00 deposit for each week of Camp registered.
3. Completed Preschool Summer Camp Registration Packet.

Registration will be taken up to the Wednesday prior to the start of the Camp week, dependent upon space available. **Camp balances may be paid online, [hamiltonymca.org](http://hamiltonymca.org) or in the Childcare Administration Office**, during scheduled office hours. Weekly Camp balances must be paid in full no later than the Wednesday prior to the start of the Camp Week.

Summer Camp Office Hours (Monday, June 22 – Thursday, September 3)  
Monday – Thursday from 8:00 a.m. – 4:00 p.m.



Hamilton Area YMCA

## Preschool Summer Camp Registration Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in September: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_ F \_\_ M

Child's Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Please check appropriate week and schedule attending:

| Week        | Full Day Camp | Extended Day Camp | Half Day Camp | Office Use Only |
|-------------|---------------|-------------------|---------------|-----------------|
| 1           |               |                   |               |                 |
| 6/29 – 7/3  |               |                   |               |                 |
| 2           |               |                   |               |                 |
| 7/6 – 7/10  |               |                   |               |                 |
| 3           |               |                   |               |                 |
| 7/13 – 7/17 |               |                   |               |                 |
| 4           |               |                   |               |                 |
| 7/20 – 7/24 |               |                   |               |                 |
| 5           |               |                   |               |                 |
| 7/27 – 7/31 |               |                   |               |                 |
| 6           |               |                   |               |                 |
| 8/3 – 8/7   |               |                   |               |                 |
| 7           |               |                   |               |                 |
| 8/10 – 8/14 |               |                   |               |                 |
| 8           |               |                   |               |                 |
| 8/17 – 8/21 |               |                   |               |                 |
| 9           |               |                   |               |                 |
| 8/24 – 8/28 |               |                   |               |                 |

### Child Release Information

The following information is considered confidential. **Parents are asked to keep this information current by contacting the Hamilton Area YMCA with changes.** Any adult picking up a child will be asked for identification. All persons must be at least 18 years of age. Authorization for Release procedures must be strictly adhered to. Your cooperation is requested and appreciated.

In addition to the parent(s) who have signed below, the following person(s) are authorized to pick up the child or to be contacted in case of an emergency if neither parent is available to assume responsibility for the child.

Name: \_\_\_\_\_ Primary Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Primary Number: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any person(s) that are PROHIBITED from picking up the child: \_\_\_\_\_

If a non-custodial parent is **not included** among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate document (court order) required by The Division of Children and Families.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Hamilton Area YMCA Preschool Summer Camp REGISTRATION - Deposit, fees, payments

### Parent Acknowledgement

I hereby enroll my child, \_\_\_\_\_,  
in the Hamilton Area YMCA Preschool Summer Camp at the JKR Branch, and I;

1. Grant permission for the child to fully participate in all scheduled activities, including swimming, unless otherwise stated in writing to the Director, Y's Owls Preschool. 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.
2. Understand that at minimum a Hamilton Area YMCA Program Membership is required and must remain current through the duration of the program.
3. Understand I must complete the registration form, including the medical history and immunization information, in full, one form per child.
4. Understand I must leave at least a \$25.00 non-refundable, non-transferable deposit for each child, for each week registered.
5. Understand the Hamilton Area YMCA will refund payment, less the \$25.00 deposit, if cancellation is made by to June 5. Refunds will not be given after June 5.
6. **Understand that registrations will not be accepted after 4:00 p.m. on the Wednesday prior to camp start date.**
7. **Understand the first camp change is free, all subsequent changes are assessed a \$25.00 fee each time.**
8. Agree to pay the weekly balance of camp fees in full by the Wednesday prior to the start of the Camp week. **Registration taken after July 31 must be paid in full at the time of registration. Camp balances may be paid online, [hamiltonymca.org](http://hamiltonymca.org) or in the Childcare Administration Office, during scheduled office hours.**
9. Understand I must supervise my child until he/she is signed in. I must sign my child in and out with the proper staff and identification at drop off and pick up.
10. 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.
11. Understand each camper and parent must cooperate and accept camp policies and guidelines. Inappropriate behavior may involve disciplinary action by the Director and/or dismissal from camp. If a camper is dismissed for inappropriate behavior, camp fees are non-refundable.
12. Understand Financial Assistance is available for camp where funds are available. Applications are accepted through **June 5**.
13. Have read and understand these policies and procedures in addition to those explained in the parent handbook, found on our website [hamiltonymca.org](http://hamiltonymca.org).
14. In the event of payment default I will be responsible for reasonable collection agency fees and/or attorney fees in addition to the delinquent balance.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

**Hamilton Area YMCA  
Preschool Summer Camp Program Medical Form**

**COPIES OF IMMUNIZATION RECORDS MUST BE ON FILE AT THE CHILD CARE ADMINISTRATIVE OFFICE BY  
FRIDAY, JUNE 5.**

Is your child under any medical restrictions? \_\_\_\_Yes \_\_\_\_No If yes, check all that apply:

\_\_\_\_Asthma \_\_\_\_Hearing loss \_\_\_\_Diabetes \_\_\_\_Convulsions \_\_\_\_Other: \_\_\_\_\_

Is your child taking any medication? \_\_\_\_Yes \_\_\_\_No If yes, please list: \_\_\_\_\_

(If medication is needed during the Program, an authorization form must be completed. The form can be obtained from the Director or from the child care office.)

Has your child been under a doctor's care or hospitalized within the last three years? \_\_\_\_Yes \_\_\_\_No

If yes, please explain: \_\_\_\_\_

Is your child allergic to any medications/food/insect stings? \_\_\_\_Yes \_\_\_\_No If yes, Please list \_\_\_\_\_

Child's Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Physician's Address \_\_\_\_\_

Please notify the Hamilton Area YMCA office if your child is exposed to any communicable diseases during the school year.

As a parent/guardian of the above participating child, I certify that he/she is in good physical health and may participate in all of the activities of the Early Childhood Program, except as noted above.

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

**Parental Authorization for Emergency Treatment**

In the case of emergency, illness, or accident to the child named on this form, the Hamilton Area YMCA is authorized to proceed as indicated below:

1. The Parent/Guardian will be contacted immediately.
2. If the Parent/Guardian cannot be reached, we will attempt to contact him/her through the emergency persons listed on the child's registration form.
3. If the Parent/Guardian still cannot be reached, the child's physician will be contacted.
4. If none of the above can be contacted, we will do any or all of the following:
  - a. Call for emergency first aid assistance/transportation.
  - b. Call another physician.
  - c. Have the child transported to an emergency hospital in the company of a Hamilton YMCA staff member. (Robert Wood Johnson University Hospital at Hamilton)

I state that I am the Parent/Guardian having legal custody of the above child and attest that the information at the top of the form is correct. I authorize the Hamilton Area YMCA staff to obtain emergency treatment for our child. I consent to an e-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

Parent Name (Print) \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_



Hamilton Area YMCA  
Child Learning and Development Parent Handbook

**Policy and Procedure Acknowledgement Form**

Dear Parents/Guardians,

In keeping with the New Jersey's Child Care Center Licensing Requirements, we are obligated to provide you, as the parent of a child enrolled in our program, with the Information to Parents statement.

The statement highlights your right to visit and observe our program at any time without having to secure prior permission; the program's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline 1-877-NJ ABUSE.

Names(s) of Child(ren)\_\_\_\_\_

Name of Parent/Guardian\_\_\_\_\_

\_\_\_I have read the Child Learning and Development Parent Handbook (located on-line) and am aware of the policies and procedures regarding the **Release of Children, Discipline, Expulsion, and Illness or Injury.**

\_\_\_I have read the **Information to Parent's Statement** prepared by the Office of Licensing, Child Care and Youth Residential Licensing, in the Department of Children and Families.

\_\_\_I give permission for my child to participate in the **Activities and Events** conducted by the Hamilton Area YMCA. Such activities and events may include, but are not limited to, nature walks, outdoor play and/or additional classes held on the JKR Campus. Advanced notice and permission slips will be provided for planned field trips.

\_\_\_I give permission for my child, \_\_\_\_\_, to leave the Preschool classroom to attend **Swim Class**. I understand that my child will be escorted to and from the classroom by a teacher or swim instructor. I also understand that a Preschool staff member may assist my child in changing in and out of his/her swimsuit, if necessary.

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

\_\_\_\_\_  
Date