

January 2020



Dear Families and Campers,

Thank you for choosing the YWCA Northern New Jersey for your child's summer camp experience. We are very proud of CAMP MA-KEE-YA one of our ACA accredited and affordable summer camp experiences for kids ages 5 -12.

We have some exciting incentives for summer 2020

1. **Early Bird Special** Register for 9 weeks and receive your last week FREE (Applications must be paid for by March 13th, 2020)
2. **Promo Code YWCamps2020**: \$50.00 credit for our returning 2019 summer camp families/current SAP families who register /pay before April 15th, 2020. One \$50.00 credit per child- can be combined with the Early Bird Special.
3. **YWCamps Referral Program** – Registered 2020 summer camp families can refer a new family. When registered and attend for 4 weeks or more you will receive \$50 credit towards any future YWCA youth service program AND a YWCamps beach mat. **One referral per family and max of 4 new families.***cannot be combined with other incentives

Registration is easy as 1, 2, and 3!

1. **Complete packet in full.**
2. **Include a copy of a current physical w/ immunizations (within the last 12 months).**
3. **Email /mail completed packet with payment to magnello@ywcannj.org**

Children must be registered no later than noon Thursday to start the following week. Children registered on Friday will incur a \$50 late registration fee.

Please feel free to contact us or visit our website for more details, we are looking forward to another great summer at the YWCA Northern New Jersey!

Sincerely,
Daniela Pinto
Manager of Camp Programs
dpinto@ywcannj.org
201-345-1905

Mary Agnello
Program Assistant
magnello@ywcannj.org
201-345-1914



To better serve you in the future, please let us know how you heard about our camps.

Select one or more:

- checkbox Email checkbox Camp Fair checkbox Event checkbox Before/After School Programs checkbox Internet checkbox Newspaper checkbox Magazine checkbox Friend/Family checkbox Open House checkbox Other checkbox YWCamps2020 promo code checkbox Early Bird Special checkbox YWCamps Referral Program

Camp Ma-Kee-Ya Registration -Summer 2020

checkbox New Camper checkbox Returning Camper

Child's Name: _____ Gender: _____ Date of Birth: _____ Age: _____

checkbox Camp Shirt Size checkbox Youth-S checkbox Youth-M checkbox Youth-L checkbox Adult-S checkbox Adult-M checkbox Adult-L

Family Information/Communication

Parent/Guardian Name: _____ Date of Birth: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____

Parent/Guardian Name: _____ Date of Birth: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____

Do parents live together? _____ If no, with whom does the child reside? _____
If parents are divorced / separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent. Are there restrictions on pickups or visitation? checkbox No checkbox Yes - court order attached

Emergency Information/Communication.

If I am unable to pick-up or be reached regarding important matters pertaining to my child, I authorize these people to pick-up my child or answer questions.

Name: _____ Relationship to Child: _____
Daytime Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____
Daytime Phone: _____ Cell Phone: _____

Health Information

Please include copies of physical and immunization records. (Physical must be current within one year.)

Any Medical Issues/ Allergies? checkbox No checkbox Yes, describe: _____

If your child has allergies requiring medical treatment - please include care plan from your doctor.

*Medication must be sent on child's first day (2 Epi-pens required) or child will not be permitted to attend camp.

Any Learning / Behavioral issues? checkbox No checkbox Yes - describe and please include copy of latest IEP

Please use this space to tell us anything that may help your child have a great camp experience.

Camper's Name: _____

Makeeya

Registration and Payment Information				
WEEKS	1 st child	Each additional child	Pre Camp	Post Camp
Week 1 June 29 – July 2 (Camp Closed, July 3rd)	\$304	\$274	\$44	\$52
Week 2 July 6 – July 10	\$380	\$342	\$55	\$65
Week 3 July 13 – July 17	\$380	\$342	\$55	\$65
Week 4 July 20 – July 24	\$380	\$342	\$55	\$65
Week 5 July 27 – July 31	\$380	\$342	\$55	\$65
Week 6 August 3 – August 7	\$380	\$342	\$55	\$65
Week 7 August 10 – August 14	\$380	\$342	\$55	\$65
Week 8 August 17 – August 21	\$380	\$342	\$55	\$65
Week 9 August 24 – August 28	\$380	\$342	\$55	\$65
Sub-totals				
Membership & Registration Fee	\$75			
Total				

BUS INFORMATION *Discounts not applicable to membership and registration fees or pre- and post-camp.*

- Pre-camp (7:30am - 8:30am) Location: Orinda Bethany Community Center * Bus departs to Camp Makeeya at 8:00am
* Bus departs to Camp Orinda at 8:20am
- Post-camp (5pm - 6:30pm) Location: Orinda Bethany Community Center

Please indicate am/pm bus stops for Camp Ma-Kee-Ya registrants.

Bus stop for Camp MaKeeYa	Honiss School Camp Orinda 31 Depew Street Dumont, NJ	Bethany Community Center 605 Pascack Road Washington Twp, NJ	Christian Reformed Church 271 Lincoln Ave Ridgewood, NJ	Mahwah High School 50 Ridge Road Mahwah, NJ	Doug Parcels Athletic Complex 900 E Ridgewood Ave Oradell, NJ	Mackay Park 130 W Englewood Ave Englewood, NJ
AM	<input type="checkbox"/> 7:45am	<input type="checkbox"/> 8:00am	<input type="checkbox"/> 8:20am	<input type="checkbox"/> 8:25am	<input type="checkbox"/> 8:00am	<input type="checkbox"/> 7:30am
PM	<input type="checkbox"/> 5:45pm	<input type="checkbox"/> 5:30pm	<input type="checkbox"/> 5:10pm	<input type="checkbox"/> 5:05pm	<input type="checkbox"/> 5:30pm	<input type="checkbox"/> 6:00pm

PAYMENT OPTIONS

Electronic Fund Transfer (EFT) – Voided Check must be provided.

Credit Card

Type of Card: American Express Discover MasterCard Visa

Name as it appears on card: _____ Daytime phone: _____

Billing Address for this card: _____

Card number: _____ Expiration date: _____ Security code: _____

I hereby authorize the YWCA Northern New Jersey School Age Program to charge my credit card for my child's summer camp tuition.

Signature: _____

Date: _____

Membership, registration and weekly fees are non-refundable - \$25 processing fees for changes.

YWCA Permissions and Waiver

Yes, you have permission to use **my / my child's photo/video** in YWCA Northern New Jersey communications, marketing and public relations. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

No, you do not have my permission.

Yes, I give permission for YWCA Northern New Jersey to transport my child to and from summer camp for daily transportation, swim lessons or field trips as applicable. I understand that the transportation will be appropriately supervised. I understand that the YWCA Northern New Jersey and its employees assume no liability in case of an accident outside of our authority.

Yes, the child named on this contract is in good health and is able to fully participate in all activities offered at YWCA summer camps. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the camp to provide needed care including any resuscitation efforts and emergency room care.

Yes, I have read, fully understand and accept this release, hold harmless and waiver. I agree to release and hold harmless YWCA Northern New Jersey and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. I, further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Northern New Jersey or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

Yes I have read this entire application and I agree to abide by all terms and regulations.

Camper Name _____ Camp: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

Email: _____

Parent/ Guardian Name: _____

Signature: _____

Permission to administer medications

Please fill this out if you need /want your child to take medication while at camp.

Camper's Name: _____

1. Permission to administer prescription medications

I hereby give my permission to the medical staff of the YWCA summer camp to administer the following prescription medication to my child.

Name of Medication

This medication must be administered according to the Doctor's orders and instructions. **When camp begins, I will send in a copy of the prescription and / or the Doctor's orders and the medication in the original container with the prescription label on it.**

2. Permission to administer non-prescription / over the counter medications- **Optional**

DRUG NAME	DOSAGE	SCHEDULE AND INDICATIONS	Permission	Comments
Acetaminophen	Per label instructions by age/weight	Q4 hr prn for pain, fever, sore throat, earache, muscle strain or ache, toothache	Yes No	
Ibuprofen	Per label instructions by age/weight	Q4 hr prn for pain, fever, sore throat, earache, muscle strain or ache, toothache	Yes No	
Mylanta	Per label instructions by age/weight	Nausea, upset stomach	Yes No	
Milk of Magnesia	Per label instructions by age/weight	Constipation	Yes No	
Benadryl	Per label instructions by age/weight	Mild allergic reactions	Yes No	
Aloe Vera Gel	Per label instructions	Mild sunburn	Yes No	
Caladryl	Per label instructions by age/weight	Poison ivy	Yes No	
Visine	Per label instructions by age/weight	Irritated Eyes	Yes No	
Swim Ear	Per label instructions by age/weight	Minor earache	Yes No	

Parent / Guardian Permission Signature: _____ **Date:** _____

Health Care Provider Signature: _____

****I understand a Doctor must sign and stamp this form**.**

Healthcare Provider Stamp