

YWCA@Dumont Registration - Summer 2021

New Camper Returning Camper

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

Camp Shirt Size Youth-S Youth-M Youth-L Adult-S Adult-M 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? No 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: _____

BUS STOP	Christian Reformed Church 271 Lincoln Ave Ridgewood, NJ	Oradell Elementary School 350 Prospect Ave Oradell, NJ	Brookside Elementary School (Parking Lot) Westwood, NJ	NO BUS
AM	<input type="checkbox"/> 8:05am	<input type="checkbox"/> 8:30am	<input type="checkbox"/> 8:05am	<input type="checkbox"/>
PM	<input type="checkbox"/> 5:30pm	<input type="checkbox"/> 5:00pm	<input type="checkbox"/> 5:05 pm	<input type="checkbox"/>

Health information - Please include copies of physical and immunization records. (Physical date within one year.)

If you want/need your child to take medication at camp please fill out the medication permission form found on the website

Any Medical Issues/ Allergies? No 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? No Yes - describe and please include copy of latest IEP

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

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, offsite swim lessons 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, understand and have access to a copy of the parent handbook, which includes the Management of Communicable Diseases, Expulsion/ Discipline Policy, Release of Children Policy, Medication Policy, the Information to Parents from the Department of Health and the social media policy (always available online at www.ywcannj.org). I understand it is my responsibility to read all the policies and I have read this entire application and I agree to abide by all terms and regulations.

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.

Camper Name _____ Camp: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

Email: _____

Parent/Guardian Name: _____ Signature: _____

Registration For: _____

WEEKS	1 st child	Each additional child	Pre Camp (held at DUMONT 7:30-start of camp)	Post Camp (held at DUMONT) 5:00-6:30	Total
<input type="checkbox"/> Week 1 June 28 – July 2	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 2 July 6 – July 9 (Camp Closed 07/05)	<input type="checkbox"/> \$240	<input type="checkbox"/> \$216	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	
<input type="checkbox"/> Week 3 July 12 – July 16	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 4 July 19 – July 23	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 5 July 26 – July 30	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 6 August 2 – August 6	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 7 August 9 – August 13	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 8 August 16 – August 20	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 9 August 23 – August 27** held at MAHWAH ONLY- transportation provided	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
Sub-total					
\$50 YWCA Membership					
\$25 Registration Fee					\$25
PROMO CODE(S)					_
Total					

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: _____

Cardholder Email Address: _____

I authorize the YWCA NNJ 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.

Please email this form to: campregistration@ywcanj.org