

# YWCA@Mahwah 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	Honiss School YWCA@Dumont 31 Depew Street Dumont, NJ	Christian Reformed Church 271 Lincoln Ave Ridgewood, NJ	Brookside Elementary School (parking lot) Westwood, NJ	Oradell Elementary School 350 Prospect Ave Oradell, NJ	Palisades Mall Commuter Lot J (across from Home Depot) West Nyack, NY
AM	<input type="checkbox"/> 8:00 am	<input type="checkbox"/> 8:10 am	<input type="checkbox"/> 8:10 am	<input type="checkbox"/> 8:15 am	<input type="checkbox"/> 8:00am
PM	<input type="checkbox"/> 5:25 pm	<input type="checkbox"/> 5:15pm	<input type="checkbox"/> 5:15pm	<input type="checkbox"/> 5:15pm	<input type="checkbox"/> 5:20 pm

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

*If you want/need your child to take medication – please fill out the medication permission form 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 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](http://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 \_\_\_\_\_

**\*\*registration MUST be received by noon on the prior THURSDAY\*\***

WEEKS	1 <sup>st</sup> 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"/> <b>Week 1</b> June 28 – July 2	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 2</b> July 6 – July 9 (Camp Closed 07/05)	<input type="checkbox"/> \$304	<input type="checkbox"/> \$274	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	
<input type="checkbox"/> <b>Week 3</b> July 12 – July 16	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 4</b> July 19 – July 23	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 5</b> July 26 – July 30	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 6</b> August 2 – August 6	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 7</b> August 9 – August 13	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 8</b> August 16 – August 20	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> <b>Week 9</b> August 23 – August 27**held at MAHWAH -BUSSING provided	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	PRE/POST NOT AVAILABLE		
<b>Sub-total</b>					
<b>\$50 YWCA Membership</b>					
<b>\$25 Registration Fee</b>					\$25
<b>PROMO CODE(S)</b>					-
<b>Total</b>					

**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 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@ywcannj.org](mailto:campregistration@ywcannj.org)