Camper’s Name ____________________________________________ Start Date __________________

<table>
<thead>
<tr>
<th>CAMP SELECTION</th>
<th>SESSION SELECTION</th>
<th>DAYS OF THE WEEK ATTENDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade Child Is Attending In September 2020</td>
<td>Sessions Run From 8:30 AM – 4:00 PM</td>
<td>2 Days per Week</td>
</tr>
<tr>
<td></td>
<td>(Please mark all that apply)</td>
<td>3 Days per Week</td>
</tr>
<tr>
<td>_____ Kindergarten</td>
<td></td>
<td>4 Days per Week</td>
</tr>
<tr>
<td>_____ First Grade</td>
<td></td>
<td>5 Days per Week</td>
</tr>
<tr>
<td>_____ Second Grade</td>
<td></td>
<td>Monday</td>
</tr>
<tr>
<td>_____ Third Grade</td>
<td></td>
<td>Tuesday</td>
</tr>
<tr>
<td>_____ Fourth Grade</td>
<td></td>
<td>Wednesday</td>
</tr>
<tr>
<td>_____ Fifth Grade</td>
<td></td>
<td>Thursday</td>
</tr>
<tr>
<td>_____ Sixth Grade</td>
<td></td>
<td>Friday</td>
</tr>
<tr>
<td>_____ Seventh Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ Eighth Grade</td>
<td></td>
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</tbody>
</table>

BEFORE CARE 6:30 AM – 8:30 AM

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Week 2</td>
<td>Week 3</td>
<td>Week 4</td>
<td>Week 5</td>
<td></td>
</tr>
<tr>
<td>Week 6</td>
<td>Week 7</td>
<td>Week 8</td>
<td>Week 9</td>
<td>Week 10</td>
<td></td>
</tr>
</tbody>
</table>

AFTER CARE 4:00 PM – 6:00 PM

<p>| | | | | | |</p>
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<thead>
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</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Week 2</td>
<td>Week 3</td>
<td>Week 4</td>
<td>Week 5</td>
<td></td>
</tr>
<tr>
<td>Week 6</td>
<td>Week 7</td>
<td>Week 8</td>
<td>Week 9</td>
<td>Week 10</td>
<td></td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Registration Paid</td>
<td>Immunization Records Received</td>
<td></td>
</tr>
<tr>
<td>First Two Weeks Paid</td>
<td>Billing Input In Computer</td>
<td></td>
</tr>
<tr>
<td>Registration Form Completed And Signed</td>
<td>CHS Y Agreement</td>
<td></td>
</tr>
<tr>
<td>Parent Received Parent Resource Guide</td>
<td>CHS Paperwork Received</td>
<td></td>
</tr>
</tbody>
</table>
Camper First Name _____________________ Camper Last Name _____________________

Home Address ________________________________________________________________

City ____________________ State ___________ Zip Code ________________

Birth Date __________ AGE _____ Male or Female __________ Grade (Sept 2020) __________

Parent/Guardian with legal custody to be contacted in case of emergency:

Name________________________ Relationship to Camper_________________________ Employer________________________

Home Address __________________________________________ City __________________________ State _______ Zip ______

Cell Phone ______________ Home Phone ____________________ Work Phone ______________________________

Primary Email address ________________________________

Secondary parent/guardian or other emergency contact:

Name________________________ Relationship to Camper_________________________ Employer________________________

Home Address __________________________________________ City __________________________ State _______ Zip ______

Cell Phone ______________ Home Phone ____________________ Work Phone ______________________________

Email address ________________________________

Additional contact in the event parent(s)/guardian(s) cannot be reached:

Name________________________ Relationship to Camper_________________________ Employer________________________

Cell Phone ___________________ Home Phone ____________________ Work Phone ______________________________

☐ Checking this box states that the persons listed above are authorized as pickup persons.

Additional Pickup Authorizations:
Please list all additional persons authorized to pick up your child. In case of emergencies, a parent/guardian must give written permission for an individual, who is not on this list to pick up the camper. At pick up, every individual must present identification, so please have it ready at the time of pick up. No exceptions will be made. This is for the safety of your child. Please make sure that the individuals on this list are aware that they may also be called in the case of an emergency to pick up your child. You are welcome to add or delete from this list at any time. Please indicate if a non-custodial parent has limits on visitations 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. If DCPP is an authorized pick up, they MUST be listed as an authorized pick up.

Other Authorized Individuals:

Name________________________________ Relationship to Camper_________________________ Employer________________________

Cell Phone ___________________ Home Phone ____________________ Work Phone ______________________________

Name________________________________ Relationship to Camper_________________________ Employer________________________

Cell Phone ___________________ Home Phone ____________________ Work Phone ______________________________
MEDICAL INFORMATION

Physician's Name ______________________________________ Phone Number ______________________
Dentist Name ______________________________________ Phone Number ______________________
Preferred Hospital ______________________________________

Allergies ____________________________________________________________
Current Medications ______________________________________________________

Prescription medications that must be taken during the camp day require a Medication Authorization Form to be completed separately on the child's first day of camp.

Medical Issues:  Are there any medical issues that we would need to be aware of?  Yes  No

Restrictions:  Are there any restrictions where the camper would be exempt from any camp activity?  Yes  No

Mental, Emotional, and Social:
- Has the camper ever been treated for emotional or behavioral difficulties?  Yes  No
- Has the camper ever been treated for attention deficit disorder or attention deficit/hyperactivity disorder?  Yes  No

Please provide details for “Yes” answers:
________________________________________________________________________________________
________________________________________________________________________________________

Please provide additional information regarding the information above (or any other concerns) that we would be able to use in order to provide a great experience for each camper:
________________________________________________________________________________________
________________________________________________________________________________________

IMMUNIZATION INFORMATION

Date of last physical ________
DTaP/DTP ________  Varicella ________  Influenza _______
HiB ________  Hepatitis B ________  Rotavirus ________
IPV/Polio ________  Pneumococcal ________  Hep A ________
MMR ________  DTaP (Grade 6 & up) ________  Meningococcal (Grade 6 & up) ________

HEALTH VALIDATION

My child _______________________________________________ is registered to participate in the Y Summer Camp Program. I attest to the fact that he/she is in healthy physical condition and is able to participate in camp activities.

Parent/Guardian Initial __________________________

CONSENT FOR MEDICAL TREATMENT

CHILDS NAME ____________________________________________

“I, the parent or guardian of the above named child, gives permission to the physician selected by the Ocean County YMCA to hospitalize, secure proper treatment in the event of an emergency for the above named child.”

Parent/Guardian Signature __________________________

Print Name __________________________  Date __________________________
Parent/Guardian and YMCA Agreement

PLEASE READ AND INITIAL, THEN SIGN AND DATE THE POLICIES BELOW

PHOTOGRAPHY POLICY
I give the Y permission to use any and all photographs taken of my child during participation at camp for Y promotional purposes. This photograph may be placed on the Ocean County YMCA web page, Ocean County YMCA social media pages, brochures, or camp flyers to promote information about Y programs. The Ocean County YMCA values the privacy of its members. No photos or video of any type are to be taken of any camper or staff person without the consent of the Y staff.

FIELD TRIP PERMISSION FORM
My child has permission to participate in all YMCA scheduled camp activities, including the bus transportation during the camp day for swimming and field trips. I am aware that we will be using outside busing transportation to transport the children to and from each destination. I understand that children will be traveling with adult staff and that the Y considers each child’s safety as our number one priority.

RULES FOR ACCEPTANCE AND PARTICIPATION IN CAMP
I understand that the rules are the same for everyone without regard to race, color, national origin, sex, age or disability. It is understood that all campers will be treated as individuals and respect will be shown for differences in tastes, preferences, abilities and range of behavior patterns. The Y reserves the right to dismiss a child from camp whose special needs we are not able to meet or whose conduct is not in the best interest of the total camp, without refund.

DISCIPLINE POLICY
I will review and reinforce the camper conduct and other camp policies in the Child Care Resource Guide with my child prior to the start of camp. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Inappropriate behavior may result in disciplinary action by the camp director and/or dismissal from camp. Campers who do not follow the discipline policy may be suspended or expelled from camp with no refund.

IDENTIFICATION POLICY
I have read and understand the Identification Policy.

BULLYING POLICY
I have read, received and understand the Bullying Policy.

SUSPENSION/EXPULSION POLICY
I have read & received and understand the Suspension/Expulsion Policy.

FINANCIAL POLICY
I understand that all memberships must be current and payments made on time according to the payment schedule. If payment is not made according to the schedule, my child will be inactivated from the program.

SUNSCREEN/BUG SPRAY
I give permission for YMCA staff to reapply as necessary sun screen/bug spray that I provide for my child. I understand that parents are asked to apply sunscreen/bug spray before the child is dropped off to camp.

CHILD CARE RESOURCE GUIDE
I have received my Summer Camp Resource Guide.

EVALUATIONS AND SURVEYS
I give my child permission to participate in paper and online surveys to measure the impact of the program and my child’s development and which capture my child’s experiences with the program, allowing us to make critical improvements to meet their needs.

I have read all of the above information and I am fully aware of all of the terms and principles contained herein.

Parent/Guardian Signature ____________________________ Date ___________

Print name of Parent/Guardian __________________________

Member Services Representative __________________________ Date ___________
**Camper Code of Conduct**

During camp, I will...

- Keep my hands and feet to myself.
- Tell a camp counselor when there is a problem so they may help me.
- Listen to my camp counselors and directors and treat everyone with respect.
- Treat other people’s belongings with respect and keep my hands off of others’ property.
- Use clean language.
- Always stay with my group.
- Remember to use good sportsmanship.
- Be responsible for my belongings.
- Respect the buildings that we use.
- Respect the staff of outside organizations that we may visit, or that may visit us.
- Clean up after myself and not leave litter behind.
- Treat all others (campers and adults) with respect.
- Follow our four core values: Caring, Honesty, Respect and Responsibility.

During camp, I will not...

- Bring any inappropriate items with me to camp (anything that can be used as a weapon, etc.)
- Bring any electronic devices while participating in camp (Nintendo Switch, iPad, etc.). I understand that the YMCA is not responsible for the damage or loss of such items.
- Use my cell phone during camp, and if I need to bring one with me, I will leave it turned off and in my bag out of sight at all times.
- Borrow or take others belongings.
- Share food with other campers, or give my own personal stuff to others to take.
- Pickup or throw sticks, dirt or rocks, or climb on structures unless I am instructed to by a counselor for a certain camp activity.
- Tease, taunt or provoke other campers.
- Hit, punch, threaten or use inappropriate language to other campers or YMCA staff members.

I understand that the YMCA seeks to provide fun, safe and satisfying experiences for everyone. The YMCA asks that you in turn accept responsibility for your own personal conduct. I understand that I must follow the above rules and any others that are determined necessary by the YMCA staff. I also understand that if I break any of the above rules, the YMCA may notify my parents, and send me home immediately. I also understand that my parents will be expected to pick me up and that no refund will be issued.

Any camper observed harming another camper, will have their parents notified by the YMCA staff along with the parents of the camper or campers being harmed. If a problem exists or continues without change in behavior, the YMCA may remove the camper who has committed the harmful acts from camp.
Parent Financial Information

- **Registration fee:** A non-refundable $50 registration fee is due at the time of registration.
- The child’s first two weeks of camp are due at time of registration.
- Camp changes can be requested up to the Wednesday prior to the week that the change is needed.
- Registrations are accepted up until the Wednesday, prior to the week starting.
- **Payments are due on Wednesday, two weeks prior to each week starting** (see due date schedule below). Any payments received after the dates listed, will incur a $20 late fee.
- Failure to pay on time may result in your child not being able to attend camp.
- Payments will be accepted at the Member Services desk at the YMCA, by phone with a credit card or online at www.ocymca.org with a credit card. In addition, when you drop off or pick-up your child, payments can be made with money orders or checks to camp staff.
- A 10% sibling discount is applicable when two or more siblings are enrolled for the Summer Camp program. Discount is applied to the lesser rate program. Discount cannot be combined with other discounts/aid.
- There is a $25 fee to reactivate your child once he/she has been inactivated.
- Families that receive funding through the state of NJ must have a current valid contract upon registering their child. Parent or guardian must follow all applicable rules listed within their contract to continue to receive services.
- CHS recipients must swipe daily including absent and sick days or they will be billed up to $30 per day for all missed swipes.
- Financial Assistance (Y-Cares) is made available, as funds are available, on a first come, first serve basis. In order to be considered for Financial Assistance, all applications and paperwork must be submitted no later than April 15, 2020.
- **Refund Policy:** The Ocean County YMCA will refund payment, less the registration fee, if cancellation is made within 7 days prior to the camp week beginning. NO refunds will be given after this point. Special situations must be requested in writing to the Summer Camp Director, and are determined at the discretion of the Director. Refunds are subject to a $25 service fee. In case of illness or health related incidents, refund requests should be submitted accompanied by a doctor’s note to the Summer Camp Director. All refunds are subject to the Director’s approval only and are never guaranteed.
- No credits will be issued for absences. Credit may be given (at the discretion of the Director) for absences of three or more days due to illness with a doctor’s note.
- Any childcare suspensions/expulsions do not receive a credit.
- Returned checks, will incur a $25 return check fee, for the first time. A second returned check will incur a $30 fee. Returned checks submitted to our Check Recovery Service will be electronically debited for the full face value of the check plus a State allowable service fee of up to $30.
- I understand that the YMCA will assess a $25 fee on all returned checks/non-sufficient funds.

### Schedule of payment due dates for 2020 Summer Camp

<table>
<thead>
<tr>
<th>Camp Week</th>
<th>Due Date</th>
<th>Camp Week</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Week of June 22</td>
<td>June 10</td>
<td>6 Week of July 27</td>
<td>July 15</td>
</tr>
<tr>
<td>2 Week of June 29</td>
<td>June 17</td>
<td>7 Week of August 3</td>
<td>July 22</td>
</tr>
<tr>
<td>3 Week of July 6</td>
<td>June 24</td>
<td>8 Week of August 10</td>
<td>July 29</td>
</tr>
<tr>
<td>4 Week of July 13</td>
<td>July 1</td>
<td>9 Week of July 20</td>
<td>August 5</td>
</tr>
<tr>
<td>5 Week of August 17</td>
<td>July 8</td>
<td>10 Week of August 24</td>
<td>August 12</td>
</tr>
</tbody>
</table>

**Payments must be made by the due date to be able to attend each week.**

Payments can be made by phone, online at ocymca.org, or in-person at the Y.

Any issues or questions can be directed to [camp@ocymca.org](mailto:camp@ocymca.org).
ONLINE ACCOUNT ACCESS INSTRUCTIONS


2. Click on “ONLINE PAYMENT” button at the top of the ocymca.org home web page.

3. At the top of the page on the right-hand side will be a silhouette of a head (Account Access Menu). Hover over the image and choose “LOGIN”.

4. Do NOT create a new account! All registered students have an account set up.

5. Select “Been to the Y?” and enter the email address that was listed when you registered. The temporary password uses initials (in capital letters) and birthdate in 6-digit format. Ex: For John Doe, born January 3, 2010, you would enter “JD010310”. Click “LOGIN” when the information is entered. If only your child has the account at the Ocean County YMCA, enter your child’s information. For memberships with more than one member, any member can set up his or her own account access. Linked family members may be viewed in one account.

6. Clicking on the Account Access menu will now give you the option to view your account information including balances and tax letters (when they become available).

7. Under “Balances and History”, registered programs will have a “Pay Now” button. Please be sure to select only the program(s) with a current balance due listed.

8. If there is any problems, please call the YMCA and we will be happy to help.

9. You can also view our online account system FAQ at https://whymarlin.com/support

Online access allows you to update your personal information, search and register for programs, view programs registered for in the past, pay balances due on the account and more.