



OCEAN COUNTY YMCA SUMMER CAMP 2023

CAMPER REGISTRATION FORM

Camper's Name (First & Last): _____

Grade: _____ (entering September 2023)

Camper will be attending the following camp weeks:

<input type="checkbox"/> Week 1: 6/19-6/23 (Payment due May 15 th)	Aftercare 4:00-6:00 PM YES or NO
<input type="checkbox"/> Week 2: 6/26-6/30 (Payment due May 15 th)	Aftercare 4:00-6:00 PM YES or NO
<input type="checkbox"/> Week 3: 7/3-7/7 *NO 7/4* (Payment due May 22 nd)	Aftercare 4:00-6:00 PM YES or NO
<input type="checkbox"/> Week 4: 7/10-7/14 (Payment due May 29 th)	Aftercare 4:00-6:00 PM YES or NO
<input type="checkbox"/> Week 5: 7/17-7/21 (Payment due June 5 th)	Aftercare 4:00-6:00 PM YES or NO
<input type="checkbox"/> Week 6: 7/24-7/28 (Payment due June 12 th)	Aftercare 4:00-6:00 PM YES or NO
<input type="checkbox"/> Week 7: 7/31-8/4 (Payment due June 19 th)	Aftercare 4:00-6:00 PM YES or NO
<input type="checkbox"/> Week 8: 8/7-8/11 (Payment due June 26 th)	Aftercare 4:00-6:00 PM YES or NO
<input type="checkbox"/> Week 9: 8/14-8/18 (Payment due July 3 rd)	Aftercare 4:00-6:00 PM YES or NO
<input type="checkbox"/> Week 10: 8/21-8/25 (Payment due July 10 th)	Aftercare 4:00-6:00 PM YES or NO

FOR OFFICE USE ONLY

REGISTRATION &
FIRST TWO WEEKS PAID

REGISTRATION
FORMS COMPLETED AND
SIGNED

IMMUNIZATIONS
ATTACHED

PARENT RECEIVED
PARENT RESOURCE GUIDE

BILLING INPUT IN
COMPUTER

BANK DRAFT

CHS CONTRACT
RECEIVED



OCEAN COUNTY YMCA SUMMER CAMP 2023 REGISTRATION FORMS

All forms must be completed for each camper as well as a copy of immunizations

Camper's Name: _____ DOB: ___/___/___ Grade in Sept. 2023: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Primary Phone #: _____

Parent/guardian with legal custody to contact in case of emergency:

*Authorized pick up

Name: _____ Relationship to Camper: _____ Employer: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____

Primary Email Address: _____

Secondary parent/guardian or other emergency contact:

*Authorized pick up

Name: _____ Relationship to Camper: _____ Employer: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____

Primary Email Address: _____

Pick up authorizations:

Please list all persons authorized to pick up your child. In emergency situations only, 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 will be asked for identification, so please have it ready at the time of pick up, no exceptions will be made as this is done 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 remove from this list at any time. Please indicate if a non-custodial parent has limits on 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 DCPD is an authorized pick up, they MUST be listed as an authorized pick up.

Other authorized individuals:

1. Name: _____ Relationship to Camper: _____

Primary phone #: _____

2. Name: _____ Relationship to Camper: _____

Primary phone #: _____

MEDICAL INFORMATION

Physician's Name: _____ Phone #: _____
Dentist Name: _____ Phone #: _____
Preferred Hospital: _____

Allergies:

Current Medications:

***Prescription medications to be taken during the camp day require a Medication Authorization Form to be completed separately prior to the child's first day of camp as well as the Physician's Care Plan.*

Restrictions:
Are there any medical issues or restrictions where the camper would be exempt from any camp activity? If so, please describe:

Mental, Emotional, and Social:

Has the camper ever been treated for emotional or behavioral difficulties? Yes or No

Has the camper ever been treated for attention deficit disorder or attention deficit/hyperactivity disorder? Yes or No

Does the camper have an IEP with their school? Yes or No

Please provide more 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

Mandatory to attend camp

Please attach a copy of immunizations from physician containing the following:

Date of last physical, DTaP/DTP, Varicella, Influenza , HiB, Hepatitis B, Rotavirus, IPV/Polio, Pneumococcal, Hep A, MMR, Tdap (Grade 6+), Meningococcal (Grade 6+)

HEALTH VALIDATION

My child is registered to participate in the YMCA 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

"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, INITIAL AND DATE THE POLICIES BELOW

Initials _____ FIELD TRIP PERMISSION

My child has permission to participate in all YMCA scheduled camp activities, including the bus transportation during the camp day, including for swimming and field trips. Calendar is provided and may change daily at Director's discretion. I am aware that we will be using outside busing transportation to transport the children to and from the destination. Children will be traveling with adult staff. Your child's safety is our number one priority.

Initials _____ 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. 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.

Initials _____ 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 enforced to help children understand proper behavior. Inappropriate behavior may result in disciplinary action by the Camp Director and/or dismissal from camp. Campers not following the discipline policy may be suspended or expelled from camp without refund.

Initials _____ PHOTOGRAPHY/VIDEOGRAPHY POLICY

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

Initials _____ IDENTIFICATION POLICY

I have read and I understand the Identification Policy. *In Resource Guide*

Initials _____ BULLYING POLICY

I have read, received and understand the Bullying Policy. *In Resource Guide*

Initials _____ SUSPENSION/EXPULSION POLICY

I have read & received and understand the Suspension/Expulsion Policy. *In Resource Guide*

Initials _____ REFUND/FINANCIAL POLICY

All payments will be made on time according to the payment schedule. Failure to do so will result in inactivation from the program. Refunds are at the discretion of the Camp Director and are not guaranteed.

Initials _____ SUNSCREEN/BUG SPRAY

I give permission for YMCA staff to apply or reapply as necessary sun screen/bug spray that I provide for my child.

Initials _____ CHILDCARE RESOURCE GUIDE

I have received my Summer Camp Resource Guide.

Initials _____ ILLNESS/COVID

I will keep my child(ren) at home if displaying any illness/COVID-related symptoms.

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: _____

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 the litter that we may leave.
- 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 (phone, tablet, 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

- A \$50 non-refundable registration fee is due at the time of registration plus two weeks of camp.
- Registration can be done up until the Monday, the week prior to the session starting, with the exception for the first week by May 15, 2023.
- A 10% sibling discount is applicable.
- 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 of their contract to continue to receive services.
- Payments are according to the billing schedule. Bank draft is available.
- Payments are accepted at Member Services at the YMCA or by phone with a credit card. Payments can also be made online at www.ocymca.org.
- Financial Assistance is available when 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 by April 1, 2023.
- A payment/fee schedule is listed 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.
- **Refund Policy:** The Ocean County YMCA will refund payment, less the \$50 registration fee, if cancellation is made within 7 days prior to the camp week beginning. NO refunds will be given after this point. Other 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 director's approval only and are never guaranteed. I understand if my child is removed from camp, due to a behavior issue, there will be no refund for the period in concern.
- No credits will be issued for absences. Credit may be given (at the discretion of the Director) for sick absences for three or more days with a Physician's note.
- Any childcare suspensions/expulsions do not receive a credit.
- I understand that the YMCA will assess a \$25 fee on all returned checks/not-sufficient funds.

Schedule of payments for 2023 Summer Camp

Payments can be made online at ocymca.org, 732-341-9622 ext. 0, or in person

Payment Schedule:

- Payment made by May 15th to attend week 1: June 19th
- Payment made by May 15th to attend week 2: June 26th
- Payment made by May 22nd to attend week 3: July 3rd- no camp 7/4
- Payment made by May 29th to attend week 4: July 10th
- Payment made by June 5th to attend week 5: July 17th
- Payment made by June 12th to attend week 6: July 24th
- Payment made by June 19th to attend week 7: July 31st
- Payment made by June 26th to attend week 8: August 7th
- Payment made by July 3rd to attend week 9: August 14th
- Payment made by July 10th to attend week 10: August 21st