



New Camper  
 Returning Camper  
Group # \_\_\_\_\_

# YWCamp@Dumont

## Registration- Summer 2022

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender:  Female  Male  Transgender  Intersex  Other

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

### Family Information

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino  
 White  Black  Asian  American Indian/Eskimo/Aleut  Hawaiian/Pacific Islander  
 Multi-Racial (check all that apply)

Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender  Female  Male  Transgender  Intersex  Other  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender  Female  Male  Transgender  Intersex  Other  
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

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: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Name: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### Drop off and Pick up Onsite only (no bussing)

Honiss Elementary School  
31 Depew Street  
Dumont, NJ

8:30 am

5:00 pm



**Child's Name** \_\_\_\_\_

### **Health Information**

**Please include copies of physical and immunization records (Physical date within 24 months).**

**Date of last Physical Exam:** \_\_\_\_\_

*If you want/need your child to take medication – please fill out the medication permission form on the last page of this application*

**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 needs?**     No     Yes - describe and please include copy of latest IEP

### **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 can 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 Expulsion/ Discipline Policy, Release of Children Policy, Medication Policy, the Information to Parents from the Department of Health. 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 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.

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

# Registration for: \_\_\_\_\_

**\*\*Registration MUST be received by on the prior WEDNESDAY\*\***

WEEKS	1 <sup>st</sup> child	Sibling discount for any 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 27 – July 1	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 2 July 4 – July 8 (Camp Closed 07/04)	<input type="checkbox"/> \$240	<input type="checkbox"/> \$216	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	
<input type="checkbox"/> Week 3 July 11 – July 15	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 4 July 18 – July 22	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 5 July 25 – July 29	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 6 August 1 – August 5	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 7 August 8 – August 12	<input type="checkbox"/> \$300	<input type="checkbox"/> \$270	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 8 August 15 – August 19 held at YWCAMP@MAHWAH - BUS provided	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342	PRE/POST NOT AVAILABLE		
<input type="checkbox"/> Week 9 August 22 – August 26 held at YWCAMP@MAHWAH - BUS provided	<input type="checkbox"/> \$380	<input type="checkbox"/> \$342			
<b>Sub-total</b>					
<b>\$50 YWCA Membership (per family)</b>					
<b>\$25 Registration Fee (per child)</b>					\$25
<b>Discounts and Promo codes cannot be combined</b>				<b>PROMO CODE(S)</b>	
<b>Total</b>					
<b>Office Use Only:</b>					
<input type="checkbox"/> Group 1 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 5 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 4					

## 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.**  
 There will be a \$35 service charge if payments are not honored from your credit card or account on file.

[Click Here To Submit Completed Application](#)

# 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\*\*.**

Place Dr's stamp here