



Girls Empowerment (GEN) Camp L.E.A.D. Camp

February 2022

Thank you for your interest in YWCA Northern New Jersey specialty camps. This year both camps, our Girls Empowerment (GEN), and L.E.A.D. will be directly focused on our mission.

L.E.A.D. a social justice learning experience is offered **July 18th - 22nd** for anyone ages 9-12 or **Aug 1st - 5th** for anyone ages 13-17.

This summer intensive opportunity is geared towards developing communication, leadership and organizing skills in our youth.

The goal is to help young people:

- Identify areas of interest and turn passion into action
- Implement steps that build community
- Develop skills to advocate for change

Civic engagement, philanthropy and social justice will be all explored as campers build connections, friendships and have fun!

Girl Empowerment Camp is offered **July 11 - 15th** and **July 25th - 29th** for girls ages 9-12

GEN camp provides girls with STEM based learning opportunities and empowerment workshops. Girls will develop leadership and communication skills that support their wellbeing and instill confidence.

The goals include:

- Building self-efficacy
- Media literacy
- Self-esteem
- Developing healthy lifestyles

Girls will soar in our supportive, nurturing environment and create fun lasting memories and friendships too.

INCLUDED IN THE WEEKLY FEE:

- Bus transportation
- Snack
- Swimming/boating

To register, please Email completed registration forms and medical forms to: campregistration@ywcannj.org

For more information reach out to:

Elian Mustafa (Mission Impact Coordinator- Girls initiatives) emustafa@ywcannj.org



Specialty Camps

Girls Empowerment and L.E.A.D.

Registration- Summer 2022

Child's Name: _____ **Date of Birth:** _____ **Age:** _____
Specialty Camp: Girl Empowerment Camp L.E.A.D. Camp

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 Number: _____ Relationship to Child: _____
 Name: _____ Primary Contact Number: _____ Relationship to Child: _____

BUS STOP INFORMATION – subject to change

NO ONSITE PICK UP OR DROP OFF – (Must use bus transportation)

Honiss Elementary School 31 Depew Street LARGE parking lot	YWCA Office 214 State Street Parking Lot	Harrington Park Elementary School 191 Harriot Ave Parking Lot	George Washington Elementary School 39 Fardale Ave Parking Lot	Oradell Elementary School 350 Prospect Ave Parking Lot	Christian Reformed Church 271 Lincoln Ave Parking Lot	Palisades Mall Commuter Lot J
Dumont	Hackensack	Harrington Park	Mahwah	Oradell	Ridgewood	West Nyack, NY
<input type="checkbox"/> 7:45 am	<input type="checkbox"/> 7:45 am	<input type="checkbox"/> 7:55 am	<input type="checkbox"/> 8:35 am	<input type="checkbox"/> 8:05 am	<input type="checkbox"/> 8:15 am	<input type="checkbox"/> am
<input type="checkbox"/> 5:45 pm	<input type="checkbox"/> 5:45 pm	<input type="checkbox"/> 5:50 pm	<input type="checkbox"/> 5:10 pm	<input type="checkbox"/> 5:30 pm	<input type="checkbox"/> 5:15 pm	<input type="checkbox"/> 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 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 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 the prior WEDNESDAY****

WEEKS	Weekly tuition	Pre Camp (held at DUMONT 7:30- then board bus to YWCAMP@Mahwah)	Post Camp (held at DUMONT) 5:00-6:30	TOTAL
<input type="checkbox"/> Week 1 Girls Empowerment Camp July 11 – July 15	<input type="checkbox"/> \$380	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 2 Girls Empowerment Camp July 25 – July 29	<input type="checkbox"/> \$380	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 1 L.E.A.D. Camp July 18 –July 22 for ages 9 - 12	<input type="checkbox"/> \$380	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 2 L.E.A.D. Camp August 1 – August 5 for ages 13 -17	<input type="checkbox"/> \$380	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
Sub-total				
\$50 YWCA Membership (per family)				
\$25 Registration Fee (per child)				\$25
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.

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