

**Office use only:**

Group # \_\_\_\_\_

Weeks: 1 2 3 4 5 6 7 8 9

# YWCamp@Dumont

## Registration - Summer 2023

**Camper's Name** (One Application Per Child): \_\_\_\_\_  New Camper  Returning Camper

Date of Birth: \_\_\_\_\_ Age as of June 26<sup>th</sup>, 2023: \_\_\_\_\_

Gender:  Female  Male  Transgender  Intersex  Other

**Camp Shirt Size (one shirt only)** -  Youth-S  Youth-M  Youth-L  Adult-S  Adult-M  Adult-L

### Family Information

**Ethnicity:**  Asian  American Indian/Eskimo/Aleut  Black  Hawaiian/Pacific Islander  Hispanic or Latino  
 Not Hispanic or Latino  White  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 – **updated court order must be attached**

### Emergency Information (other than parents and MUST BE 18 years old or older)

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: \_\_\_\_\_

### Health information

**Must include copies of physical and immunization records with Application for processing. (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 needs/ 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 which will be reviewed by our Behavioral Specialist.

## Drop Off and Pick Up Information

**ONSITE Only - NEW LOCATION and NEW HOURS OF OPERATION**

| Camp Location      | Address             | AM   | PM   |
|--------------------|---------------------|------|------|
| Dumont High School | 101 New Milford Ave | 8:00 | 3:00 |

## 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.

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

# YWCAMP@Dumont

Camper's Name: \_\_\_\_\_

**Office Use only:**

- Group 1  
  Group 2  
  Group 3  
 Group 4  
  Group 5

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

| WEEKS   | 1 <sup>st</sup> child          | Each additional child          | Total   |
|---|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Week 1<br>June 26 – June 30                          | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$270 |   |
| <input type="checkbox"/> Week 2<br>July 3 – July 7 (Camp Closed 07/03 & 07/4) | <input type="checkbox"/> \$180 | <input type="checkbox"/> \$162 |   |
| <input type="checkbox"/> Week 3<br>July 10 – July 14                          | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$270 |   |
| <input type="checkbox"/> Week 4<br>July 17 – July 21                          | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$270 |   |
| <input type="checkbox"/> Week 5<br>July 24 – July 28                          | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$270 |   |
| <input type="checkbox"/> Week 6 (Mahwah Only)<br>July 31 – August 4           | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$342 | *Bus Transportation only<br>*Must Choose a Bus Stop<br>(See Mahwah Application for Bus Information)<br><br>PRE/POST NOT AVAILABLE |
| <input type="checkbox"/> Week 7 (Mahwah Only)<br>August 7 – August 11         | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$342 |   |
| <input type="checkbox"/> Week 8 (Mahwah Only)<br>August 14 – August 18        | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$342 |   |
| <input type="checkbox"/> Week 9 (Mahwah Only)<br>August 21 – August 25        | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$342 |   |
| Would you like to make a tax-deductible donation to YWCA summer camp?         |                                |                                | \$  |
| Sub-total   |                                |                                | \$  |
| \$50 - YWCA Membership  |                                |                                | \$  |
| \$25 Registration   |                                |                                | \$  |
| PROMO CODE(S) – Promos cannot be combined                                     |                                |                                |   |
| <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: \_\_\_\_\_

Cardholder Email Address: \_\_\_\_\_

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.  I authorize the YWCA NNJ to charge my credit card for my child's summer camp tuition.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_