

Office use only:
Group # _____
Weeks: 1 2 3 4 5 6 7 8

YWCamp@Weehawken Registration - Summer 2023

Camper's Name (One Application Per Child): _____ **** Must be a Weehawken Resident****

Date of Birth: _____ **Age as of June 26th, 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:** _____ **County:** _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Email Address:** _____

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Gender: Female Male Transgender Intersex Other

Home Address: _____ **City:** _____ **County:** _____ **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 (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: _____

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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 /504 Plan which will be reviewed by our Behavioral Specialist.

Drop Off and Pick Up Information

Camp Location	Address	AM	PM
Weehawken High School	53 Liberty Pl, Weehawken, NJ 07086	8:30	5:00

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 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 is available online at 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@Weehawken

Office Use only:

- Group 1 Group 2 Group 3
 Group 4 Group 5

Camper's Name: _____

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

WEEKS	Full Day 8:30-5:00 1 st child	Full Day 8:30-5:00 2 nd child	Half Day/ Brain Camp Supplement 12:30pm- 5:00pm Tues/Wed/Thursday Full Day - Monday/Friday	PRE-CAMP 7:30am-8:30am	POST CAMP 5:00pm- 6:30pm	Total
<input type="checkbox"/> Week 1 June 26 – June 30	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248		<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 2 July 3 – July 7 (Camp Closed 07/03 & 07/4)	<input type="checkbox"/> \$165	<input type="checkbox"/> \$149	<input type="checkbox"/> \$102	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	
<input type="checkbox"/> Week 3 July 10 – July 14	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	<input type="checkbox"/> \$170	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 4 July 17 – July 21	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	<input type="checkbox"/> \$170	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 5 July 24 – July 28	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	<input type="checkbox"/> \$170	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 6 July 31 – August 4	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	<input type="checkbox"/> \$170	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 7 August 7 – August 11	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	<input type="checkbox"/> \$170	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 8 August 14 – August 18	<input type="checkbox"/> \$275	<input type="checkbox"/> \$248	Closed	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
Sub-total						\$
\$25 Registration						\$25
Sub-total						\$
Would you like to make a tax-deductible donation to YWCA summer camp?						\$
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.

All payments 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.

Signature: _____

Date: _____