

Office use only:

Group # _____

Weeks: 1 2 3 4 5 6 7 8 9

Bus Stop: _____

YWCamp@Mahwah Registration - Summer 2023

Camper's Name (One Application Per Child): _____ New Camper Returning Camper

Date of Birth: _____ Age as of June 25th, 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: _____

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: _____

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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 which will be reviewed by our Behavioral Specialist.

Bus Stop Information

NO ONSITE PICK UP OR DROP OFF – (Must use bus transportation) *Times subject to change.

| Bus Stop Locations - Towns | Address | AM | PM |
|---|-------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Butler (Richard Butler Middle School) | 3 Pearl Place (Parking Lot) | <input type="checkbox"/> 8:15 | <input type="checkbox"/> 5:15 |
| <input type="checkbox"/> Dumont (Honiss Elementary School) | 31 Depew Street (Large Parking Lot) | <input type="checkbox"/> 7:45 | <input type="checkbox"/> 5:45 |
| <input type="checkbox"/> Hackensack (YWCA Northern New Jersey Office) | 214 State Street (Parking Lot) | <input type="checkbox"/> 7:45 | <input type="checkbox"/> 5:45 |
| <input type="checkbox"/> Mahwah (Mahwah High School) | 50 Ridge Road (Parking Lot) | <input type="checkbox"/> 8:30 | <input type="checkbox"/> 5:00 |
| <input type="checkbox"/> Oradell (Oradell Elementary School) | 350 Prospect Ave (Parking Lot) | <input type="checkbox"/> 8:00 | <input type="checkbox"/> 5:30 |
| <input type="checkbox"/> Ridgewood (Christian Reformed Church) | 271 Lincoln Ave (Parking Lot) | <input type="checkbox"/> 8:15 | <input type="checkbox"/> 5:15 |
| <input type="checkbox"/> Verona (Our Lady of the Lake School) | 26 Lakeside Ave (Parking Lot) | <input type="checkbox"/> 7:30 | <input type="checkbox"/> 6:00 |

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). 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@Mahwah

Camper's Name: _____

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

Office Use only:

Group 1 Group 2 Group 3

Group 4 Group 5

Bus Stop: _____ AM _____ PM

| WEEKS | 1 st child | Each additional child | Specialty Camp No discounts applicable | Total |
|--|--------------------------------|--------------------------------|--|-------|
| <input type="checkbox"/> Week 1 June 26 – June 30 | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$342 | <input type="checkbox"/> \$425 Baking Camp | |
| <input type="checkbox"/> Week 2 July 3 – July 7 <small>(Camp Closed 07/03 & 07/4)</small> | <input type="checkbox"/> \$228 | <input type="checkbox"/> \$205 | | |
| <input type="checkbox"/> Week 3 July 10 – July 14 | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$342 | <input type="checkbox"/> \$425 Baking Camp | |
| <input type="checkbox"/> Week 4 July 17 – July 21 | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$342 | | |
| <input type="checkbox"/> Week 5 July 24 – July 28 | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$342 | <input type="checkbox"/> \$425 Aqua Adventures Camp | |
| <input type="checkbox"/> Week 6 July 31 – August 4 | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$342 | | |
| <input type="checkbox"/> Week 7 August 7 – August 11 | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$342 | | |
| <input type="checkbox"/> Week 8 August 14 – August 18 | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$342 | | |
| <input type="checkbox"/> Week 9 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 (per family) | | | | \$ |
| \$25 Registration | | | | \$ |
| PROMO CODE(S) –No promo codes or sibling discounts on specialty camps - Promos cannot be combined | | | | |
| 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: _____

**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 YWCA NNJ to charge my credit card for my child's summer camp tuition.

Signature: _____

Date: _____