



YWCamp@Hoboken

½ Day Program

Office use only:
Group # _____
Weeks: 1 2 3 4 5 6 7 8 9

**** Must provide proof of acceptance into Splash and Literacy Program****

Registration - Summer 2024

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

Date of Birth: _____ Age as of June 24th, 2024: _____ 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: _____ County: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Do parents live together? _____ If not, with whom does the child reside? _____

If parents are divorced / separated, please give specific instructions and a copy of the court order concerning visits and pick-up by non-custodial parents. 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) Children are NOT permitted to walk to or from camp.

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). If you want/need your child to take medication – please fill out the medication permission form on the website.

Date of Last Physical Exam: __/__/__

Any Medical Needs/Allergies? No Yes, describe: _____

If your child has allergies requiring medical treatment – please include a care plan from your doctor.

***Medication must be sent on the child's first day (2 Epi-pens required) or the child will not be permitted to attend camp.**

Any Learning/Behavioral Needs? No Yes - describe and please include copy of latest IEP/504 Plan.



Drop Off and Pick Up Information

Camp Location	Address	AM	PM
Wallace Elementary School	1100 Willow Ave, Hoboken, NJ 07030	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, I give permission for YWCA Northern New Jersey staff to transport my child by walking to and from the Hoboken High School daily to use the swimming pool facility. 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 in 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, _____ (Must add initials) 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 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@Hoboken

Camper's Name: _____

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

Office Use only:

- Group 1
 Group 2
 Group 3
 Group 4
 Group 5

WEEKS	Half Day Splash/ Leap Program 12:00pm- 5:00pm Monday-Friday	PRE-CAMP 7:30am-8:30am	POST CAMP 5:00pm- 6:30pm	Total (Promo Code Not Available)
<input type="checkbox"/> Week 2 July 1 – July 5 (Camp Closed 07/04 & 07/5)	<input type="checkbox"/> \$108	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	
<input type="checkbox"/> Week 3 July 8 – July 12	<input type="checkbox"/> \$195	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 4 July 15 – July 19	<input type="checkbox"/> \$195	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 5 July 22 – July 26	<input type="checkbox"/> \$195	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 6 July 29 – August 2	<input type="checkbox"/> \$195	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
Week 9 Hoboken to Mahwah Bus stop only <input type="checkbox"/> 7:15 AM <input type="checkbox"/> 6:20 PM *time subject to change				
Sub-total				\$
\$30 Registration				\$30
Sub-total				\$
Would you like to make a tax-deductible donation to YWCA summer camp?				\$
(Promo Code Not Available) Total				\$

PAYMENT OPTIONS - Attached Proof of Residency and Proof of Hoboken Camp Acceptance Letter (Literacy/Splash Program)

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.

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.

Signature: _____

Date: _____