

January 2024

Thank you for your interest in the YWCA Northern New Jersey **Leaders in Training (LIT)** Program.

Our LIT program is the perfect opportunity for teens to learn the skills it takes for potential future work as a camp or afterschool counselor.

Our LIT program is designed to train those who are ready to take on new challenges, opportunities, and responsibilities at camp. LITs work with camper groups assisting staff and specialists in activity areas such as swimming, crafts, STEM, sports etc. This unique opportunity provides teens with the chance to develop their personal leadership style, hone their communication and problem-solving skills and gain valuable professional development that will help them succeed at Camp, in school and in any workplace.

The curriculum of the LIT program will be based on six core competencies.

- Youth Development
- Leadership Styles
- Group Facilitation
- Risk Management & Decision Making
- Effective Communication
- Professional Development

Leaders-in-Training are seen as camp leaders and role models for all campers. The highest standards of conduct, attitude, and behavior are expected.

The LIT program is offered at our YWCamp@Mahwah and at our YWCAMP@Dumont.

Leader in Training (LIT) Application Summer 2024

YWCAMP@Dumont YWCAMP@Mahwah

Name: _____
 Date of Birth: _____ Age as of June 24th, 2024: _____
 School I attend: _____ Grade: _____
 Gender: Female Male Transgender Intersex Other Preferred Pronouns: _____

Camp Shirt Size Adult- S Adult-M Adult-L Adult-XL other _____

Family Information/Communication

Parent/Guardian Name: _____ Date of Birth: _____
 Home Address: _____ City: _____ County: _____
 State: _____ Zip: _____
 Cell Phone: _____ Email Address: _____

Parent/Guardian Name: _____ Date of Birth: _____
 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, court order attached.

Emergency Information- Other than parents (Must be 18 years or older – (LITS 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 Number: _____ Relationship to Child: _____
 Name: _____ Primary Contact Number: _____ Relationship to Child: _____

Bus Stop Information – Bus stop times are subject to change and based on enrollment.
FOR YWCAMP@Mahwah ONLY – MUST use Bus Transportation (No Drop off/Pickup)

Bus Stop Locations - Towns	Address	AM	PM
<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

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 Need/Allergies? rNo rYes, describe: _____

If your child has allergies requiring medical treatment – please include 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? rNo rYes - describe and please include copy of latest IEP/504 Plan

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, _____ **(Must add initials)** 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: _____

rYWCAMP@Dumont or rYWCAMP@Mahwah

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

WEEKS	Weekly Fee	Pre Camp 7:00am – 8:30am	Post Camp 5:00pm - 6:30pm	TOTAL
<input type="checkbox"/> Week 1 June 24– June 28	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 2 July 1 – July 5 (Camp Closed 07/04 and 07/05)	<input type="checkbox"/> \$120	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	
<input type="checkbox"/> Week 3 July 8 – July 12	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 4 July 15 – July 19	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 5 July 22 – July 26	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/> Week 6 July 29- August 2 (Mahwah only)	<input type="checkbox"/> \$200	NOT AVAILABLE		
<input type="checkbox"/> Week 7 August 5– August 9 (Mahwah only)	<input type="checkbox"/> \$200	NOT AVAILABLE		
<input type="checkbox"/> Week 8 August 12 – August 16 (Mahwah only)	<input type="checkbox"/> \$200	NOT AVAILABLE		
<input type="checkbox"/> Week 9 August 19– August 23 (Mahwah only)	<input type="checkbox"/> \$200	NOT AVAILABLE		
Sub-total				\$
\$30 Registration				\$
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.

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: _____