eliminating racism
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ywca
Northern New Jersey

YWCA Northern New Jersey
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January 2026

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@Dumont (Grant School Elementary -100 Grant Ave, Dumont , NJ)

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❒ New Applicant ❒Returning LIT

Leader in Training (LIT) Application Summer 2026

YWCAMP@Dumont

Name: _____
Date of Birth: _____ **Age as of June 22nd ,2026:** _____
School I attend: _____ **Grade:** _____
Address: _____ **County:** _____ **Zip Code:** _____
Gender: ❒Female ❒Male ❒Transgender ❒Intersex ❒Other **Preferred Pronouns:** _____

Camp Shirt Size ❒Adult- S ❒Adult-M ❒Adult-L ❒Adult-XL ❒other_____

Parent/Guardian Name: _____ **Date of Birth:** _____
Cell Phone: _____ **Work Phone:** _____
Employer: _____ **Email Address:** _____
❒Female ❒Male ❒Transgender ❒Intersex ❒Other/ prefer to not identify.

Parent/Guardian Name: _____ **Date of Birth:** _____
Cell Phone: _____ **Work Phone:** _____
Employer: _____ **Email Address:** _____
Address if Different: _____
❒Female ❒Male ❒Transgender ❒Intersex ❒Other/prefer to not identify.

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 (Must have 2 contacts per licensing requirement).

Name: _____ **Primary Contact Number:** _____**Relationship to Child:** _____

Name: _____ **Primary Contact Number:** _____ **Relationship to Child:**_____

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? ❒No ❒Yes, 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? ❒No ❒Yes - 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. The YWCA Northern New Jersey does not permit children to walk to and from program without an adult.

❒ 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, Refund 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: _____

❒YWCAMP@Dumont

Registration MUST be received by the prior WEDNESDAY

Office use only: Dumont LIT

Shirt Size: _____

WEEKS	Weekly Fee	Pre-Camp 7:30am – 8:30am (Dumont Only)	Post Camp 5:00pm -6:30pm (Dumont Only)	TOTAL
❒ Week 1 June 29 – July 3 (Camp Closed 07/03)	❒ $168	❒ $44	❒ $48	
❒ Week 2 July 6 – July 10	❒ $210	❒$55	❒$60	
❒ Week 3 July 13 – July 17	❒$210	❒$55	❒$60	
❒ Week 4 July 20 – July 24	❒$210	❒$55	❒$60	
❒ Week 5 July 27 – July 31	❒$210	❒$55	❒$60	
❒ Week 6 August 3 – August 7	❒$210	❒$55	❒$60	
			Sub-total	$
			$35 Registration	$35.00
			Sub-total	$
			Would you like to make a tax-deductible donation to YWCA summer camp?	$
(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: _____

The YWCA NNJ charges a 3 % surcharge for all transactions and accounts drafting from American Express, Mastercard, Visa, Discover and debit credit cards.

❒ 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**: _____