

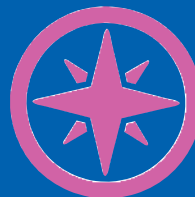
DAY CAMP REGISTRATION

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Child's Name: _____ Entering Grade (Fall 2018): _____

Please clearly circle or highlight the appropriate box to indicate the camp you would like to select for your child.

Camp	Entering Grades (Fall 2018)	Week 1 6/25-6/29	Week 2 7/2-7/6	Week 3 7/9-7/13	Week 4 7/16-7/20	Week 5 7/23-7/27	Week 6 7/30-8/3	Week 7 8/6-8/10	Week 8 8/13-8/17	Week 9 8/20-8/24	Week 10 8/27-8/31
Preschool (9:00am-3:00pm 5 Days a week) Full Member: \$150 per week, Basic Member: \$175 *Please mark the week your child will attend											
Buccaneers	Pre-K										
3- Day Options Buccaneers (Please select and circle which days your camper will be attending) Full Members \$90 Basic Member \$ 115											
Buccaneers	Pre-K	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F
Traditional Camps (8:30am-5:00pm 5 Days a week) Full Member: \$211 per week, Basic Member: \$221 *Please mark the week your child will attend											
Discovery	K & 1										
Explorer	2 & 3										
Adventure	4 & 5										
Pioneer	6-8										
3- Day Options (Please select and circle which days your camper will be attending) Full Members \$156 Basic Member \$ 166											
Discovery	K & 1	M T W Th F	M T Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F
Explorer	2 & 3	M T W Th F	M T Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F
Adventure	4 & 5	M T W Th F	M T Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F
Pioneer	6-8	M T W Th F	M T Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F
Specialty Camps (Camps will be offered from Monday- Friday) See Specialty camp pages for descriptions, ages and fees.											
Arts Camp				A camp out of this world			Cartoon		You're a Wizard		
Sports Camp	1-5	Sports Mix		Basketball	Basketball	Tennis	Tennis	Tennis	Sports Mix	Basketball	Flag Football
Swim Camp		Stroke Basics			Pirates!	Beach Party		Spies		Under the Sea	
Additional Options :											
Pre Camp 7-8:30am	All	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Post Camp 5-6:30pm	All	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Pre & Post Camp	All	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Weekly Trip	2-8	\$10 (BBQ)	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$10 (BBQ)



MEDICAL HISTORY FORM

Child's Name _____

Camp _____

Immunization History

Please record the date (month & year) of the basic immunizations and the most recent booster. If you have any questions, please consult with your doctor.

DPT Booster _____ HBV _____ Polio OPV (sabin) _____

MMR _____ Pertussis _____ Tetanus Booster _____

HIB _____ Varicella _____ Tuberculin Test _____ Result _____

Date of last medical examination _____

Health History

Has your child had any of the following? If so, at what age?

Allergies

Hay Fever _____

Ivy Poisoning _____

Insect Stings _____

Penicillin _____

Sun Screen _____

Bug Spray _____

Conditions

Ear Infections _____

Heart Defect/Disease _____

Convulsions _____

Bleeding Disorders _____

Asthma/Reactive Airway _____

Food Allergies: _____

Medical Allergies: _____

Does your child carry an asthma inhaler? _____ Does your child carry an EpiPen? _____

Has your child had any operations or serious injuries? _____ At what age? _____

If so, please describe: _____

Has your child ever been hospitalized? _____ Under what circumstances? _____

Does your child have any chronic or recurring illness including seizures: _____

If yes, please explain _____

Does your child have emotional or behavioral problems? _____

Please list any additional health history information we should be aware of: _____

Does your child have any limitations to physical activity? _____ If yes, please explain: _____

IMPORTANT: PLEASE NOTIFY THE CAMP IF THIS CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE.

This health history is correct as far as I know, and the person herein described is in _____ condition and has permission to engage in all in all usual activities except as noted above by me.

Parent or Physician's Signature: _____ Date: _____

Permission for emergency treatment: In order to meet all legal requirements, I hereby authorize representatives of Rahway Branch to give consent for any and all necessary emergency medical care for my child while he/she attends the Rahway Branch summer camp program.

Parent/Guardian Signature: _____ Date: _____

Parent Agreement

- I have received The Rahway Branch Parent Handbook, and I will review the camp safety and behavioral guidelines with my child. I understand my communication will support my child in having a safe, happy, and memorable camp experience.
- I understand the importance of completing all registration materials prior to enrolling my child in camp. The registration materials support the YMCA in meeting licensing standards and are therefore a requirement.
- I understand that full payment is needed prior to my child's participation in camp.
- To ensure the safety of all campers, I understand that a child may be suspended or terminated from the program, at the discretion of the Camp Director, for behaviors that violate YMCA rules and procedures. I also understand that there are no refunds for suspensions or terminations.
- I understand that The Rahway Branch is not responsible for lost or damaged belongings, and that a lost and found is provided throughout the camp season.

Parental Authorization and Consent

I hereby enroll my child, _____, in the Rahway Branch Summer Camp, and I:

- Give permission for my child to participate in walking trips within the YMCA neighborhood. I understand these walks do not involve entrance into any facility and the route of any walk involves no safety hazards.
- Give consent for my child to take part in all field trips or excursions under proper supervision. I also give my consent for my child to be transported to and from field trips/excursions.
- Give consent for my child's picture to be taken by childcare staff or area media personnel to be used for promotional purposes as deemed appropriate.

Parent's Signature _____
Date

Inquiring YMCA staff are eager to know...

How did you hear about us?

Previous Camper Direct Mail/Brochure
 Website Friend
 School YMCA Employee
 Other _____

Please list any siblings that will be attending either summer camp or our child care program.

1. _____

2. _____

3. _____

