

DAY CAMP REGISTRATION

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Child's Name: _____ Entering Grade: _____

Please clearly circle or highlight the appropriate box to indicate the camp you would like to select for your child. All camps are based on the grade your child is entering effective September 2017.

Camp	Entering Grades	Week 1 6/26-6/30	Week 2 7/3-7/7 *No camp on 7/4	Week 3 7/10-7/14	Week 4 7/17-7/21	Week 5 7/24-7/28	Week 6 7/31-8/4	Week 7 8/7-8/11	Week 8 8/14-8/18	Week 9 8/21-8/25	Week 10 8/28-9/1
PreSchool Camps (9am-1pm) (Camps will be offered on Monday, Wednesdays & Fridays)											
Buccaneers											
Traditional Camps (8:30am-5:00pm) Full Member: \$211 Program Member: \$221 for 5 day											
Discovery	K & 1										
Explorer	2 & 3										
Adventure	4 & 5										
Pioneer	6-8										
Specialty Camps Camp (Camps will be offered on Monday, Tuesdays & Thursdays, Fridays) See specialty camp pages for descriptions, ages and fees.											
Brick 4 Kidz					Up, Up & Away		Space Adventure				
Fine Arts				Art a la Carte			Art a la Carte		Hip Hop Dance	Simple Sweet Sewing	
Leaders In Training		LIT	LIT	LIT	LIT	LIT	LIT	LIT	LIT	LIT	LIT
Mad Science								My 1st Chemistry Lab	Let's Get Growing	Schoolhouse Chess	
Sports Camp		Basketball		Soccer	Flag Football	Basketball	Tennis	Tennis		Multi-Sports	
Water Exploration							Water Exploration		Water Exploration		
3- Day Options (Please select and circle which days your camper will be attending) Full Member: \$156 Program Member: \$166											
Discovery	K & 1	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
Explorer	2 & 3	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
Adventure	4 & 5	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
Pioneer	6-8	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
Additional Options Pre Camp: \$25 Post Camp: \$25 *Register for Pre AND Post for the same week and SAVE \$5*											
Pre Camp 7-8:30am	All	\$25	\$20	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Post Camp 5-6:30pm	All	\$25	\$20	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Pre & Post Camp	All	\$45	\$40	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Weekly Trip	K-8		\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15



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 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 Rahway Branch is not responsible for lost or damage 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.
- Give permission for my child to participate in all Healthy U activities and I give The Rahway Branch permission to fitness test my child in cooperation with the Healthy U-CATCH initiative.

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

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

1. _____
2. _____
3. _____

