



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARN & GROW WITH THE Y

Join us for Summer Daze Enrichment Camp!

Kids learn, grow and thrive at the Y's Summer Daze Camp with climate-controlled comfort and outdoor fun including STEAM-based activities, science, gardening, cooking, arts & crafts, water games, local trips and more!



> **June 25-Aug. 24 | Grades K-6**

Flexible schedules available:

Half-day 9 a.m.-3 p.m.

Full-day 7 a.m.- 6 p.m.

Held at YMCA Children's Achievement Center

201 Broad Street | Matawan NJ, 07747

Space is limited and enrollment is on a first come, first serve basis. Sign up today!

To register or for more information, contact afterschool@cymca.org.

THE COMMUNITY YMCA

CHILDREN'S ACHIEVEMENT CENTER

201 Broad Street
Matawan, NJ 07747

P. 732.566.9266
information@cymca.org

TheCommunityYMCA.org



Here for all.

Financial assistance is offered based on availability of funds.

Summer Daze Fees, Information and Registration Form

Weekly Rates

| | Half Day Session 9am-3pm | Full Day Session 7am-6pm |
|--------|-----------------------------|-----------------------------|
| 3 days | \$125/wk | \$210/wk |
| 4 days | \$160/wk | \$275/wk |
| 5 days | \$195/wk | \$340/wk |

Annual YMCA Membership Fee of \$70 is required for participation. Minimum enrollment of 3 days per week.

Please select the session your child will attend: Midday Session: 9am-3pm Full Day Session: 7am-6pm

Please select the week(s) & days your child will attend:

| | | | | | | | | | | | |
|--|---|---|---|----|---|---|---|---|---|----|---|
| <input type="checkbox"/> June 25-June 29 | M | T | W | TH | F | <input type="checkbox"/> July 30- August 3 | M | T | W | TH | F |
| <input type="checkbox"/> July 2-July 6 | M | T | X | TH | F | <input type="checkbox"/> August 6-August 10 | M | T | W | TH | F |
| <input type="checkbox"/> July 9-July 13 | M | T | W | TH | F | <input type="checkbox"/> August 13-August 17 | M | T | W | TH | F |
| <input type="checkbox"/> July 16-July 20 | M | T | W | TH | F | <input type="checkbox"/> August 20 -August 24 | M | T | W | TH | F |
| <input type="checkbox"/> July 23-July 27 | M | T | W | TH | F | | | | | | |

Child's Name Male Female Date of Birth Age Grade (last completed)

Parent/Guardian's Name

Home Address Town Zip Code

Home # Work # Cell #

Parent/Guardian's Email Address

Emergency Contact Emergency Contact Phone Relationship to Child

In your absence, who is authorized to pick up your child?

#1 Name _____ Relationship to child: _____ Phone # _____
 #2 Name _____ Relationship to child: _____ Phone # _____
 #3 Name _____ Relationship to child: _____ Phone # _____

I give permission for my child's photograph or any videotape taken of my child to be used in promotional materials for The Community YMCA.

Yes No Parent/Guardian Signature _____

Medical Clearance: I hereby agree that the YMCA administration and the physician's selected by it may, in an emergency, take whatever action is deemed necessary in my child's best interest. Parent/Guardian Signature _____

Transportation: I give permission for my child to be transported by YMCA mini-bus to and from any scheduled trips on a daily basis.

Parent/Guardian Signature _____

YMCA Program Participation Waiver

The Community YMCA conducts its program with the best interests of all participants in mind. The YMCA attempts, at all times, to run programs that are educational, enjoyable, and safe. Further, the activities of the YMCA are designed to further the educational, motivational, and charitable objectives of the YMCA. Nonetheless, participants must understand that some activities of the YMCA may involve inherent risks and hazards for which the YMCA cannot be held responsible. Because of the nature of the YMCA activities, injuries may still result even if after reasonable precautions have been taken but it is acknowledged that the YMCA cannot be held responsible in the event that injury occurs.

Parent/Guardian Print Name _____ Parent/Guardian Signature _____ Date _____

Payment/Refund Policy: Valid membership and 50% deposit required on each session upon registration. Balance due by June 22, 2018. If registering after June 22nd, full payment is due at the time of registration. No refunds or credits will be issued after the weekly session has begun. An administration fee of \$50 will be charged for all cancelled registrations where a refund is requested. I have read and fully understand the payment/refund policy of the YMCA Summer Daze Program and agree to abide by this policy.

Parent/Guardian Signature: _____

Amount enclosed: \$ _____ (cash, check, credit card) Credit Card: (please circle one) Visa MasterCard AMEX Discover

Card #: _____ Exp. Date: _____ SVC: _____

Cardholder's Name: _____

Balance to be paid by credit card on _____.