



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 & outdoor fun including STEAM-based activities, science, arts & crafts, water games, healthy u fitness, local trips and more!



> **June 26–Aug. 23** | 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	\$128/wk	\$214/wk
4 days	\$163/wk	\$281/wk
5 days	\$199/wk	\$347/wk

Annual YMCA Membership Fee of \$45 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 26-June 28	X	X	W	TH	F	<input type="checkbox"/> July 29- August 2	M	T	W	TH	F
<input type="checkbox"/> July 1-July 5	M	T	X	TH	F	<input type="checkbox"/> August 5-August 9	M	T	W	TH	F
<input type="checkbox"/> July 8-July 12	M	T	W	TH	F	<input type="checkbox"/> August 12-August 16	M	T	W	TH	F
<input type="checkbox"/> July 15-July 19	M	T	W	TH	F	<input type="checkbox"/> August 19 -August 23	M	T	W	TH	F
<input type="checkbox"/> July 22-July 26	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 _____.