



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

JERSEY SHORE SUMMER CAMP REGISTRATION FORM

To ensure that your child has a spot in our 2021 Summer Camp Program, please complete the information listed below. You will need to return this form along with the \$25.00 registration fee and sunscreen in order to enroll your child. This information needs to be returned by May 26, 2021.

Child's Name: _____

Age ___ Grade Completed ___ Gender ___ Birthdate _____

Please circle youth shirt size XS S M L or adult S M L XL

Parent /Guardian Name: _____ D.O.B. _____

Address _____

Cell Phone _____ E-mail _____

Emergency Contact: _____ Phone # _____

I give the YMCA School Age Staff permission to apply sunscreen and lotions for chapped lips or skin.

Parents Signature _____

I give my child permission to watch a PG movie when used in the School Age program.

Parents Signature _____

I give the YMCA School Age staff permission to take the children's pictures to be used for newspaper articles, end of the year family picnic, YMCA facebook page, YMCA website or brochures.

Parent Signature _____

I wish to receive EMAIL REMINDERS at this email _____

I wish to receive PHONE REMINDERS at this phone number _____

Registration Checklist

___ The \$25.00 registration fee is attached with this form

___ I have included my sunscreen with this registration form.

___ Emergency Form

___ Camp Fee Agreement ___ Club Form



Club Form

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Name of Child: _____

Wednesday Mornings will be club days. Please choose your favorites by putting 1st and 2nd choice in each session.

Club Session 1 (June 16-July 14)

Club Session 2 (July 21-August 18)

Science Club _____

Music and Dance _____

Cooking Club _____

Leisure Sports _____

Outdoor Sports/Fitness _____

Gaming Club _____

Art Club _____

Climbing Club _____

Climbing Club _____

Exploring the Clubs

Outdoor Sports/Fitness-The children will have a chance to explore and play a different sport daily.. The children will have a chance to learn techniques of ball handling and game play. We will emphasize team work, fitness, and good sportsmanship. Sports club takes place outdoors. Must wear sneakers.

Art Club- Do you have a budding artist at home or a child who is always drawing? Art club is the place for them. In this club they will engage in multiple forms of Art.

Music and Dance-Do you like to sing and dance? Do you like to watch tik tok videos. We will do some singing, learn some rhythyms, learn a few dance routines, and just get creative.

Science Club-This club will have a hands on introduction to the world of Science. Children will learn to think like real scientists, as they make hypothesis and explore.

Climbing Club-Using the YMCA climbing wall the club will learn how to tie knots, boulder, and climb the wall using different techniques. We will also learn different exercises to strengthen the muscles we learn to climb.

Cooking Club-Mr. Brian will bring his culinary experience into play when he teaches some simple cooking techniques. They will learn how to measure, crack eggs, cook simple dishes, and build menus using recipes.

Gaming Club-In this club we will go beyond electronics. We will do some simple coding, create board games, and find solutions to games. Bring your creativity and your quest for knowledge.

Leisure Sports- Sports don't always have to be active and competitive. In this club the children will do more relaxing sports, such as fishing, hiking, golfing, bicycling, and camping games.



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Jersey Shore YMCA Summer Camp Agreement June 7-August 20, 2021

Child(ren)'s Name _____

SCHOOL AGE- SUMMER CAMP – Begins the week of June 7 and ends Friday, August 20. An additional \$25.00 registration fee is not included in the price.

___ \$105.00 full week

___ \$75.00 (Mondays, Tuesdays, Thursdays)

___ I receive CCIS funding and I am obligated to pay \$_____ weekly.

___ Please check here if you want to stay on automatic pay weekly.

Please check the weeks your child will attend:

___ June 7-11

___ June 14-18

___ June 21-25

___ June 28-2

___ July 6-9

___ July 12-16

___ July 19-23

___ July 26-July 30

___ August 2-6

___ August 9-13

___ August 16-20

II. I agree to pay the established fee(s) as indicated below:

III. Initial on the lines below indicating you have read and agree to the following statements:

___ I understand the normal weekly fee is due and payable by Friday of the week prior to receiving care. Other arrangements may be made with the child care director.

___ I understand that I am responsible for paying the weekly fee regardless of absences, emergency closings, or agency observed holidays.

___ I understand that there are **NO** vacation days included with this agreement.

___ I understand that services may be terminated for lack of payment and I will still be responsible for my balance owed.

___ I understand that the YMCA charges an insufficient funds/returned check fee plus expenses charged by the bank.

___ I understand that this contract may be terminated by myself with a two weeks' notice or by the child care provider. The child care provider may immediately terminate without giving any notice if the parent guardian fails to make timely payments or does not follow the YMCA Code of Conduct.

___ I understand that my account may be turned over to Keystone Credit Collections if I fail to make timely payments. ****this may affect your credit rating****

IV. I understand and agree to the terms and conditions set forth above in exchange for the provision of child care

Signature _____

Directors Signature _____ Date _____

YMCA Bank Draft Authorization Form – EFT

Name of Account Holder: _____ Effective Date: _____

Joint Acct. Holder, if applicable: _____ Phone #: _____

Street Address: _____

City, State, Zip Code: _____

_____ New Authorization _____ Checking Account

_____ Alter Current Account data _____ Savings Account

Bank _____ Branch _____

City _____ State _____ Zip _____

Bank Routing Number _____ Bank Acct Number _____

_____ Credit Card Account (please choose): _____ Mastercard _____ Discover _____ Visa

Credit Card Account Number: _____

Expiration Month and Year: _____ Security Code on back of card: _____

To Jersey Shore Area YMCA (hereinafter referred to as the Y), I have given my authority to the above-named bank/credit card company to honor pre-authorized drafts drawn by the Y on my account for childcare payments. It is understood that the Y's transmission of pre-authorization drafts to the company as payments become due shall constitute valid notice of such payment due on said childcare. When bank/credit card company honors the draft by charging my account, such draft shall constitute my receipt of payment. Should any pre-authorized draft not be honored by said bank/credit card company when received, it is understood that payment is to be made by me within 15 days in the amount of said payment plus a \$50 service fee applied by the Y.

Please initial on the lines below indicating that you have read and agree to the following statements:

_____ **Bank Draft/EFT Membership/Charitable Contribution/Childcare Payment Agreement**

I understand that Bank Draft/EFT is a continuous plan. I understand the payment will remain in effect until I initiate its termination. I further understand that all account information changes must be given to the YMCA with 30 days written notice in advance of the date I want the change to occur. The Jersey Shore YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership/childcare at any time. I understand that I will receive at least thirty (30) days' notice prior to any such charges. The Y Service Charge is in addition to any service fee my bank may take. I understand that the draft may be resubmitted to my bank at the next available Y draft date to collect for that draft payment. A check must be presented if you are signing up and your payments will be drawn on your checking account. I agree that, for childcare and/or other non-membership services using EFT charges, fees will be drawn based on posted and agreed upon fees; these fees will be debited to the account chosen above on _____.

_____ **Bank Draft/EFT Cancellation Policy**

After the first 30 days on Bank Draft/EFT. You may appear in person to cancel the remainder of your bank Draft/EFT agreement at any time by providing the Y with 30-days advance written notice of the day you want to cancel.

Printed Name(s): _____

Signature(s): _____ Today's Date: _____

(Office Use Only) Program Type: _____ Start Date: _____

Amount to be deducted: _____ Staff Initials: _____ Notes: _____