

YMCA OF PATERSON SUMMER CAMP APPLICATION

Branch: Paterson, NJ 07505	Camp Site: 128 Ward Street,	Camp Group: Preschool Center
<u> N/A </u> District Enrichment Program		<u> X </u> Summer Camp

PARTICIPANT INFO (*please fill out all areas of this application*)

Child's Name _____ Age _____ D.O.B. _____

Female Male

Age in September _____ Grade _____ School attending _____

Mailing Address _____ Apt.# _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

My child's Drop Off Time: _____ My Child's Pick Up Time: _____

PARENT INFO

Name of Parent/Guardian registering child _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____ Email _____

Name of Parent/Guardian _____ Relation _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____ Email _____

EMERGENCY CONTACT (*must be filled*)

Please list two (2) contacts not already listed on this form, to be used if the parents/guardians cannot be reached

Name _____ Relation _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

Name _____ Relation _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

PHYSICIAN INFO (*must be filled*) (attach Physical and immunization)

Name _____ Telephone Number (____) _____

Address _____ City _____ State _____ Zip _____

PARENTAL AUTHORIZATION / CONSENT

EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a YMCA program, a designated employee of the YMCA will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated or hospitalized by a licensed physician or hospital selected by the YMCA.

Name _____ Parent/Guardian Signature _____

Date _____



YMCA OF PATERSON SUMMER CAMP APPLICATION

PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities of the YMCA of Paterson, NJ. I hereby grant permission for my child to leave the YMCA of Paterson premises, under proper supervision of the Paterson YMCA Preschool Center staff, for neighborhood walks, park play and field trips. It is my understanding that an additional checked list of these trips will be taken over the camp session with further consent from me.

Child's Name

Child's Group

Parent/Guardian Signature

Date

AUTHORIZED PICK-UP FORM

The following person/s is 16 & up will be allowed to pick up my child from the Paterson YMCA Preschool Camp Programs:

NAME	RELATIONSHIP	PHONENUMBER

I understand that no one else will be allowed to pick up my child unless I notify the YMCA of Paterson in advance, or in writing. This person will also be asked for their ID for verification.

Parent/Guardian Signature

Date

Contact Telephone Number: _____

Family Income Information

___ wage and salary ___ 4Cs supplement ___ TANF supplement ___ Other source of income



YMCA OF PATERSON SUMMER CAMP APPLICATION

Summer Camp

Session: July 6 – August 14, 2026

Summer Camp Price List

Registration Fee: **\$110.00**



SESSION 1 & 2		MEMBER	
<input type="checkbox"/> Weekly	\$135.00	<input type="checkbox"/> Weekly	\$100.00
<input type="checkbox"/> Sibling	\$100.00	<input type="checkbox"/> Sibling	\$90.00
<input type="checkbox"/> 3 Days	\$75.00	<input type="checkbox"/> 3 Days	\$75.00
<input type="checkbox"/> Sibling	\$65.00	<input type="checkbox"/> Sibling	\$65.00
<input type="checkbox"/> 2 Days	\$60.00	<input type="checkbox"/> 2 Days	\$50.00
<input type="checkbox"/> Sibling	\$40.00	<input type="checkbox"/> Sibling	\$40.00
<input type="checkbox"/> Drop Off	\$30.00	<input type="checkbox"/> Drop Off	\$30.00

***Are you a YMCA Member or Employee? _____ (Discounts Apply)**

Camp Fees (Staff will fill out)

SESSION		FEE		DEPOSIT		SESSION TOTAL	
		Number of Campers		DISCOUNT (only if more than 1 camper)			
<input type="checkbox"/>	Session 1 _____				=		
<input type="checkbox"/>	Session 2 _____				=		
Session Total _____				Total		Grand Total _____	

PARENT AGREEMENT

I, the undersigned, give permission for my child to participate in the camp for the days he/she attends. I am aware that a completed medical form signed by a physician is required before my child may begin camp. In addition, I am fully aware that to reserve a space, I must make a deposit of \$110 and submit a registration form. I am fully aware that should my child change camps after the start of the session there is no refund. I fully understand and approve of my child being photographed for Paterson YMCA publicity. Lastly, I fully understand that my child is responsible for his/her possessions. I have read, signed, and agreed to the registration requirements.

Signature of Parent or Guardian: _____ Date: _____

Signature of Administration / Title: _____ Date: _____

STUDENT HEALTH RECORD // EXPEDIENTE DE SALUD DEL ESTUDIANTE

(To be completed by the parent or guardian) // (A ser completado por el padre o tutor)

This confidential health record will only be used to ensure the safety of the children in this program. This information will not be shared outside of this program. Feel free to continue your notes on a separate sheet.

Este registro de salud confidencial solo se utilizará para garantizar la seguridad de los niños en este programa. Esta información no se compartirá fuera de este programa. Siéntase libre de continuar con sus notas en una hoja separada.

Student's Name: _____ Date of Birth _____
 Nombre de Estudiante _____ Fecha de nacimiento _____

1. Please provide your child's medical history // Proporcione el historial médico de su hijo

CONDITION (if yes, write approx. date) Condición (En caso afirmativo, escriba la fecha aprox.)	YES (Date/Fecha)	NO
Asthma // Asma	<input type="checkbox"/> _____	<input type="checkbox"/>
Convulsions/Seizures // Convulsiones/Ataques	<input type="checkbox"/> _____	<input type="checkbox"/>
Diabetes // Diabetes	<input type="checkbox"/> _____	<input type="checkbox"/>
Ear Infections // Infecciones de oído	<input type="checkbox"/> _____	<input type="checkbox"/>
Chicken Pox // Varicela	<input type="checkbox"/> _____	<input type="checkbox"/>
Measles // Sarampión	<input type="checkbox"/> _____	<input type="checkbox"/>
German Measles // Sarampión Alemán	<input type="checkbox"/> _____	<input type="checkbox"/>
Rheumatic Fever // Fiebre reumática	<input type="checkbox"/> _____	<input type="checkbox"/>
Mumps // Paperas	<input type="checkbox"/> _____	<input type="checkbox"/>
Corrective Device (Glasses, Hearing Aid, etc) Dispositivo Correctivo (Gafas, Audífonos, etc)	<input type="checkbox"/> _____	<input type="checkbox"/>
Does your child use an inhaler? ¿Su hijo usa un inhalador?	<input type="checkbox"/> _____	<input type="checkbox"/>

ALLERGY // Alergia	YES	NO
Penicillin // Penicilina	<input type="checkbox"/>	<input type="checkbox"/>
Insect Stings // Picaduras de Insectos	<input type="checkbox"/>	<input type="checkbox"/>
Foods // Alimentos	<input type="checkbox"/>	<input type="checkbox"/>
Plants // Plantas	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever // Fiebre del Heno	<input type="checkbox"/>	<input type="checkbox"/>
Topical Ointments // Ungüentos tópicos	<input type="checkbox"/>	<input type="checkbox"/>
Other // Otra	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify allergy and describe reaction // En caso afirmativo, especifique la alergia y describa la reacción		

2. List significant illnesses or surgeries. Provide the date and any instructions.

Enumere enfermedades o cirugías importantes. Proporcione la fecha y las instrucciones.

3. Special situations or needs that program staff should be aware of:

Situaciones o necesidades especiales que el personal del programa debe conocer

Child has behavioral/emotional difficulties **Child has physical difficulties** **Other (describe)** _____

El niño tiene dificultades conductuales/emocionales El niño tiene dificultades físicas Otra (explicar)

4. Special Health Care Needs // Necesidades Especiales de Atención Médica

Does your child have special health care need that require treatment and/or medication? YES NO

¿Su hijo tiene necesidades especiales de atención médica que requieren tratamiento y/o medicación?

5. Medication // Medicamento

Does your child take medication for any condition or illness? YES _____ NO

¿Su hijo toma medicamentos para alguna condición o enfermedad?

If your child requires medication during program hours, complete the Medication Consent form.

Si su hijo requiere medicamentos después del horario escolar, complete el formulario de Consentimiento para Medicamentos.

6. Activities your child cannot participate in

Actividades en las que su hijo no puede participar

Parent/Guardian Signature // Firma del Padre / Tutor

Date // Fecha

YMCA OF PATERSON SUMMER CAMP APPLICATION

STANDARD RELEASE FORM

From time to time, the YMCA of Paterson (the "YMCA") takes pictures or records videos of members and non- members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

Child's Name: _____

1. I agree my child to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. I further agree that my child's name may be used to identify as a subject of any Recordings featuring my child's image, likeness, and/or voice.
2. I understand that the YMCA will own all rights in the Recordings of my child, that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.
3. I understand that the Media will own all rights in the Recordings of my child that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.
5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of my child or to use such Recordings for any other particular purpose.

I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings.

Signature

Date

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Mailing Address

Phone Number (Optional)

Email Address (Optional)

