



Raritan Valley YMCA



REGISTRATION FORM 2025 CAMP YOMECA

The 10-week Summer Camp Program is for ages 5–15 with flexible single weeks available. ☑

All-inclusive pricing structure includes:

- *Extended Day included (before care 7am to 9am, after care 4pm to 6pm)
- *All activity fees included
- *Daily swim instruction and recreation swim included
- *Year-round YMCA-trained staff
- *NJ-licensed and ACA accreditation includes:
 1. Low ratios
 2. Safe procedures
 3. Child abuse prevention training
 4. CPR/First Aid certification



Required Document to complete Registration:

- Completed Registration Form
- Universal Health Form (Filled by your child's pediatrician)
- Updated Immunization Records

For more information

Call or Email

Preeti Srivastava, Associate Executive Director

at

psrivastava@raritanvalleyymca.org

732.257.4114

Camper Information

Name _____

Date of Birth _____ Gender F__ M__

Age as of 7/1/25 _____ Grade as of 9/25 _____

Home Address _____

City/Zip _____

Parent/Guardian (1-Primary)

Full Name _____

D.O.B _____

Primary Phone # _____

Alternate# _____

Employer _____

Primary Email (required): _____

(Email is our primary method of communicating camp information, schedules, and last-minute changes during the summer. Note that invoices are ONLY sent to the primary email.)

Parent/Guardian (2-Secondary)

Full Name _____

D.O.B _____

Primary Phone # _____

Alternate# _____

Employer _____

How did you learn about Camp YOMECA?

Additional Authorized Contacts (Required)

In case of emergency, if after both primary guardians cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your child. (Photo ID required)

1. Name _____
Phone # _____ Relation _____

2. Name _____
Phone # _____ Relation _____

Non-Authorized Contacts

Please list anyone who is not authorized to contact your child at any time (provide legal documents if it is a parent).

1. Name _____
Phone # _____ Relation _____

2. Name _____
Phone # _____ Relation _____

Health History

Allergies: _____

Dietary Restrictions: _____

Current of past medical treatment that would affect your child's day at camp: _____

Activities your child should be restricted from: _____

Any physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp? (If we can address any further needs to help your child be successful at camp, a separate letter is encouraged):

List any current medications: _____

Medication Allergies: _____

Medications must be in original container accompanied by a Permission to Medicate form with written instructions. Ex: Epi pen must be in original container. Campers must not carry medication at any time.

Current Immunizations (Required)

Insurance Carrier: _____

Group policy #: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

I also attest my child is in good health and has permission to engage in all the normal activities and trips of camp in the care of the camp staff.

Permission to Treat/Informed Consent:

If I cannot be reached in an EMERGENCY, I hereby give permission to the medical personnel selected by the Y to transport, hospitalize, and secure proper treatment, order x-rays, routine tests, injections, anesthesia, or surgery, and to release any records necessary for insurance purposes for my child as named above, including release any records for treatment and referral.

Parent/Guardian Signature

Date

Camper Friend Request

(Both friends must request each other and be in the same camp.)

Weekly Sessions	1 June 23- June 27	2 June 30- July 3 Pro- rate	3 July 7- July 11	4 July 14- July 18	5 July 21- July 25	6 July 28- Aug 1	7 Aug 4- Aug 8	8 Aug 11- Aug 15	9 Aug 18- Aug 22	10 Aug 25- Aug 29	Total Weeks
Achievers (grades K-1)	\$400	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400	
Achievers (grades 1-3)	\$400	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400	
Achievers (grades 3-5)	\$400	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$370	\$400	
Adventurers (grades 5-7)	\$400	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400	
Voyagers (grades 6-8)	\$400	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400	
Counselor-in-training (grades 9-10) (Send CIT Application & Registration Form)			\$1,740/ 6-week session [July 7-Aug 15] \$300 - \$300 - \$300- \$300 - \$300 - \$300								
Combined Total Weeks											

Deposit Summary

\$80 Annual Membership Fee \$ _____`

_____ x \$100 Deposit Per Week (applied to camp tuition) \$ _____

Y Annual Campaign Donation – Please consider giving the Gift of Camp (*optional*)
\$ _____

Total Amount due at Registration \$ _____

STAFF USE ONLY	
Forms Completed	_____
Membership	_____
Fees Processed	_____
Auto Draft	_____

Balances will be invoiced, may be paid at the time of registration, and are due on:
 6/6/2025 for weeks 1-4
 6/27/2025 for weeks 5-7
 7/18/2025 for weeks 8-10

*Auto-draft is available. Balances will be charged on due dates.

Parents are requested to review this camper code of conduct with their child(ren) prior to starting camp to ensure a positive experience for all.

Campers must:

- Show respect to other campers and treat them as well as I would like to be treated and try to be a friend to all.
- Show respect to camp staff and cooperate fully with their instructions.
- Respect the rights and beliefs of others and treat others with courtesy and consideration.
- Communicate in an appropriate manner, which means I must not use foul language or gestures, harsh words, or tone of voice.
- Conduct myself responsibly. I understand that horseplay, unwelcome teasing, or other unkind behaviors are not allowed.
- Refrain from deliberately causing bodily harm to other campers or staff. I understand that pushing, kicking, hitting, or fighting are not acceptable and will not be tolerated.
- Use program equipment, supplies, and facilities properly.
- Respect the property of others, which includes no stealing, property damage, graffiti, or vandalism.
- Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action or dismissal from camp.
- Know and follow the rules of the camp.
- Not leave camp property unless on a supervised outing.
- Be on time for all camp activities.
- Have lots of FUN and a GREAT time!

Parent/Guardian and YMCA Agreement

Rules for Acceptance and Participation in Camp - are the same for everyone without regard to race, color, national origin, sex, age, or disability. It is understood that all campers will be treated as individuals and respect will be shown for differences in tastes, preferences, abilities, and range of behavior patterns. *The Y reserves the right to dismiss a child from the camp whose special needs we are not able to meet, or whose conduct is not in the best interest of the total camp, without a refund.* I have reviewed all policies and am aware of all policies and procedures in the camp parent handbook available on the RVY website

Refund Policy—Membership and deposit fees are **non-refundable** and **non-transferable**. It is understood that, in the case of dismissal or voluntary withdrawal, there are **NO refunds** of camp fees after a session has started. If the camper must be dismissed for medical reasons, unused sessions may be refunded. Any requests for cancellations must be completed on a form available at the Y's Welcome Center.

Additional Fees—All camp activities, trip fees, and extended care from 7:00 am-6:00 pm are included in your tuition. Late Pick-up Fees of \$15 for up to each fifteen minutes interval will be charged. Calling ahead to inform camp that you may be late helps prepare your child and our camp staff but will not waive the late fee.

Sunscreen Policy—All campers must wear SPF of at least 15 on all exposed skin. Parents/guardians are responsible for applying the first layer. Children are to be provided with enough sunscreen for later applications. Staff will be responsible for ensuring follow-up applications after one hour in the water, two hours of sun exposure (due to perspiration). Staff will assist younger campers with applications. An extra t-shirt can be worn during swimming if prone to burning easily.

Discipline Policy—I will review and reinforce the camper conduct and other camp policies with my child prior to the start of camp. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Campers, not following the conduct policy, may be suspended or expelled from camp with no refund.

Media Policy—The Y has my permission to use all media taken of my child in a camp in camp activities in Y publicity. (Cross off if not authorized.) I understand that any media images I take during events of other children are not authorized for my own social media postings. Inappropriate comments should be reported to the director.

Personal Belongings—All items should be labeled permanently. Your child will transition to many areas and be on buses throughout the day. A Lost and Found Box/Area is always available at camp, but items are more likely to be returned if labeled.

Transportation Permission—The Y will transport my child to trip locations such as aquatic facilities, trip venues and on walking excursions with appropriate personal and contracted bus companies with advance notice of locations and departure/arrival times.

I have read all the above information, and I am fully aware of all the terms and principles contained herein. All questions have been answered to my satisfaction. I agree that certain activities at the Y have risks that are inherent to the activity. No insurance has been included in membership or program fees. I further agree to indemnify and hold harmless the Y from any claims or demands arising out of any such injuries and losses



Parent/Guardian Signature (Required) _____ **Date** _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth		/ /			
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached			
		<input type="checkbox"/> Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.