



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



A GREAT WAY TO SPEND YOUR DAY

School's Out Vacation Camp SOUTH ORANGE FAMILY YMCA

Please check your child's school calendar
as days off vary from district to district.

Monday, January 15, 2018

School's Out Vacation Camp will be held at our South Orange Family YMCA in Monroe. Children who are currently enrolled in kindergarten through 5th grade can register. Students currently enrolled in our Monroe Woodbury Middle School Rec program can also register. Our middle-schoolers will participate in age appropriate activities, as well as have opportunities to mentor the younger children.

All participants must be dropped off at the South Orange Family YMCA after 7:00 a.m. and picked up from the South Orange Family YMCA by no later than 6:00 p.m.

To register, please complete the application on the back of this page and the Authorized Release and Emergency Contacts form, as well as the Vacation Camp Payment Agreement (if necessary), and drop it off to the YMCA of Middletown or SOFY, along with the appropriate payment. All participants are required to bring lunch and plenty to drink. An afternoon snack is always provided.



During these Vacation Camp days, we'll spend time in active play, group games, arts & crafts and teambuilding. Please make sure your child wears sneakers, comfortable clothes and has appropriate outerwear every day so that they can participate in all activities.

YMCA OF MIDDLETOWN
81 Highland Avenue
Middletown, NY 10940
(P) 845 344 9622

THE CENTER FOR YOUTH PROGRAMS
6 Liberty Street
Middletown, NY 10940
(P) 845 344 9622

SOUTH ORANGE FAMILY YMCA
45 Gilbert Street Extension
Monroe, NY 10950
(P) 845 782 9622

www.middletownymca.org

School's Out Vacation Camp

Rates Per Day:

ELEMENTARY STUDENTS

Club Kid Members-\$32.00

YMCA Members-\$37.00

Program Members-\$59.00

MIDDLE SCHOOL STUDENTS

Middle School Rec Members-\$25.00

Registration Deadlines:

The registration deadline for Vacation Camp on January 16th is January 12th.

No registrations will be accepted after these deadlines.

All registrations are nonrefundable and nontransferable. No exceptions will be made.

School's Out Vacation Camp Registration Form

Please check the date(s) your child will be attending:

Child's Name _____ Sex: M / F Age _____

Birth Date _____ Current Grade _____

Address _____

City _____ Zip _____ Email _____

Parent/Guardian Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

I will be dropping my child off at _____ am. I will be picking my child up at _____ pm.

Please return this registration form along with your child's School's Out Vacation Camp Health Card and payment to the YMCA of Middletown or the South Orange Family YMCA.

YMCA OF MIDDLETOWN
81 Highland Avenue
Middletown, NY 10940
(P) 845 344 9622

THE CENTER FOR YOUTH PROGRAMS
6 Liberty Street
Middletown, NY 10940
(P) 845 344 9622

SOUTH ORANGE FAMILY YMCA
45 Gilbert Street Extension
Monroe, NY 10950
(P) 845 782 9622

Authorized Release and Emergency Contacts

Child's Name _____ Sex _____ Age _____ Grade _____

Parent/Guardian Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Which phone is best to reach you during program hours? _____

Our policy is to not release your child to any person you do not specify, including other family members. Please list all individuals that you authorize to pick up your child. These individuals will be contacted if there is an emergency. Please indicate yourself on the list. Any one picking up will be asked for ID.

Name _____ Relationship to Child _____

Daytime Phone _____ Cell Phone _____

Name _____ Relationship to Child _____

Daytime Phone _____ Cell Phone _____

Name _____ Relationship to Child _____

Daytime Phone _____ Cell Phone _____

Does your child have any physical limitations? If yes, please specify. _____

Does your child have any allergies? If yes, please specify. _____

Is your child in a special classroom setting? If yes, please specify. _____

Is your child currently under care for any emotional, physical, or socialization problems? If yes, please specify. _____

If your child is currently taking medication, please specify what and why. _____

Does your child wear glasses or contacts? _____

I hereby enroll my child in the YMCA Vacation Camp program. In signing this application, I certify that my child is healthy and is free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their representatives full authority to take whatever actions they deem necessary regarding my child's health and safety. I fully release the YMCA from any liability in connection therewith. I understand that I am responsible for the cost of any and all medical expenses incurred during program time and that my medical insurance is primary. I understand that my child must comply with all rules and standards of the program. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed or videotaped, and do hereby release those images to be used by the YMCA in print or other media. I also give the YMCA permission to transport my child when necessary (where applicable). **I understand that all registrations are nonrefundable and nontransferable.**

Signature Parent/Guardian _____ Print _____

Relationship to Child _____ Date _____

If the Department of Social Services is providing payment for Vacation Camp, please complete the next page.

Vacation Camp Payment Agreement

Dear Parents/Caregivers,

Please be advised that we have new guidelines in place for Vacation Camp for those participants receiving DSS benefits. Please understand that we have staff and supplies in place for the number of children that are registered for each day of Vacation Camp. When participants fail to attend, it results in overstaffing and an excess of supplies. Additionally, the Department of Social Services will not pay for any days that children do not attend. Therefore, we must institute a new policy with regards to Vacation Camp days. If a child fails to attend a Vacation Camp day for which they are registered, the parent or caregiver will be responsible for providing the payment for the day that was missed. This payment must be received before the child can return to any following Vacation Camp days. If for any reason your child can not attend a Vacation Camp day, you must inform the YMCA before registration closes for that day. After registration closes, you will be responsible for payment for any missed day. Perpetual absences on Vacation Camp days will result in your child being unable to attend future Vacation Camp days. Please sign below that you have read and acknowledge this payment agreement. Failure to complete this form will result in an inability to register for Vacation Camp.

Signature Parent/Guardian _____

Print _____

Relationship to Child _____

Date _____