



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.



When school is out, the Y is here for you. School's Out Vacation Camp is open to children currently enrolled in grades K-5 as well as students currently enrolled in our Monroe Woodbury Middle School Rec program. Middle school students will participate in camp activities but will also have the opportunity to mentor the younger children.

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

All participants must bring lunch and plenty to drink. An afternoon snack is always provided.

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

**To register**, complete the Program Registration form, the Authorized Release & Emergency Contacts form and the Vacation Camp Payment Agreement (if necessary). Return all completed forms to the Y with the appropriate payment.

For more information contact Felice Cicchesi at (P) 845 395 1013 or (E) [fc@middletownymca.org](mailto:fc@middletownymca.org).

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

[www.middletownymca.org](http://www.middletownymca.org)

# School's Out Vacation Camp

<b>REGISTRATION RATES</b>	<b>EARLY REGISTRATION</b> (See deadlines below.)	<b>LATE REGISTRATION</b> (see deadlines below.)
<b>ELEMENTARY STUDENTS</b>		
Club Kid Members	\$32/Day	\$52/Day
YMCA Members	\$45/Day	\$57/Day
Program Members	\$59/Day	\$79/Day
<b>MIDDLE SCHOOL REC MEMBERS</b>	\$25/Day	\$45/Day

### Registration Deadlines:

Early registration deadline for Nov. 5th is **Nov. 3rd.**

**\*Late** registration deadline for Nov. 5th is **Nov. 4th.**

Early registration deadline for Nov. 11th is **Nov. 8th.**

**\*Late** registration deadline for Nov. 11th is **Nov. 10th.**

Early registration deadline for Nov. 27th is **Nov. 24th.**

**\*Late** registration deadline for Nov. 27th is **Nov. 26th.**

**Registrations will NOT be accepted after these deadlines.**

\*If the Department of Social Services is responsible for payment, **the parent/guardian is responsible for the late registration penalty**, which must be paid at time of registration. No exceptions or arrangements will be made.\*  
**All registrations are nonrefundable and nontransferable. No exceptions.**

## School's Out Vacation Camp Registration Form

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

Tues, Nov. 5th  Mon, Nov. 11th  Mon, Nov. 27th

Child's Name \_\_\_\_\_ Sex: M / F Age \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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

**Return all registration forms and payment to the South Orange Family YMCA.**

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## 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

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

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 \_\_\_\_\_