LEARN & GROW
WITH THE Y

Join us for Y Preschool Summer Camp!

Y Preschool Summer Camp offers a variety of fun and engaging activities in a caring and safe environment to encourage summer learning and school readiness. Activities include story time, arts and crafts, music and movement, constructive playtime, socialization and more.

> July 1–Aug. 23 | Ages 2½–5
Flexible schedules available: Half-day 8:30 a.m.–2 p.m. and full day 7 a.m.–6 p.m., 3–4 or 5 days per week. Children must be fully toilet-trained.

Held at The Community YMCA Children’s Achievement Center
201 Broad Street | Matawan, NJ 07747
Space is limited and enrollment is on a first come, first serve basis. Sign up today!

To register or for more information, contact afterschool@cymca.org.

THE COMMUNITY YMCA
CHILDREN’S ACHIEVEMENT CENTER
201 Broad Street | Matawan, NJ 07747
P. 732.566.9266 | information@cymca.org

TheCommunityYMCA.org

Here for all.
Financial assistance is offered based on availability of funds.
Y Preschool Camp, Information and Registration Form

Monthly Rates

<table>
<thead>
<tr>
<th></th>
<th>Half Day Session</th>
<th>Full Day Session</th>
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</thead>
<tbody>
<tr>
<td>3 days</td>
<td>$368/mo</td>
<td>$601/mo</td>
</tr>
<tr>
<td>4 days</td>
<td>$455/mo</td>
<td>$791/mo</td>
</tr>
<tr>
<td>5 days</td>
<td>$536/mo</td>
<td>$920/mo</td>
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Annual YMCA Membership Fee of $70 is required for participation. Minimum enrollment of 3 days per week.

Please select the session your child will attend:

☐ Half Day Session: 8:30am-2pm  ☐ Full Day Session: 7am-6pm

Please select the days your child will attend:  ____ Monday   ____ Tuesday   ____ Wednesday   ____ Thursday   ____ Friday

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Child’s Name

☐ Male  ☐ Female  Date of Birth  Age

Parent/Guardian’s Name

Home Address  Town  Zip Code

Home #  Work #  Cell #

Parent/Guardian’s Email Address

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Emergency Contact  Emergency Contact Phone  Relationship to Child

In your absence, who is authorized to pick up your child?

#1 Name ___________________________ Relationship to child: ___________________________ Phone # ___________________________

#2 Name ___________________________ Relationship to child: ___________________________ Phone # ___________________________

#3 Name ___________________________ Relationship to child: ___________________________ Phone # ___________________________

YMCA Program Participation Waiver

The Community YMCA conducts its program with the best interests of all participants in mind. The YMCA attempts, at all times, to run programs that are educational, enjoyable, and safe. Further, the activities of the YMCA are designed to further the educational, motivational, and charitable objectives of the YMCA. Nonetheless, participants must understand that some activities of the YMCA may involve inherent risks and hazards for which the YMCA cannot be held responsible. Because of the nature of the YMCA activities, injuries may still result even if after reasonable precautions have been taken but it is acknowledged that the YMCA cannot be held responsible in the event that injury occurs.

Parent/Guardian Print Name ___________________________ Parent/Guardian Signature ___________________________ Date ____________

Payment/Refund Policy: $70 annual membership fee and ½ month tuition deposit are required upon registration. Deposit is applied to the child’s last month in the program. Tuition is due on the 1st of every month. A late fee of $20 will be charged after the 15th of the month. Membership fees are deposits made on programs are non-refundable. Medical statement by physician will be considered for a credit if absenteeism exceeds one full week.

I have read and fully understand the payment/refund policy of the YMCA Children’s Learning Center, and agree to abide by this policy.

Parent/Guardian Signature: ______________________________________________________________________________________

Amount enclosed: $__________ (cash, check, credit card)  Credit Card: (please circle one)  Visa  MasterCard  AMEX  Discover

Card #: ___________________________ Exp. Date: ____________ SVC: ____________________

Cardholder’s Name: _____________________________________________________________________________________________