NO SCHOOL?
NO WORRIES!

Spring Break Camp

As a YMCA that promotes youth development, you’ll find fun and educational activities for every child. All children grades kindergarten through 5th grade are invited to experience school break camps with the Y! Children must bring a paper bag lunch; no glass bottles please. Feel free to pack additional snacks for designated snack times during the day.

Space is limited so register early! $70 per day, YMCA Y-Kids Membership required ($45 fee).

> Mon., April 13 – Fri., April 17, 2020
| 7 a.m. – 6 p.m.

Held at the Freehold Family YMCA Children’s Enrichment Center | 470 E. Freehold Road, Freehold, NJ

To register or for more information, please visit ymcanj.org or e-mail afterschool@ymcanj.org.

Activities:
> CATCH games in the gym/outdoors weather permitting
> Swim Time — pack a suit and towel
  *All participants will be swim tested prior to swim time
> Seasonal Arts and Crafts

YMCA OF GREATER MONMOUTH COUNTY

CHILDREN’S ENRICHMENT CENTER
470 E. Freehold Road
Freehold, NJ 07728

P. 732 462-0464
afterschool@ymcanj.org

YMCA OF GREATER MONMOUTH COUNTY

Here for all. Financial assistance is offered based on availability of funds.
School Break Camp Registration Form

Child’s Name: _______________________________________________________________________________________________________________________

Grade: _______ Birthday: _______________ School: ______________________________________________________________________________________

Parent’s Name: _____________________________________________________________________________________________________________________

Street Address: _____________________________________________________________________________________________________________________

Town: __________________________________ State: __________________ Zip Code: _________________

Home Phone: __________________________ Work Phone: ______________________________

Cell Phone: ____________________________ Email Address: ______________________________

Emergency Contact Name & Phone: ______________________________________________________

In my absence, the following adults are authorized to pick up my child:
Name: __________________________________ Relationship: ________________________________

Name: __________________________________ Relationship: ________________________________

Are there any allergies or medical conditions our staff needs to be aware of?  □ Yes  □ No
If yes, please explain: ______________________________________________________________________________________________________________

I give permission for my child to participate in all activities, trips and bus rides arranged by The YMCA of Greater Monmouth County.
Parent/Guardian Signature: ______________________________________________________________________________________________________

I hereby agree that the YMCA administration and physicians selected by it may, in an emergency, take whatever action is deemed necessary in my child’s best interest.
Parent/Guardian Signature: ______________________________________________________________________________________________________

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

My child will be attending School Break Camp on... please circle date(s):

Mon.: 4/13/20     Tues.: 4/14/20     Wed.: 4/15/20     Thurs.: 4/16/20     Fri.: 4/17/20

Amount enclosed: $_________ (cash, check, credit card)

Credit Card: (please circle one)     Visa             MasterCard  AMEX    Discover

Card #: _____________________________________________________________________________ Exp. Date: ____________________ SVC: __________

Cardholder’s Name: ________________________________________________________________________________________________________________