LEARN & GROW
WITH THE Y

Join us for Summer Daze Enrichment Camp!

Kids learn, grow and thrive at the Y’s Summer Daze Camp with climate-controlled comfort and outdoor fun including STEAM-based activities, CATCH fitness & play, literacy activities, arts & crafts, water games, local trips and more!

> June 22–Aug. 21 | Grades K–6
Flexible schedules available:
Half-day 9 a.m.–3 p.m.
Full-day 7 a.m.–6 p.m.

Held at Matawan–Aberdeen’s Strathmore School

Space is limited and enrollment is on a first come, first serve basis. Sign up today!

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

YMCA OF GREATER MONMOUTH COUNTY
Child Achievement Branch
5 Ayrmont Lane
Aberdeen, NJ 07740
P. 732.566.9266
afterschool@ymcanj.org
YMCANJ.org

Here for all.
Financial assistance is offered based on availability of funds.
Summer Daze Fees, Information and Registration Form

Weekly Rates (includes a weekly trip and transportation for trip)

<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>$130/wk</td>
<td>$220/wk</td>
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<tr>
<td>4 days</td>
<td>$165/wk</td>
<td>$285/wk</td>
</tr>
<tr>
<td>5 days</td>
<td>$200/wk</td>
<td>$350/wk</td>
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Annual YMCA Registration Fee of $45 is required for participation. Minimum enrollment of 3 days per week.

Please select the session your child will attend:

- [ ] Midday Session: 9am-3pm
- [ ] Full Day Session: 7am-6pm

Please select the week(s) & days your child will attend:

- [ ] June 22-June 26 M T W TH F
- [ ] June 29-July 2* M T W TH X
- [ ] July 6-July 10 M T W TH F
- [ ] July 13-July 17 M T W TH F
- [ ] July 20-July 24 M T W TH F
- [ ] July 27-July 31 M T W TH F
- [ ] August 3-August 7 M T W TH F
- [ ] August 10-August 14 M T W TH F
- [ ] August 17-August 21 M T W TH F

Child's Name  □ Male  □ Female  Date of Birth  Age  Grade (last completed)

Parent/Guardian’s Name

Home Address  Town  Zip Code

Home #  Work #  Cell #

Parent/Guardian’s Email Address

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 # ______________________

I give permission for my child’s photograph or any videotape taken of my child to be used in promotional materials for YMCA of Greater Monmouth County  □ Yes □ No  Parent/Guardian Signature ____________________________________________

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

Transportation: I give permission for my child to be transported by YMCA mini-bus to and from any scheduled trips on a daily basis. Parent/Guardian Signature ____________________________________________

YMCA Program Participation Waiver

Our 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: Valid registration and 50% deposit required on each session upon registration. Balance due by June 12, 2020. If registering after June 12th, full payment is due at the time of registration. No refunds or credits will be issued after the weekly session has begun. An administration fee of $50 will be charged for all cancelled registrations where a refund is requested. I have read and fully understand the payment/refund policy of the YMCA Summer Daze Program 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: ____________________________

□ Balance to be paid by credit card on ____________.