



THE HUNTERDON COUNTY YMCA IS PLEASE TO WELCOME CAMP GAN ISRAEL

HOW TO REGISTER FOR CAMP

Please complete all attached forms (two pages health form and am/pm registration page)

Because you are part of Camp Gan Israel we are waiving the normally required membership fee to take part in YMCA camp programs. (AM/ PM CARE and BUSING)

To register for AM/PM Care or Busing you must come to the Deer Path of the Hunterdon County YMCA. You may also submit your registration and payment (Checks payable to the Hunterdon County YMCA) to Camp Gan Israel Administration who will then communicate your registration to the YMCA. This must be done no later than 5 days before the start of a new camp week to ensure rosters are complete for the first day of camp.

- Payment in full for AM/PM and or Busing is due in full upon registration (CHECKS PAYABLE TO: Hunterdon County YMCA)
- Registration for each session ends 5 days prior to the session/ week you are registering for.

PARENT INFORMATION

Please download the parent information packet from the camp page of our website, www.hcymca.org. The information packet contains details for each camp, including pick-up and drop-off procedures & what a child needs to bring to camp.

IMPORTANT! AVOID BEING BLOCKED OUT OR ADDITIONAL FEES

Please note that these policies and regulations are in place to ensure we have accurate attendance rosters at the start of a session and for the safety of your child.

- Late AM/PM sign-up: When signing up for AM/PM care during the week that care is needed you will incur a \$25.00 processing fee in addition to the care fee.
- Late Pick-up from camp (after 6:00 PM pick-up) A \$15.00 late fee will be charged for the first 15 minutes or any portion thereof and \$15.00 for every 15 minutes or portion of thereafter (according to the directors cell phone)

EXTENDED CARE

Extended care is a supervised recreation program available for all full day camp programs. Daily or hourly rates are not available. Transportation must be provided by the parent.

Sign-up prior to session(s) needed. Late sign-ups, the week of attending session, will incur a \$25 processing fee in addition to the care fees.

BUS TRANSPORTATION:

Transportation routes include drop off and pick up at Camp Carr in addition to the Deer Path location.

Gan Isreal AM/PM CARE and BUSING SIGN UP SHEET

CAMPERS NAME			AGE AT CAMP	DATE OF BIRTH
BILLING ADDRESS				HOME PHONE:
TOWN	STATE		ZIP	CELL:
PARENTS/ GUARDIANS:				
WORK PHONE:			EMAIL:	

1. Put an "X" in the box or boxes for the weeks at your specific camp.
2. AM/ PM CARE - Put an "X" in the boxes for the weeks that you will need care.
3. BUSING - Circle the bus stop that your camper will be getting on and off from and weeks needed

AM CARE REGISTRATION - WILL BE HELD AT THE CAMP YOUR CHILD IS REGISTERED FOR (AM CARE BEGINS AT 7:15AM)

PUT AN "X" IN WKS NEEDED		Session 2	Session 3	Session 4	Session 5				
		6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20				

PM CARE REGISTRATION - WILL BE HELD AT THE CAMP YOUR CHILD IS REGISTERED FOR (PM CARE ENDS AT 6:00PM)

PUT AN "X" IN WKS NEEDED		Session 2	Session 3	Session 4	Session 5				
		6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20				

BUSING OPTIONS - (Bus stops and Camp Carr and Sports Camp)

Please circle the bus stop that your child will be getting on and off from.						SESSION/ WEEKLY	PUT AN "X" in the box of weeks needed
Then put an "X" in the box to the right for the weeks you will need busing							
ROUTE 1	Pick Up	Drop Off	ROUTE 3	Pick Up	Drop Off		
Luggage Factory	7:45	4:50	Washington's A&P on RTE. 31	7:30	5:30		
Barley Sheaf Elementary School	7:55	4:40	St. Ann's in Hampton	7:45	5:15	6/25-6/29	
Three Bridges Firehouse Upper Lot	8:05	4:20	<i>St. John Neumanns - Califon</i>	8:00	5:00	7/2-7/6	
Deer Path YMCA	8:20	4:10	High Bridge Elementary School	8:10	4:45	7/9-7/13	
ROUTE 2	Pick Up	Drop Off	ROUTE 4	Pick Up	Drop Off	7/16-7/20	
Old York School	7:35	5:05	Holland Township Elementary School	7:30	5:05		
Kings Plaza	7:45	4:50	Lester D. Wilson School	7:45	4:50		
Boehm's Golf Center on Rte. 22	7:50	4:40	Our Lady of Victory Parish Rte. 519	8:00	4:40		
YMCA Round Valley Branch	8:00	4:35	Robert Hunter Elementary School	8:10	4:30		
Previously Clinton A&P	8:05	4:25					

Please note: Bus stop locations are subject to change based on availability of location. Changes will be communicated via email.

2018 CAMP HEALTH INFORMATION

Camper Name: _____ Date of Birth _____

THIS FORM MUST BE COMPLETED AND RETURNED TO THE YMCA UPON REGISTRATION
IMMUNIZATION RECORDS NEEDED BY JUNE 1ST! NO PHYSICAL NEEDED

We are required by the state to maintain Immunizations records . Your Immunization Record must show that your child has been immunized against Diphtheria, Tetanus, Polio, Measles, Pertussis, Mumps, Rubella Haemophilus, Influenza Type B, Pneumococcal (PCV), Hepatitis B, Hepatitis A, Varicella (Chicken Pox), Meningococcal Meningitis (MCV4), and Tuberculosis (TB) test or a statement from your physician that immunization is in progress.

ALLERGY ALERT

PLEASE LIST YOUR CHILD'S ALLERGIES: INCLUDING FOOD, MEDICATIONS & ENVIRONMENTAL. (DETAILED SECTION WITHIN HEALTH FORM)

MEDICATION ALERT

PLEASE LIST YOUR CHILD'S MEDICATION (DETAILED SECTION WITHIN HEALTH FORM)

Does your child have an EpiPen? YES NO (If yes, YMCA must be provided with it)

PLEASE CIRCLE THE LOCATION OR LOCATIONS THAT YOUR CHILD IS REGISTERED AT:

Gan Isreal,
Flemington

Gender: M or F Age at Camp: _____

Mailing Address: _____ Contact Email: _____

Town: _____ State: _____ Zip Code _____

Parent 1's Name _____ Cell Phone _____

Address if different from above

Mailing Address: _____ Contact Email: _____

Town: _____ State: _____ Zip Code: _____

Parent 2's Name _____ Cell Phone _____

Address if different from above

Mailing Address: _____ Contact Email: _____

Town: _____ State: _____ Zip Code: _____

Marital Status: (please circle) Married Divorced Separated Widowed Unmarried Partner
Custody Schedule (if applicable)

If there is a court order restricting visitation/ pick-up, a copy must be provided to the Camp Director

Parent 1's Employer _____ Parent 2's Employer _____

Town: _____ Town: _____

Office Phone _____ Office Phone _____

Allergy Detail: Please list allergy and reaction

Medication: (please list medications and for what reason)

Any dietary restrictions?

Chronic or recurring illness or medical conditions? (please list and explain)

Operations or serious injuries? (please list and explain)

(OVER FOR PAGE 2 of HEALTH INFORMATION)

2018 CAMP HEALTH INFORMATION (CONTINUED)

Camper Name:

In order for our staff to ensure your child has a happy, meaningful experience at our Camp programs, please share any special needs your child may have. (i.e. learning disabilities, limitations, etc.)

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATIONS

Please list all persons authorized to pick up your child. Parents or guardian names must be included on this list. You will be given pick up cards to distribute to everyone on this list, which must be presented when picking up your child. In emergency situations only, parent/guardian may give verbal and/or written permission for an individual, who is not on this list, to pick up child. No child will be released without a pick up card or emergency verbal/written permission. NO exceptions will be made to this policy. This is done for the safety of your child. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or to delete from this list at any time, however you will be responsible for retrieving any invalid cards. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file at program.

1. Name:

Relationship to child:

Contact Number:

3. Name:

Relationship to child:

Contact Number:

2. Name:

Relationship to child:

Contact Number:

4. Name:

Relationship to child:

Contact Number:

THE FOLLOWING INDIVIDUALS ARE NOT ALLOWED TO PICK-UP MY CHILD

1. Name:

Relationship to Child:

2. Name:

Relationship to Child:

3. Name:

Relationship to Child:

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW. CHILD IS NOT CONSIDERED REGISTERED WITHOUT SIGNATURE. I give my permission for my child to participate in all program activities, including field trips at the HCYMCA camp programs. He/she is in good health and may participate in normal program activities unless I specify otherwise on the personal history form. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with YMCA camps from liability for any harm that befalls my child as a result of participation in YMCA camp. I have received and read the Parents' Information Packet. I consent that photographs taken of my child are the property of the Hunterdon County YMCA and may be reproduced and publicized as the YMCA desires, at any time, free of claims on my part. In case of a medical emergency, I authorize the staff of the Hunterdon County YMCA Camp programs to seek emergency care for my child. I understand that medical information and personal data will be used in the programs, when necessary, to protect my child's well being. I agree to adhere to all camp policies listed in this brochure and in the parents packet. I understand that participant's membership must remain current during all sessions attended.

I HAVE READ THE POLICIES LISTED IN THE PARENT HANDBOOK. I UNDERSTAND THAT IF I DO NOT COMPLY WITH THESE POLICIES, MY CHILD IS SUBJECT TO SUSPENSION/TERMINATION FROM THE PROGRAM.

Parent/ Guardian Signature

Date:

Parent Guardian Printed Name