



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

FUN FOR THEM PEACE OF MIND FOR YOU

SUMMER CAMP 2014



Edison

KEN SHIRK CHILD CARE CENTER
445 Old Post Road
Edison, NJ 08817
732-287-1131
Joanne Matagrano

OUR SAVIOR'S CHILD CARE CENTER
50 Calvert Avenue East
Edison, NJ 08820
732-548-0523
Erin Siemers

Metuchen

CENTENARY EARLY LEARNING CENTER
200 Hillside Avenue
Metuchen, NJ 08840
732-548-5468
Melinda Wilson

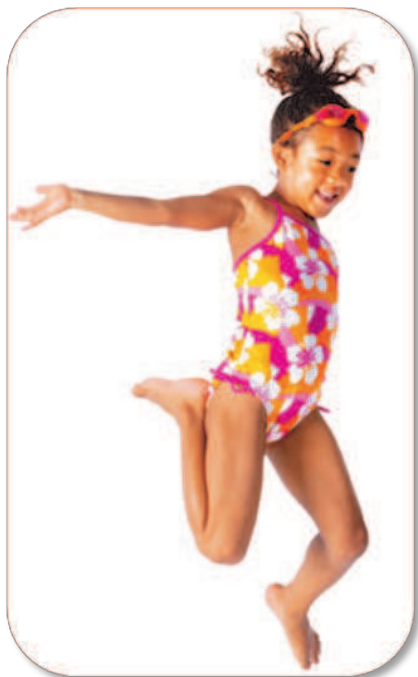
Woodbridge

WOODBIDGE Y CHILD CARE IN AVENEL
238 Avenel Street
Avenel, NJ 07001
732-636-1100
Sue Kelly

WOODBIDGE Y CHILD CARE IN COLONIA
400 Inman Avenue
Colonia, NJ 07067
732-340-9622
Cindy Shields



CHILD CARE SERVICES BRANCH
483 Middlesex Avenue
Metuchen, NJ 08840
732-516-9200
www.ymcaofmewsas.org



REGISTER EARLY!
Enrollment is limited.
Space will be filled
on a first come, first
serve basis.

Ask about
ONLINE
registration!

**2014 SUMMER CAMP
INFORMATION ENCLOSED**



YMCA of Metuchen, Edison, Woodbridge, & South Amboy

Child Care Services Branch

SUMMER CAMP 2014

About our SUMMER CAMP

At the Y, we believe that all kids deserve the opportunity to learn, grow and thrive. Our unique Summer Camp program, bridging the gap between child care and day camp, offers an exciting, safe community for children from five year olds to pre-teens to explore, build self-esteem and make lasting friendships and memories.

We strive to stimulate your child's mind and body with a themed curriculum, challenging activities, sports, swimming, field trips, crafts and so much more.

About our STAFF & LEADERS

As state licensed programs, we are committed to providing your child with the finest staff and team leaders. Our trained staff will provide your child with supervision and guidance. Their eclectic talents and years of experience working with young children will enhance your child's summer experience.

**All staff are
First Aid
and CPR
certified!**

Our PHILOSOPHY &

How we STRENGTHEN COMMUNITY

The Y's philosophy and commitment is to help each child grow physically, mentally, and spiritually at their own individual pace.

We recognize that we are all part of a larger community. Through programs that develop our youth, support healthy living, and foster a sense of social responsibility, the YMCA works side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.



CAMP HOURS & FEES 2014

Camp Hours: 8:30am-4:30pm

Extended Care:

Pre Care: 7:00am-8:30am

Post Care: 4:30pm-6:30pm

Camp Fees:

\$205 Weekly (\$170 Week 2)

\$65 Daily

\$30 Pre-Care/Week

\$35 Post-Care/Week

\$50 Pre & Post-Care/Week

**CERTAIN FIELD TRIPS MAY REQUIRE
ADDITIONAL FEES.**

**A 10% discount is applicable for siblings
enrolled simultaneously in full-time camp
or child care.**

FINANCIAL ASSISTANCE

The Child Care Services Branch strives to provide positive child care experiences for all children and families, including those who may be facing financial challenges. Scholarships and financial assistance are available to those who qualify.

The financial assistance application can be found online at www.ymcaofmewsa.org. The deadline for financial assistance is May 15, 2014. You will be notified by June 1st of a decision.

| Week | Dates | Theme |
|------|---------------------|---------------------------------|
| 1 | June 23—June 27 | Jersey Shore |
| 2 | June 30—July 3 | Jungle Jive |
| 3 | July 7—July 11 | Under the Sea |
| 4 | July 14—July 18 | Dino-Rock |
| 5 | July 21—July 25 | The Great Outdoors |
| 6 | July 28—August 1 | Keep it Green |
| 7 | August 4—August 8 | Yo-Ho-Ho, A Pirate Adventure |
| 8 | August 11—August 15 | Rock Star Week |
| 9 | August 18—August 22 | Planes, Trains, and Automobiles |

ACTIVITIES WILL INCLUDE :

- Weekly **SWIMMING**
- Creating daily **ARTS & CRAFTS** projects
- Attending weekly, off-site **FIELD TRIPS**
- Participating in the “Healthy U” **CATCH** program daily, focusing on physical activity and nutrition
- Weekly **WATER ACTIVITIES** on-site
- Other **ENRICHING ACTIVITIES** (varies by specific site)



A leader in childhood obesity prevention, the Y is committed to keeping kids active.

Through a partnership with The Horizon Foundation for New Jersey, the “Healthy U” health & physical activity initiative is incorporated in all YMCA of Metuchen, Edison, Woodbridge & South Amboy programs for youth.

“Healthy U” is designed to combat childhood obesity by instituting behavioral changes in children using a multipronged approach that includes nutrition education, increased physical activity and a family focus.

REGISTRATION FORM

Please check off the site you are registering for and return this form (completed front and back) with your deposit.

☐ Ken Shirk Child Care Center
 ☐ Our Savior's Child Care Center
 ☐ Centenary Early Learning Center
☐ Woodbridge Y Child Care in Avenel
 ☐ Woodbridge Y Child Care in Colonia

Child's Name: _____ Date _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Date of Birth _____ Sex: ☐ Male ☐ Female

Grade as of September 2014 _____ School Attending: _____

Parent/Guardian #1 Full Name: _____ Place of Employment _____

Email Address: _____ Cell #: _____ Work #: _____

Parent/Guardian #2 Full Name: _____ Place of Employment _____

Email Address: _____ Cell #: _____ Work #: _____

Does your child have any special needs that we should know about to provide you with the best service possible?

Days of the Week Attending: (Please circle days, minimum of 3 days a week @ \$65.00/day)

Monday Tuesday Wednesday Thursday Friday

Please return with the \$25 per week deposit. All deposits are non-refundable after May 1, 2014.

Parent's/Guardian's Signature _____ Date _____

| | Weekly Fee | Week 1 6/23-6/27 | Week 2 6/30-7/3 | Week 3 7/7-7/11 | Week 4 7/14-7/18 | Week 5 7/21-7/25 | Week 6 7/28-8/1 | Week 7 8/4-8/8 | Week 8 8/11-8/15 | Week 9 8/18-8/22 |
|---------------------------------|---|---------------------|--------------------|--------------------|---------------------|---------------------|--------------------|-------------------|---------------------|---------------------|
| CAMP 8:30am-4:30pm | \$205 Week 2: \$170 | | | | | | | | | |
| PRE-CARE 7:00-8:30am | \$30 | | | | | | | | | |
| POST-CARE 4:30-6:30pm | \$35 | | | | | | | | | |
| PRE & POST CARE | \$50 | | | | | | | | | |

REGISTRATION PROCEDURES

- Registration forms can be submitted in person or by mail to the specific program site. Specific site addresses are located on the front cover of the brochure.
- Upon registration, a \$25 deposit is required per week and is non-refundable after May 1, 2014. A \$20 change fee will be instituted for any changes made after May 1, 2014.
- Campers will not be allowed to attend camp without pre-payment.
- A \$20 late fee will be assessed on all late payments.

PAYMENT PROCEDURES

- CAMP PAYMENTS ARE DUE IN FULL ON THE FOLLOWING DATES...**
Campers attending during any part of:
WEEKS 1-3: Balance due June 1, 2014
WEEKS 4-6: Balance due July 1, 2014
WEEKS 7-9: Balance due August 1, 2014
- Payments can be made by cash, credit card draft, bank draft, or a check made out to the program name (ie. Ken Shirk Child Care Center).
- Payments can be mailed or dropped off in the office. A \$20 late fee will be assessed on all late payments and a \$25 fee will be charged for returned checks and declined credit cards.

SUMMER CAMP 2014 Permission & Authorization

I, _____ the parent/guardian of _____, give permission for my child to participate in Y Camp programs, including any trips taken during the camp day. I understand that transportation will be provided by school bus. I further acknowledge and am aware that these activities may involve inherent risks and that I assume for my child whatever risk of injury or loss which may exist, and further certify that my child is in good physical condition in order to take on these activities.

initial

I hereby permit, consent and authorize photographs, videotapes and audio recordings made of my child while at Y Camp as an individual or part of a group, with or without text in YMCA publications.

initial

I grant permission and authorization for the following:

Prescription medication will be given to my child by the staff at specific times scheduled by the camp. I understand that I must sign a statement at each illness, giving the camp specific instructions and permission.

initial

An accident or sudden illness to my child will be treated at Y Camp by the staff with emergency first aid procedures. I understand that I will be notified immediately and will be required to pick up my child or send a reliable person in my place to be responsible for taking my child from Y Camp to a designated place determined by me.

initial

Emergency treatment for my child will be obtained in my absence by the staff and its agents or whatever kind is deemed necessary and in his/her best interest to protect the life, health and well-being of said son/daughter.

initial

I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian.

initial

Transportation by any necessary means to obtain such medical care or assistance for my child, as circumstances may require in the discretion of the staff, is hereby authorized.

initial

If on a trip, I further authorize and give consent to any rescue squad or emergency assistance personnel and/or closest medical facility personnel to render transportation and/or medical care as deemed necessary in their discretion and in the best interest of the life, health and well-being of my child.

initial

I understand that the Y shall provide appropriate chaperones on all trips, as well as the above mentioned transportation. Prior notice will be given whenever possible.

initial

I have read and understand the payment procedures as well as the 2014 Y Summer Camp Document posted on our website (www.ymcaofmewsa.org).

initial

During the summer of 2014, the primary people that will routinely pick up my child are (will be placed on sign-out list for daily pick-up):

1. Name _____ Relationship _____

2. Name _____ Relationship _____

The following people are also authorized to pick up my child in my absence:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Parent/Guardian's Signature

Date