



2021 CAMP Y-ZONE (Grades 1st & 2nd)

25 Saddle Road, Cedar Knolls, NJ 07927

Grade in
September
2021

**1st
2nd**

*Please circle
one grade*

PLEASE PRINT ALL ITEMS CLEARLY

Camper Name : _____

Birth Date: _____ Male / Female (Circle One)

School : _____ Home Phone: _____ Grade in 9/2021: _____

Home Address: _____
(Street) (City) (Zip)

CAMP HOURS: 8AM-5PM

Please note: Weekly rates include Pizza Friday and \$1 per day for snack shack. Additional snacks can be purchased for \$1.

Weekly Rate:

Sibling Weekly Rate:

	5 DAYS	4 DAYS	3 DAYS
Weekly Rate:	\$355	\$315	\$265
Sibling Weekly Rate:	\$345	\$305	\$255

Weekly Schedules are FINAL and may NOT be Switched. Please circle days below:

SESSION DATES:

Week	5 DAYS	4 DAYS	3 DAYS	M	T	W	T	F
Week 1: June 28th - July 2nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
Week 2: July 6th - July 9th (camp closed on 07.05.21)	N/A	<input type="checkbox"/>	<input type="checkbox"/>		T	W	T	F
Week 3: July 12th - July 16th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
Week 4: July 19th - July 23rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
Week 5: July 26th - July 30th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
Week 6: August 2nd - August 6th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
Week 7: August 9th - August 13th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
Week 8: August 16th - August 20th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F

NO CHANGES POLICY ACKNOWLEDGEMENT

* I agree to the above schedule and understand that NO changes are permitted.

Parent / Guardian Name (Printed): _____ Signature: _____

PARENT / GUARDIAN INFORMATION - PLEASE PRINT CLEARLY

Parent / Guardian 1 Name: _____ Cell #: _____

Email: _____ Work #: _____

Parent / Guardian 2 Name: _____ Cell #: _____

Email: _____ Work #: _____

LATE PICK-UP FEE ACKNOWLEDGEMENT

After 5:00 PM, a late fee of \$30.00 for every 15 minutes per child will be charged for those Campers not picked up. *I have read and understand the registration policies.*

Parent / Guardian Name (Printed): _____ Date: _____

Parent / Guardian Name (Signature): _____

CAMP FEES - OFFICE USE ONLY

PLEASE SELECT ONE OF THE OPTIONS BELOW:

- CASH
- CHECK CHECK # _____
- CHARGE RECEIPT # _____

TOTAL WEEKLY FEES: \$ _____

DEPOSIT AMOUNT: \$ _____
(50% of Total Weekly Fees)

BALANCE DUE: \$ _____

STAFF INITIALS:

PLEASE EMAIL ALL QUESTIONS TO: camp@morristownymca.org

PLEASE NOTE: NO CREDITS OR REFUNDS ARE GIVEN FOR CANCELLATIONS. A \$50 REGISTRATION FEE IS REQUIRED FOR ALL CAMPERS. HEALTH RECORDS **MUST** BE SUBMITTED TWO WEEKS PRIOR TO THE FIRST DAY OF CAMP.