



2020 CAMP Y-ZONE (Grades 5th & 6th)

25 Saddle Road, Cedar Knolls, NJ 07927

Grade in
September
2020

**5th
or
6th**

*Please circle
one grade*

PLEASE PRINT ALL ITEMS CLEARLY

Camper Name : _____

Birth Date: _____ Male / Female (Circle One)

School : _____ Home Phone: _____ Grade in 9/2020: _____

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

CAMP HOURS: 8AM-6PM

GMY Member Rate before 4/30:

5 DAYS

4 DAYS

3 DAYS

\$340

\$300

\$250

GMY Sibling Rate before 4/30:

\$330

\$290

\$240

Non-Member Rate before 4/30:

\$345

\$305

\$255

Non-Member Sibling Rate before 4/30:

\$335

\$295

\$245

Weekly Schedules are
FINAL and may NOT be
Switched *

Please circle days
below:

7:15AM
Early Drop
Off
\$35/week

SESSION DATES:

Week	5 DAYS	4 DAYS	3 DAYS	M	T	W	T	F	7:15AM Early Drop Off \$35/week
Week 1: June 22nd - June 26th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	<input type="checkbox"/>
Week 2: June 29th - July 3rd	No Camp 7/3	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	--	<input type="checkbox"/>
Week 3: July 6th - July 10th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	<input type="checkbox"/>
Week 4: July 13th - July 17th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	<input type="checkbox"/>
Week 5: July 20th - July 24th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	<input type="checkbox"/>
Week 6: July 27th - July 31st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	<input type="checkbox"/>
Week 7: August 3rd - August 7th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	<input type="checkbox"/>
Week 8: August 10th - August 14th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	<input type="checkbox"/>
Week 9: August 17th - August 21st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	<input type="checkbox"/>

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 6:00 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): _____

T-SHIRTS

Each camper is entitled to a free t-shirt. Additional t-shirts can be purchased for \$8.00 each prior to May 1st. Campers are required to wear their t-shirt every day. Please see t-shirt order form.

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: INFO@GMYZONE.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.