



# 2021 CAMP Y-ZONE (Grades 5th & 6th)

25 Saddle Road, Cedar Knolls, NJ 07927

Grade in  
September  
2021

**5th  
6th**

*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
\$355	\$315	\$265
\$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
<b>Week 1:</b> June 28th - July 2nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
<b>Week 2:</b> July 6th - July 9th (camp closed on 07.05.21)	N/A	<input type="checkbox"/>	<input type="checkbox"/>		T	W	T	F
<b>Week 3:</b> July 12th - July 16th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
<b>Week 4:</b> July 19th - July 23rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
<b>Week 5:</b> July 26th - July 30th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
<b>Week 6:</b> August 2nd - August 6th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
<b>Week 7:</b> August 9th - August 13th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F
<b>Week 8:</b> 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](mailto: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.