SHOREFRONT
YM-YWHA OF BRIGHTON - MANHATTAN BEACH, INC.

Summer Day Camp Registration Form 2016

(718) 646-1444 ext 335

Child(ren)'s Name

_____

Price sheet

Camp fees for 1st-2nd Graders	YOUNGER DIVISION
Full Summer	$ 2,664
Session 1	$ 1,513
Session 2	$ 1,547
1-week session	$ 460

Camp fees for 3rd-4th Graders	MIDDLE DIVISION
Full Summer	$ 2,738
Session 1	$ 1,564
Session 2	$ 1,598
1-week session	$ 480

Camp fees for 5th -6th Graders	OLDER DIVISION
Full Summer	$ 3,256
Session 1	$ 1,870
Session 2	$ 1,904
1-week session	$ 560

Camp fees for 7th-9th Graders	TEEN DIVISION
Full Summer	$ 3,404
Session 1	$ 1,955
Session 2	$ 1,989
1-week session	$ 585

Additional Services (no discounts apply)	Door to Door Transportation (Per Child)	OR	Extended Day Options (Per Child) *regular camp hours are 9AM to 5PM		
			7:45AM Drop Off AND Late Stay till 6:30 PM	7:45 AM Drop Off	Late Stay till 6:30 PM
Full Summer	$481		$ 370	$ 222	$ 222
Session 1	$323		$ 204	$ 119	$ 119
Session 2	$323		$ 204	$ 119	$ 119
1-week session	$95		$ 70	$ 45	$ 45

Discounts

Please check all discounts that apply at the time of registration:

☐ **Returning Camper Discounts:** if child attended Shorefront Y Day Camp for at least 4 weeks in the summer of 2015

☐ **$100 off** for Full Summer ☐ **$50 off** for 1 Session

☐ **Sibling Discounts:**

☐ Register one child for at least **4 weeks** and get **$50 off** for each additional sibling registered for at least 4 weeks of camp

☐ Register one child for **Full Summer** and get **$100 off** for each additional sibling registered for Full Summer

☐ **Affiliation Discount: $30 off** if child is currently enrolled in any other SFY programs or has valid SFY membership

☐ **Bring a friend discount:**

Refer a new family to SFY Day Camp & you will receive a **$25 credit** to the Shorefront Y after they register for camp

Please inquire about our discounts for children of staff of UJA affiliated organizations and US Veterans/active servicemen and women in the US Armed Forces.

Please note that partial payments will be applied to regular camp fee if the balance is not paid in full by designated days stated above

Families receiving a scholarship are **not eligible** for additional discounts. Scholarships do not apply to Transportation or Extended Day options

PLEASE MAKE ALL CHECKS PAYABLE TO SHOREFRONT YM-YWHA

Child(ren)'s Name _____

For Office use only:

Discounts (check all discounts that apply at the time of registration):

_____Returning Camper (**$50 off** for 4 weeks) OR (**$100 off** for 8 weeks)

_____Sibling Discount 4 weeks (Register one child for at least 4 weeks and get **$50 off** for each additional sibling registered for at least 4 weeks of camp)

_____Sibling Discount 8 weeks (Register one child for 8 weeks and get **$100 off** for each additional sibling registered for 8 weeks of camp)

_____Affiliation Discount (**$30** discount if child is currently enrolled in any SFY programs or has valid SFY membership)

_____Bring a friend discount (refer a new family to SFY Day Camp & receive a $25 discount/credit after they register)

Name of a camper referred to the Shorefront Y _____

Other Discounts:

Reason for a Discount _____ Amount: $_____ APPROVED BY: _____

Scholarship application: Date submitted _____/_____/_____ **Non-refundable scholarship application fee is $20**. Receipt # _____

Families receiving a scholarship are not eligible for additional discounts.

Fees worksheet

	Camp Fee		Bus Fee		Early/Late Stay		Total		Discount/Scholarship		AMOUNT DUE
Child 1	$	+	$	+	$	=	$	-	$	=	$
Child 2	$	+	$	+	$	=	$	-	$	=	$
	$	+	$	+	$	=	$	-	$	=	$

Payment agreement: (please read carefully and sign on the bottom, application is not valid unless signed)

I agree to pay the above listed amount to ensure my child/ren's enrollment in the Shorefront Y day camp. Deposit of $300 per child is required at the time of enrollment. Families receiving a scholarship are **not eligible** for any additional discounts. The **early bird** camp fee must be paid in full by 0**3/11/16**. A partial payment will be converted to regular camp fee if the balance is not paid by the stated dates. Full payment is due no later than 6/1/16. **Payments received after 6/1/16 will be subject to a late fee of $50** (except when adding single camp weeks). If registering a child after 6/1/15 full payment must be made at the time of registration. Failure to complete all payments on time will result in forfeiture of my child(ren)'s enrollment in SFY Day Camp with loss of all fees paid to date. I understand that if I cancel my enrollment before camp begins, the $300 deposit is non-refundable. NO REFUNDS will be made after camp has begun. No credit, refund or program extension will be issued for any missed days during camp season.

Signature of Parent or Guardian _____ **Date** _____

Inclusion Program Approval:

Meeting Date: _____ Session/s approved for: _____ Approved by: _____

Payment history

Amount paid	Receipt #	Payment Date	Period covered by this payment	Staff signature
$				
$				
$				
$				

The Shorefront YM-YWHA announces its participation in the Summer Food Service Program (SFSP). Meals will be provided to all children attending Shorefront Y program age 18 years and under without charge. Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, gender, age, disability, and there will be no discrimination in the course of the meal service. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339;or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Shorefront Y Day Camp is licensed by the New York City Department of Health and Mental Hygiene and is inspected twice yearly. The inspection reports are filled at the Bureau of Food Safety and Community Sanitation located at 253 Broadway 12th floor, CN 59A New York, N.Y. 10007

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Summer Day Camp 2016

First Child's Name

_____ Birth Date _____/_____/_____ Age _____ Sex: F M
First Last

School Attending _____ T-Shirt Size (Please Circle) S M L XL XXL

Does your child have an **I.E.P.** (Individual Education Plan) ☐ Yes ☐ No (If Yes please provide the most recent copy)

Grade in 2016/17	1st	2nd	3rd	4th	5th	6th	7th	8tt	9th
Camp Divisions*	Younger Division		Middle Division		Older Division		Teen Division		

*Our camp divisions are based on your child's grade in the **upcoming** school year, and correspond to the above chart

Registration Periods: (please circle one):

Full season: (6/29-8/19)	**Session 1: (6/29 – 7/22)**	**Session 2: (7/25 – 8/19)**

For office use only
Medical Form
Date_____

If you are choosing weekly registration for any part of the summer, please circle THE WEEKS that your child will be attending camp

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
6/29-07/01	07/04-07/08	07/11-07/15	07/18-07/22	07/25-07/29	08/01-08/05	08/08-08/12	08/15-08/19

ADDITIONAL SERVICES: Services listed below are optional; if you would like to take advantage of these services please select ONE of the options:

Door to Door BUS transportation	OR	Early Drop-off (7:45AM) AND Late Stay (6:30PM)	OR	ONLY Early Drop off (7:45AM)	OR	ONLY Late Stay (6:30PM)

Second Child's Name

_____ Birth Date _____/_____/_____ Age _____ Sex: F M
First Last

School Attending _____ T-Shirt Size (Please Circle) S M L XL XXL

Does your child have an **I.E.P.** (Individual Education Plan) ☐ Yes ☐ No (If Yes please provide the most recent copy)

Grade in 2016/17	1st	2nd	3rd	4th	5th	6th	7th	8tt	9th
Camp Divisions*	Younger Division		Middle Division		Older Division		Teen Division		

*Our camp divisions are based on your child's grade in the **upcoming** school year, and correspond to the above chart

Registration Periods: (please circle one):

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6/29-07/01	07/04-07/08	07/11-07/15	07/18-07/22	07/25-07/29	08/01-08/05	08/08-08/12	08/15-08/19

ADDITIONAL SERVICES: Services listed below are optional; if you would like to take advantage of these services please select ONE of the options:

Door to Door BUS transportation	OR	Early Drop-off (7:45AM) AND Late Stay (6:30PM)	OR	ONLY Early Drop off (7:45AM)	OR	ONLY Late Stay (6:30PM)

* If you have more than 2 children please attach additional copies of **this page only**.

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Summer Day Camp 2016

FAMILY INFORMATION:

Home Address _____ Apt #_____ City_____ State _____ Zip _____ Phone _____

Health Insurance:

Company and Policy # _____

Family Doctor _____ Address _____Phone _____

Please provide us with a copy of your insurance coverage.

Parent(s) Marital Status (Please Circle): Single Divorced Separated Widowed (if one of the parents is not allowed to pick up a child/ren please provide the camp office with the appropriate documentation)

PARENT INFORMATION:		Date of birth	Cell Phone	Work Phone	E-mail address Required
Mother's Name					
Father's Name					

EMERGENCY CONTACT(other than parents):		Phone	Relationship
Full Name			
Full Name			
Full Name			

AUTHORIZED PICKUPS* (other than parents):		Phone	Relationship
Full Name			
Full Name			
Full Name			
Full Name			
Full Name			

*** Your child will NOT be allowed to leave with a person whose name is not listed above.** Please list **ALL** persons allowed to pick up your child from program. Siblings under age of **16** will not be allowed to pick up the child.

Inclusion program applicants ONLY: Please answer the following questions:

Does your child: Have verbal abilities ☐ yes ☐no Play with other children ☐ yes ☐no On a special diet ☐ yes ☐no

Take any medication☐ yes ☐no, if yes please list _____

Have any physical disabilities ☐ yes ☐no, if yes please specify _____

Campers joining our inclusion program must meet with our Special Needs Program Director to receive a written approval to register.

How did you find out about our Camp? ☐Friend (please specify) _____

☐Flyers ☐Radio ☐Email from us ☐Shorefront Y website ☐Other (please specify)_____

New camper(s): ☐Yes ☐ No, this will be my child's _____year at the Shorefront Y Day Camp

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Summer Day Camp 2016

Consent/Release Form

Child(ren)'s Name _____

Parent/Guardian Name _____ **Relationship to Child** _____

Photo Release

I hereby grant permission, without reservation, to the Shorefront YM-YWHA and the United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc, ("UJA-Federation"), and those authorized by the Shorefront YM-YWHA and UJA-Federation, to take photographs, to make recordings of me and my child and to use them in original or modified forms in all media now or hereafter known, with or without my or my child's name or information about me or my child, for the promotion, public education, and/or fundraising activities of both organizations. I understand and agree that I am entitled to receive no compensation for the above.

I release The Shorefront YM-YWHA and UJA-Federation its officer, director, agents, employees, independent contractor, licensees and assignees from all claims that I now have or in the future may have in relation to the above.

I agree that The Shorefront YM-YWHA and UJA-Federation will be the sole owners of all tangible rights in the above mentioned photographs and recording, will full power of disposition.

As parent/guardian of the above named child/children, I hereby consent to the foregoing on behalf of the minor and myself.

Signature _____

Swimming Consent

As parent/guardian of the above named child/children, I give permission to my child/children to go swimming on the beach located on Brighton Beach and Coney Island Avenue every day from 10:00AM to 12:00PM.
I understand that every day of camp attendance my child/children must bring a hat, sun block and a bottle of water to ensure his/her safety while at the beach.
As parent/guardian of the above named child/children, I give permission to my child/children to go swimming in the pool located at the Shorefront Y for the duration of their camp attendance.

Signature _____

Climbing Wall Consent

As parent/guardian of the above named child/children, I give my child/children permission to participate in the climbing wall unit activity at the Shorefront Y.

Signature _____

Trip & Transportation Release

As parent/guardian of the above named child/children, I hereby release the Shorefront Y Day Camp from all liability arising out of his/her transportation on the school bus to or from the Shorefront Y Day Camp and through out all the extra curriculum activities including daily trips.
I give permission to attend all trips with Shorefront Y Day Camp during the summer of 2016.

If a child is enrolled for bus transportation, I understand that morning pick-up and evening drop off must be at the same location. Morning bus pick-up and evening drop off times are determined by the transportation provider, based on area, number of campers in attendance and distance from the camp facility. All buses arriving on time at their designated morning pick-up location will wait 2-3 minutes for a child and then depart for their next stop. Buses will not be returning to pick up campers if they miss their morning pick-up bus time. SFY Day Camp does not guarantee the accuracy or consistency of morning pick-up or evening drop off times at any point during the program.
When child is attending a late drip or an overnight trip, morning pick-up & evening drop off is NOT provided. Parents should make their own arrangements during those trip days.

Signature _____

Dismissal Consent

Campers age 12 and up will be allowed to leave on their own after 5 o'clock with parental consent. To ensure your child's safety we ask you to sign the consent form which will allow us to release your child from camp.

As parent/guardian of the above named child/children, I give permission to **leave camp** on his/her own after five o'clock.

Signature _____

NO, I do not give my child permission to **leave camp** on his/her own. Signature _____

If you do not give your child permission to leave camp on his/her own, you must provide us with a list of persons allowed to pick up your child on Page 4.

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Waiver of Liability

The Shorefront YM-YWHA provides service for children during summer period. Our staff is trained to provide protection for your child while in our care. Even with all of these safeguards injuries can occur.
As parent/guardian of the above named child/children, I fully understand the risks involved in my child's participation in the all camp activities. To the best of my knowledge my child has no medical conditions, which would conflict with his/her participating in the educational, sport and recreation programs. I further agree to waive the right to press legal charges against Shorefront YM-YWHA in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above named child/children.

Signature _____

Medical Release Agreement

As parent/guardian of the above named child/children, I give my permission for my child/children to receive whatever emergency medical care that may be deemed needed by Shorefront Y Day Camp personnel for the treatment of any injury that may be incurred while in the Camp's activities or swimming on premises or elsewhere. I understand Shorefront Y Day Camp will make an effort to contact myself or my emergency contact before or immediately after such emergency treatment is rendered.
I give my permission to administer sunscreen to my child when there are outdoor activities.
Medical form is due June 1st, 2016 no child will be allowed to start before a complete medical form is on file.
Based on New York City Department of Health regulations, our staff CAN NOT administer medication to campers. If your child needs to take medication during Summer Camp hours, YOU MUST make other arrangements. Students may not bring any medication to the program. Children are permitted to store an inhaler for asthma at the site, provided inhaler is in original box with instructions.

Signature _____

Parent Agreement/Terms of enrollment

- Children who are not registered for extended day can be dropped off at camp no earlier than 8:45AM and/or must be picked up from camp no later than 5 PM. Parents who bring their children to camp before 8:45AM and/or leave in camp past 5:15PM will be charged a late fee of **$15.**
- The Shorefront Y Day Camp is closed on July 4 in observance of the Independence Day
- Children should arrive to camp with their T-shirts, bag, water bottle, sun block, hat, swim suits, towel and swimming caps. **Open-toed shoes, and/or sandals are NOT appropriate footwear at camp** and are prohibited anywhere except in the pool or on the beach. Camp staff reserves the right to send a child home if he/she is wearing improper footwear.
- Children are not allowed to bring in cell phones, iPods, electronic games or any other type of electronic devices. We strongly encourage all campers to leave all valuables at home.
- Chewing gum is restricted anytime in camp.
- The Shorefront YM-YWHA will not be responsible for any lost, stolen, or damaged property.
- The Shorefront YM-YWHA reserves the right to use all pictures taken for publicity purposes.
- I understand that Shorefront Y Day Camp has a strictly Kosher food policy. Any food that is brought in for the groups such as birthday party celebrations or any shared treats must be approved in advance by the camp director. The food must be kosher.
- The Shorefront YM-YWHA reserves the right to terminate the summer for any camper who exhibits serious and persistent behavioral pattern and may pose a risk to him/herself and/or others. The Camp Director will be in communication with families of any child exhibiting problematic behaviors. **No refund will be issued for termination due to behavioral issues.**
- The Shorefront YM-YWHA reserves the right to suspend and/or expel any child/children who are caught breaking any of the camp rules. Proper conduct, good behavior, acceptable language and proper use of equipment are expected at all times. **NO refund will be given if a child is expelled from our Summer Day Camp.**

Each camper of the Shorefront YM-YWHA Day Camp is expected to:
1. Follow the Day Camp's rules.
2. Be prepared each day for all the activities (Swimming, Beach, etc.).
3. Respect the beliefs, rights and property of other campers.
4. Resolve conflicts peacefully without fighting or name calling.
5. Be respectful and courteous to All Day Camp Staff.
6. Never leave/walk away from the group.
7. Address all issues with staff if a problem were to arise.
8. Never run in the hallways or within the building so as not to hurt themselves or anyone else.
9. Take proper care of all Shorefront Y rooms, the contents of the rooms, and all property belonging to the Day Camp.

Parents / guardians of a child in the Shorefront YM-YWHA Day Camp are expected to:
1. Pack your child's bag with sun block, towel, swim suit, swim cap, camp T-shirt.
2. Talk with the Day Camp Director/ Upper Staff about your child's behavior issues and address them at home with your child.
3. To follow recommendations made by the Day Camp Director concerning your child's development.
4. Be on time every day to pick up your child at dismissal time or designate another adult to do so.

I have completed the form to the best of my knowledge, reviewed and fully accept the terms of enrollment.

Signature of Parent or Guardian _____ Date _____