

2023

REGISTRATION:

Begins **April 14th**

Ends **June 16th**

Contact Information:

(O) 973-267-0136 x210

(F) 973-898-1971

odumas@cdcnnj.org

Applications are available online

www.cdcnnj.org

Register
Before June 5th
Receive \$75
Tuition Discount

YOUTH ENRICHMENT SUMMER CAMP

SESSION 1: June 26 – July 14

SESSION 2: July 17– August 4



**FIELD TRIPS • WATER PLAY • ARTS & CRAFTS • ORGANIZED GAMES • SWIMMING
SPECIAL GUESTS • PERFORMING ARTS • AND MUCH MORE...**

ABOUT YES

Hours: 9am – 4pm

Club O.T. (Before and After Care):

7:30 – 9am – Breakfast Club (Must sign up in advance)

4 – 6pm - **\$300/six weeks*** (includes snack)

4 – 6pm **\$150/three weeks*** (includes snack)

***Late Fees will be assessed. (See General Information)**

CAMPERS: Rising **K** through **10th** Grade

RATES:

\$1,200* for six-week session

\$700* for three-week session

***Includes T-shirt, meals, all activities and much, much more...**

Club OT (4-6pm):

\$300/six-week session

\$150/three-week session

Registration Ends: Friday, June 16th

1/4 tuition due by May 5th, 2023

1/2 tuition due by May 19th, 2023

3/4 tuition due by June 2nd, 2023

Tuition balance due by June 16th, 2023

\$25 late fee will be assessed on all delinquent payments and camper will not be allowed to attend camp.



Financial Aid Options:

1. Multi-camper discount
2. Multi-tier tuition scale, based on household income (***must provide proof of income***)
3. CFR/TANF/ HA/other Childcare Assistance (Parent Co-pays will apply)

Complete Registration Packet Includes:

1. Completed Registration Form (***Signed and initialed in all designated areas***)
2. Medical History/Current immunization records
3. Non-refundable Registration Fee **\$75**
4. Signed and dated Permission Slip

***Incomplete registration packets will not be accepted.**

Return completed packet to:

CDC|NNJ Youth Enrichment Summer Camp
10 Martin Luther King Avenue
Morristown, NJ 07960

In-Person Drop-Off – Bring the completed packet to the main office on the second floor of the above address, Monday – Friday between 9am-3pm or 6pm-8pm (Willow Street Entrance).

For an Appointment: Call the camp office at 973-267-0136, x210 or email our Program Administrator at odumas@cdcnnj.org.

REFUND POLICY: (Registration Fee is not refundable)

100%* of tuition on or before May 5th

50%* on or before June 9th

0% after June 9th

****All requests for refund must be made IN WRITING and received by the dates indicated above.***





Youth Enrichment Summer Camp

2023 Permission Slip

ONLY ONE CHILD PER PERMISSION SLIP (copy if necessary)

I give my child (print name clearly) _____ permission to attend the Youth Enrichment Summer (YES) Camp and to participate in all activities and field trips, *destinations subject to availability, enrollment and weather conditions*, including, but not limited to:

Weekly swimming
Walking field trips (within 1 mile of campus)
Funplex
Bronx Zoo
Camelback Beach Waterpark
Florham Park Roller Skating
Liberty Science Center
Dorney Park

I give consent that my child participate fully in all planned activities, programs, recreation, outings and field trips including, but not limited to, the above named unless I specify otherwise. I understand that the camp will start on **June 26, 2023**, and conclude on **August 4, 2023**, and my child's participation will depend upon his or her specified registration period. I understand that I may be responsible for incidental costs associated with each field trip, which shall be my sole responsibility. Transportation to and from the camp facility is my sole responsibility.

I hereby grant YES Camp and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release them from any liability. I understand that prudent attempts will be made to contact the undersigned immediately, in the event of an emergency. I understand that I will be responsible for payment of all medical and medication bills.

In consideration for my child being permitted to participate in the camp experience and applicable field trips, I hereby waive, release and forever discharge any and all rights and claims any of us may hereafter have, against the Community Development Corporation of northern New Jersey, Youth Enrichment Summer Camp, Calvary Baptist Church in Morristown, New Jersey, and each of their officers, directors, employees, affiliated companies and agents for any and all damages and injuries (including death) that in any way arise out of, or result from my child's participation in the camp activities and field trips.

NOTE: I understand that I must provide my child with a bag lunch. (Lunch will not be provided by the camp on field trip days.) Lunches should be in a brown paper bag, clearly marked with child's full name and grade. All items should be disposable – do not send glass containers. Staff will not be responsible for non-disposable items.

YOUR CHILD WILL NOT BE PERMITTED TO GO ON THE TRIPS WITHOUT A SIGNED PERMISSION SLIP ON FILE.

Parent/Guardian Signature:

Date:

(Please Print Name)



2023 Youth Enrichment Summer Camp

Registration Form/Emergency Form/Health History
10 Martin Luther King Avenue, Morristown, NJ 07960
973-267-0136 x210 (office) – 973-898-1971 (fax)

Incomplete forms will not be accepted.

Please use a separate form for each camper!

Camper's Name _____ Age _____

Nickname _____ Date of Birth ____/____/____ Grade entering in Sept. 2023 _____

Full Mailing Address _____

Ethnicity (Optional) ____ African American ____ Asian/Pacific Islander ____ Caucasian ____ Hispanic ____ Other

T-shirt Size: ____ Child small (S) ____ Child medium (M) ____ Child large (L) ____ Adult S ____ Adult M ____ Adult L

Mother's Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____ Work Hours _____

Father's Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____ Work Hours _____

Camper's Living Arrangements During Camp: () Both Parents () Mother () Father () Other _____

REQUIRED: A copy of my child's most current immunization record is attached.

Initial _____

Those authorized to pick-up camper if parent/guardian cannot be reached immediately (*must be 18 or older*):

Name _____ Relationship _____ Phone No. _____

Name _____ Relationship _____ Phone No. _____

Who may not pick up the child?

Child's Doctor or Clinic _____ Phone No. _____

Address _____ Medical Insurance ID _____

Preferred Medical Facility for Emergency Treatment _____

Allergies: _____ Medication prescribed: _____

Epipen Required? Yes ____ No ____ Medication to be taken daily while at camp: _____

Note: All medication (prescription & over-the-counter) must be given to the Health Coordinator on the first day of camp with a completed Medication Authorization Form. (*Inquire at the sign-in desk for a form.*)

Medical/Orthopedic/Emotional/Learning Conditions? _____

If so, please explain _____ Date of Last Physical: ____/____/____

This health history is complete and accurate to the best of my knowledge.

Initial _____

I hereby enroll my child in Youth Enrichment Summer Camp. In signing this application, I certify that he/she is healthy and free of problems that could adversely affect him/her or other youth.

Initial _____

(OVER)

Camper's Full Name _____

I understand that my child must comply with the camp's rules and standards of conduct and that the organization may terminate my child's participation in the camp if s/he does not maintain these standards. Neither the **Community Development Corporation of Northern New Jersey (CDC|NNJ)** nor **Calvary Baptist Church** in Morristown, New Jersey (**CBC**) are responsible for lost, stolen or damaged personal articles. **CDC|NNJ** and **CBC** do not assume the risk for youth that travel to or from the camp site without supervision or authorization. **CDC|NNJ** and **CBC** assume no responsibility for youth once they leave the premises. I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by walking, bus, amusement park rides, and water rides. Initial _____

I hereby grant **CDC|NNJ** and its Agents full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release them from any liability. I understand that prudent attempts will be made to contact the undersigned immediately, in the event of an emergency. I understand that I will be responsible for payment of all medical and medication bills. Initial _____

____ I have been accepted for CFR, TANF or other childcare assistance (if other explain below and attach contract).

Rising K – 10th Graders

____ **6 weeks, 2 sessions (\$1,200)** \$300 due **May 6th** _____ \$300 due **May 20th** _____
June 27th – Aug. 5th \$300 due **June 3rd** _____ \$300 due **June 17th** _____

Add \$25 late fee to each delinquent payment

____ **3 weeks (choose 1 session) * (\$700)**

____ June 27th – July 15th \$175 due **May 5th** _____ \$175 due **May 19th** _____
____ July 18th – Aug. 5th \$175 due **June 2nd** _____ \$175 due **June 16th** _____

Add \$25 late fee to each delinquent payment

***Upgrade from 1 to 2 sessions on/after July 10th – add \$700 due at time of change request** _____

____ **Club OT AM** (Before Care 7:30-9am) **Breakfast served 7:30 – 8:30 must be signed up separately. * FREE**

____ **Club OT PM** (After Care 4-6pm) _____ \$150/six-weeks _____
_____ \$120/three-week session _____

____ **One-time, non-refundable registration fee** if registered on or before June 5th **\$50**

____ **One-time, non-refundable registration fee** if registered after June 5th **\$75**

Registered before April 20th **Apply \$50 early registration fee** (____)

TOTAL DUE (____)

Make checks payable to: CDCNNJ

I understand the tuition fees schedule. Initial _____

I authorize **CDC|NNJ** and **CBC** to have and use photographs, slides, videotapes and comments of the person named on this application as needed in promotional materials. I understand that **CDC|NNJ** and **CBC** are not-for-profit organizations offering programs that may not otherwise be available. Initial _____

I agree to indemnify **CDC|NNJ** and **CBC** and their employees and agents for any loss, damages, claims, liabilities, costs or expenses arising out of my child's participation in activities. Initial _____

The above information is accurate. I understand that it is my responsibility to notify the camp immediately, in writing, of any changes. Initial _____

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

Completed applications must be turned in to Office with all required documents, registration fee and first payment if scheduled.

*** You may sign up with Program Administrator prior to Camp or at the sign-in desk at the start of camp to ensure your child has a breakfast prepared for them.**



Youth Enrichment Summer Camp

Medical Authorization Form

Dear YES Camp Family,

To ensure proper administration of medication for every child, medications will be administered at the **designated times of 11:30 AM and 3:30 PM daily**. We ask that parents modify other dosages around this schedule. The camp will call for all children authorized to receive medication at these designated times, which will provide for more effective management of medication administration. It is much less likely that the administration of medication will be missed if we have specific times that we administer versus the multiplicity of dosage times for the many children we currently serve. Please see the Health Coordinator if your child has any special medical needs. PLEASE HAND DELIVER PRESCRIPTION MEDICINES TO BE GIVEN TO YOUR CHILD TO THE LEAD TEACHER. He/she will place it in the refrigerator or in the medicine cabinet and notify the Health/Recreation Coordinator.

The following must be provided for dispensing: medication provided in its **original bottle with prescription label, child's own medicine apparatus labeled with child's name and contained in a labeled Ziplock bag, correct dates, precise times and all blanks filled in.**

Child's Full Name: _____ Date: _____

Child's Condition for administering medication: _____ Cold _____ Sore Throat _____ Injury _____ Rash
_____ Immunizations _____ Ear Infection _____ Other (explain) _____

Name of medication and/or prescription number _____

Refrigeration necessary ____ Yes ____ No Amount to be given _____

Dates to be given: Beginning _____ Ending _____

Time medication is to be given: (circle one) 11:30 AM 3:30 PM

Special Instructions: _____

I authorize the Health Coordinator to administer medication to my child.

Parent/Guardian Signature _____



Youth Enrichment Summer Camp

Special YES Camp Benefits...

- Affordable Tuition
- Certified Teachers & Experienced Staff
- Adult/Camper Ratio 10-to-1
- Campers Grouped By Grade Level
- Camp T-Shirt + Drawstring Bag



Program Activities Include:

- Nutritious meals prepared daily (except on field-trip days)
- Morning Assembly/Empowerment Sessions
- Thematic Lessons
- Weekly Field Trips (Be sure to sign Permission Slip)
- Swimming
- Blast From The Past History Lessons
- Creative Writing
- Math Facts
- Public Speaking
- D.E.A.R (Drop Everything And Read)
- Leadership Training
- Guest Speakers
- Outdoor Activities/Recreation
- Olympic Day
- YES Camp's Got Talent Show
- Family Fun Day & More!!!!!!!!!!!!

LEADERS OF TOMORROW (LOT)

**RIISING 8TH -10TH
GRADERS**

This is a leadership development program for 8th-10th graders. LOT members will have the opportunity to work, play and learn servant leadership as well as gain valuable knowledge and experience from our qualified staff. Weekly leadership workshops on conflict resolution, team building, troubleshooting, interviewing skills, working with children, and much, much more!!! LOT also includes all regular and special camp programming and the opportunity to earn community service credits.

GENERAL INFORMATION

REGISTER BEFORE
June 5th
RECEIVE **\$75** TUITION DISCOUNT



- Once the registration fee and forms have been completed and submitted with all necessary documentation, you will not hear from us unless the class is full. In that case, you will be notified that your child has been added to the wait list. If the registration forms are incomplete, they will be returned without notice.
- Campers are expected to act in ways that demonstrate love, respect and consideration for the rights and needs of others and conform to the rules of YES Camp. If your camper is unable or unwilling to do so, he or she will receive restrictions, suspension or dismissal from the camp.
- Parent must notify Camp Administrator in writing if Camper will be attending other summer programs before coming to YES Camp. They must include the camper's expected time of arrival at YES Camp. Campers arriving from other summer programs after 12pm must report to the Camp Administrator upon arrival. If we are not notified in writing, no lunch will be set aside.
- Camp drop-off and pick-up will be located at the Willow Street entrance (side) of the facility.
- **Late fees:** campers left after 15 minute grace period for the end of Camp (4 PM if not enrolled in Club OT and 6 PM for Club OT Campers), will be assessed a \$25 late fee per child per infraction. **(Late fees must be paid by the Friday of the week in which they were incurred. Unpaid late fees will be grounds for suspension from camp and/or exclusion from field trip.)**
- Campers not picked up by 6:30 PM will be released to the proper authorities.
- You may switch from 3 to 6 weeks of camp at any time prior to June 10th. Switches on or after June 10th will incur additional tuition at the \$650 tier. Payment in full is due at the time of the change. No exceptions.
- Tuition is **not prorated** by day or week.

PARENT OBLIGATION

- Must ensure all CFR/TANF/HA/etc. contract is completed, signed and return to initiating Agency
- Pay all required co-pays prior to start of Camp
- Must sign-in Campers and swipe the POS device *(if applicable)* at the start of each day
- Must sign-out Campers and swipe the POS device *(if applicable)* at the end of each day
- If a Camper has more than 2 missed sign-ins and/or swipes, the Camper will be suspended until sign-ins and swipes are completed