



Dear Parents,

The Rockland County YMCA would like to invite you to join our North Rockland Summer Camp which begins July 1st and runs through August 23rd from 8:00 am to 6:00 pm daily.

Our camp is held at the Krucker's North Campgrounds, 81 Call Hollow Road in Pomona, which provides a spacious outdoor recreational setting that includes very well maintained Baseball, Basketball and Soccer Fields as well as Tennis and Volley Ball Courts. We provide a daily lunch, morning snack, afternoon snack, trips and swim lessons in our outdoor swimming pool-all at no extra charge! The YMCA has planned a program with a variety of recreational and sports activities to encourage your child's growth. We have a great group of returning experienced counselors, certified lifeguards and swimming instructors. Our aim is for your child to develop new skills, establish friendships and learn about sportsmanship/teamwork to create experiences that last a lifetime.

We will be having an open walk through of the camp grounds on:

Saturday March 23rd 12:00 pm - 2:00 pm

Saturday, March 30th 12:00 pm - 2:00 pm

Saturday April 6th 12:00 pm - 2:00 pm

Saturday April 27th 10:00 am - 12:00 pm (Healthy Kids Day at Nyack 11:00am-2:00pm)

YMCA Staff will be there to answer any questions.

Early Incentive Rates will be available until May 15th.

We also offer a "2nd Child Discount" for families registering more than 1 child.

If you are interested in enrolling your child, please submit the completed application along with 1 week's tuition to:

North Rockland YMCA Programs Office

41 Franck Road

Stony Point, NY 10980

OR

Fax 845-643-3028

OR

E-mail to northrocklandvoffice@ymail.com

Once the completed packet is received, you will get a confirmation call or e-mail. If you have any questions please call 845 429 6630 Ext. 1.

Sincerely,
John Dillon
YMCA Summer Camp Director

Lisa Madonna
Assistant Program Director



2019 North Rockland Summer Camp

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

REGISTRATION CHECKLIST

- First Week's Payment
 - \$80 Youth Membership Fee – *for new members & renewal only*
 - Immunization Record & Medical Form – *Physical exam not required. Immunizations due by June 1st*
 - Recent Photo of Child with name on back, attached to Medical form
 - Completed Registration Packet-*returned to NR Programs Office, 41 Franck Rd, Stony Point, NY 10980*
- Fax#845-643-3028 E-Mail: Northrocklandoffice@ymail.com

Check each weekly session your child will be attending below:

		dates	Theme	Price BEFORE May 15 th .
△	Week 1	July 1-5 (no camp 7/4)	MUSIC	\$290 for current YMCA member/\$310 non members
△	Week 2	July 8-12	BEAR MTN ZOO/PARK	\$360 for current YMCA member/\$385 non members
△	Week 3	July 15-19	MOVIES	\$360 for current YMCA member/\$385 non members
△	Week 4	July 22-26	MAD SCIENCE	\$360 for current YMCA member/\$385 non members
△	Week 5	July 29-Aug 2	SOCCER DAY WITH NYCFC	\$360 for current YMCA member/\$385 non members
△	Week 6	Aug 5-Aug 9	BOWLING	\$360 for current YMCA member/\$385 non members
△	Week 7	August 12-16	OLYMPICS	\$360 for current YMCA member/\$385 non members
△	Week 8	August 19-23	THEME WK/FAMILY BBQ	\$360 for current YMCA member/\$385 non members

		dates	Theme	Price AFTER May 15 th .
△	Week 1	July 1-5 (no camp 7/4)	MUSIC	\$310 for current YMCA member/\$325 non members
△	Week 2	July 8-12	BEAR MTN ZOO/PARK	\$385 for current YMCA member/\$405 non members
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Child's Name _____ Entering Grade _____ △ Male △ Female

Date of Birth _____ Age upon entering Camp _____ T-Shirt Size _____

Address _____
Street City Zip

Mother/Guardian Name _____ Best Contact # _____

Father/Guardian Name _____ Best Contact # _____

Parent E-mail _____

Consent to take photos of your child (marketing publications, slideshows, display, etc.) Yes _____ No _____

Consent for the YMCA staff to assist in applying sunscreen Yes _____ No _____

The following people have permission to pick up my child if a parent/guardian is unable to do so:

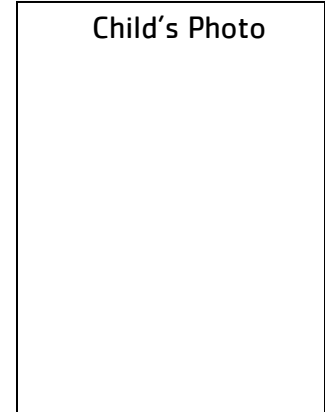
1. _____ Phone: _____

2. _____ Phone: _____



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Medical Form (Completed by Parent/Guardian)



Child's Name _____ Gender _____ Birthdate _____

_____ Street address City State Zip

Mother/Guardian's Name _____

Best Contact # _____

Father/Guardian's Name _____

Best Contact # _____

Emergency contact person _____ Relationship _____

INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? Yes ___ No ___

If yes, indicate carrier or plan name: _____ Policy # _____

Name of insured _____ Relationship to camper _____

Does camper have allergies/special needs? NO YES If yes, please provide specific information below:

ALLERGIES/SPECIAL NEEDS List all known: Describe reaction and management

Does your child have unique physical, medical, behavioral and/or social needs? YES NO

Please explain: _____

Does camper require medications during camp? NO YES Only if needed

If yes, please provide specific information below:

_____ Dosage _____ Specific times taken _____

List any other medication(s) regularly taken but dispensed outside camp _____

Restrictions to activities _____

I hereby give my consent to allow the staff to obtain emergency treatment from a duly licensed hospital, physician or EMT if needed. I also give consent for my child to be transported in an emergency vehicle if necessary.

Parent Signature _____ Date _____



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2019 North Rockland YMCA Summer Tuition Contract

Parent/ Guardian's Name _____

Child or Children's Name (s) _____

Payment for child's first week of camp is due by May 15th to ensure early registration rates.

The following is the payment schedule:

- _____ Week 1, (July 1st – July 5th).....due at time of Registration:
- _____ Week 2, (July 8th – July 12th)due date June 7th
- _____ Week 3, (July 15th–19th) and Week 4, (July 22nd–26th)due date June 21st
- _____ Week 5, (July 29th– Aug 2nd) and Week 6, (Aug 5th–August 9th)due date July 5th
- _____ Week 7, (August 12th – 16th) and Week 8, August (19th–23rd)due date July 19th

Payment due is based on the weekly fee. Weeks cannot be prorated. No discounts will be given for absenteeism. Early Incentive Rates are for campers who are registered by May 15th. The first week's tuition is due upon receipt of application, along with the Membership fee of \$80, if applicable. Weeks can be changed or added 2 weeks prior to change date, within 2 weeks there will be a \$25.00 charge. Late pick-up is subject to a \$25 charge.

Signature: _____ Date: _____

Along with this Registration Packet, I have included:

___ Check ___ Money Order ___ Credit Card-Please complete below

CREDIT CARD AUTHORIZATION *Please initial all that apply.*

___ Charge my credit card automatically on due date.

___ I will make credit card payments via e-mail, e-mailing the amount to be paid and last 4 digits of card.

Please circle one: (1) *Visa* (2) *MasterCard* (3) *American Express* (4) *Discover*

Credit Card # _____

Expiration date _____ CVC code # _____

Name as it appears on card _____

Billing address for card _____

Street

City

Zip _____

For Office Use Only	
<input type="checkbox"/>	Date: _____ Amount _____
<input type="checkbox"/>	Check # _____ Credit Card _____
<input type="checkbox"/>	Cash _____
	Confirmation Call _____
	Notes _____



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PLEASE DETACH THIS PAGE TO KEEP FOR YOUR RECORDS

2019 Summer Camp Rates

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There is a 5% discount for each additional child! The oldest child will receive the discount.

Payment Schedule

Payment for your child's first week of camp + \$80 Youth Membership Fee

Due upon receipt of the application

Payment schedule

Week 1, (July 1st-July 5th).....due at time of registration
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 Week 7, (August 12th-16th) and Week 8, (August 19th-23rd)due date, July 19th

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Checks should be made payable to: Rockland County YMCA

Attn. Business Office
 35 South Broadway
 Nyack, NY 10960

Please note child's name on check

*Credit Card payments may be e-mailed to northrocklandoffice@ymail.com

Please state your child's name, amount to be charged and last 4 digits of card in the e-mail.