



# MEADOWLANDS YMCA SUMMER CAMPS

# EMBRACE SUMMER INTO CAMP WE GO!



**Make Friends**



**Splash**



**Climb**



**Create**

## WHAT TO BRING

- |                      |              |
|----------------------|--------------|
| Non-Perishable Lunch | Sunscreen    |
| AM & PM Snack        | Bathing Suit |
| Water Bottle         | Swim Cap     |
| Change of Clothes    | Towel        |

## WHAT TO WEAR

- Closed Toed Shoes
- Clothes that can get Messy



## DO NOT BRING

- Any Toys
- Any Technology
- Any Glass

## DO NOT WEAR

- Flip Flops & Slippers

For more information  
email - [camps@meadowlandsymca.org](mailto:camps@meadowlandsymca.org)

Did you know that kids ages 5 to 10 spend an average of 6 hours on a screen each day? That's one of the reasons the Meadowlands YMCA does not permit the use of cell phones, cameras, and other electronic devices during camp hours.

# CAMP 2024 REGISTRATION FORM ONE FORM PER CHILD Submit completed forms to Meadowlands YMCA, 390 Murray Hill Pkwy East Rutherford, NJ 07073 or camps@meadowlandsymca.org

**CAMPER** Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of 7/1/2024 \_\_\_\_\_ Grade as of 9/1/2024 \_\_\_\_\_ Gender \_\_\_\_\_

**PARENT/GUARDIAN** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Cell Phone (Required) \_\_\_\_\_

Email \_\_\_\_\_

CAMP	NO. OF DAYS	WEEK 1 JUN 17-21	WEEK 2 JUN 24-28	WEEK 3 JUL 1-5 NO CAMP 7/4	WEEK 4 JUL 8-12	WEEK 5 JUL 15-19	WEEK 6 JUL 22-26	WEEK 7 JUL 29-AUG 2	WEEK 8 AUG 5-9	WEEK 9 AUG 12-16	WEEK 10 AUG 19-23	TOTAL
<b>CAMPS HELD AT MEADOWLANDS YMCA - 390 MURRAY HILL PKWY E. RUTHERFORD</b>							<b>HOURS: 8:30AM-4:30PM</b>					
JR. CAMP MEADOWLANDS AGES 5-7	5	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$264	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	\$ _____
CAMP MEADOWLANDS AGES 8-11	5	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$264	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	<input type="checkbox"/> \$330	\$ _____
SUMMER SEEDLINGS AGES 3-5	5	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	<input type="checkbox"/> \$288	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	\$ _____
	3 T-TH	<input type="checkbox"/> \$320	<input type="checkbox"/> \$320	<input type="checkbox"/> \$320	<input type="checkbox"/> \$320	<input type="checkbox"/> \$320	<input type="checkbox"/> \$320	<input type="checkbox"/> \$320	<input type="checkbox"/> \$320	<input type="checkbox"/> \$320	<input type="checkbox"/> \$320	\$ _____
BEFORE CARE 7:00-8:30AM		<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	\$ _____
AFTER CARE 4:30-6:30PM		<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	\$ _____
<b>CAMPS HELD AT ROBERT L CRAIG SCHOOL - 20 W PARK ST MOONACHIE</b>							<b>HOURS: 8AM-5PM</b>					
BRAINIAC ACADEMY 1 <sup>ST</sup> - 3 <sup>RD</sup> GRADERS	5	<input type="checkbox"/> \$413	<input type="checkbox"/> \$413	<input type="checkbox"/> \$247 no camp 7/5	<input type="checkbox"/> \$413	<input type="checkbox"/> \$413	<input type="checkbox"/> \$413	<input type="checkbox"/> \$413	<input type="checkbox"/> \$413	<input type="checkbox"/> \$413	<input type="checkbox"/> \$413	\$ _____
<b>CAMPS HELD AT E. RUTHERFORD CIVIC CENTER - 37 VREELAND AVE E. RUTHERFORD</b>							<b>HOURS: 8:30AM-5PM</b>					
TRAVEL CAMP AGES 7-11	5	<input type="checkbox"/> \$435	<input type="checkbox"/> \$435	<input type="checkbox"/> \$348	<input type="checkbox"/> \$435	<input type="checkbox"/> \$435	<input type="checkbox"/> \$435	<input type="checkbox"/> \$435	<input type="checkbox"/> \$435	<input type="checkbox"/> \$435	<input type="checkbox"/> \$435	\$ _____
	Add On Trips*		Land Make Believe <input type="checkbox"/> \$50		Splashdown <input type="checkbox"/> \$65		DreamWorks <input type="checkbox"/> \$75	Six Flags <input type="checkbox"/> \$75		Mountain Creek <input type="checkbox"/> \$65		\$ _____
TEEN CAMP AGES 12-14	5	<input type="checkbox"/> \$460	<input type="checkbox"/> \$460	<input type="checkbox"/> \$368	<input type="checkbox"/> \$460	<input type="checkbox"/> \$460	<input type="checkbox"/> \$460	<input type="checkbox"/> \$460	<input type="checkbox"/> \$460	<input type="checkbox"/> \$460	<input type="checkbox"/> \$460	\$ _____
	Add On Trips*		Land Make Believe <input type="checkbox"/> \$50		Splashdown <input type="checkbox"/> \$65		DreamWorks <input type="checkbox"/> \$75	Six Flags <input type="checkbox"/> \$75		Mountain Creek <input type="checkbox"/> \$65		\$ _____
BEFORE CARE 7:00-8:30AM		<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	\$ _____
CAMP SHIRTS* LIMIT 2 PER CAMPER TRAVEL & TEEN ONLY		YOUTH			ADULT			NUMBER OF SHIRTS				
		<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	_____ X \$15			\$ _____

\*ADD ON TRIPS AND TSHIRT FEES MUST BE PAID UPON REGISTRATION

**CAMP TOTAL \$ \_\_\_\_\_**

## PAYMENT OPTIONS

AUTO DRAFT PAYMENTS payment method on file will be charged remaining balance of each week 10 days prior to the start of each week.		PAY IN FULL	
NON-REFUNDABLE PROCESSING FEE TOTAL	\$30	NON-REFUNDABLE PROCESSING FEE TOTAL	\$30
NON-REFUNDABLE DEPOSIT (NUMBER OF WEEKS _____ X \$50)	\$ _____	TOTAL CAMP COST	\$ _____
TOTAL DUE TODAY	\$ _____	TOTAL DUE TODAY	\$ _____

**ACKNOWLEDGMENT:** I understand that all upfront fees and deposits paid at the time of registration are non-refundable. Also, no makeup days, refunds or credits are offered for any kind of absence. To attend camp, tuition must be paid in full prior to attending and my camper's CampDoc profile must be 100% complete.  Initial \_\_\_\_\_ Date \_\_\_\_\_

**AUTO-DRAFT AUTHORIZATION:** I authorize the Meadowlands YMCA to automatically charge this payment method for the weekly balance. I understand I will be charged 10 days prior to the start of each weekly session. I assume all responsibility to notify the YMCA in writing of any changes that may affect this agreement.  Initial \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT METHOD

EFT Draft Checking  EFT Draft Savings

Credit Card

Check

\*Make payable to Meadowlands YMCA

Print Name on Account \_\_\_\_\_  
 Routing # \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Bank Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name as it appears on Credit Card \_\_\_\_\_

No transaction fees attach VOIDED check or Bank Specification letter

Signature  \_\_\_\_\_

\$4 fee for each credit card transaction

Meadowlands Area YMCA  
 390 Murray Hill Parkway  
 East Rutherford NJ 07073

