

CAMP 2026 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 7/1/2026 _____ Grade as of 9/1/2026 _____ Gender _____

PARENT/GUARDIAN Full Name _____ Date of Birth _____ Gender _____

Home Address _____ City/Zip _____ Cell Phone (Required) _____

Email _____

2026 Summer Camp Prices

CAMP	NO. OF DAYS	WEEK 1 JUN 22-26	WEEK 2 JUN 29-JUL 3	WEEK 3 JUL 6-10	WEEK 4 JUL 13-17	WEEK 5 JUL 20-24	WEEK 6 JUL 27-31	WEEK 7 AUG 3-7	WEEK 8 AUG 10-14	WEEK 9 AUG 17-21	TOTAL
CAMPS HELD AT MEADOWLANDS YMCA - 390 MURRAY HILL PKWY E. RUTHERFORD							HOURS: 8:30AM-4:30PM				
JR. CAMP MEADOWLANDS AGES 5-7	5	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	\$ _____
CAMP MEADOWLANDS AGES 8-11	5	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	\$ _____
BRAINIAC ACADEMY GRADES 1ST - 3RD	5	SOLD OUT	SOLD OUT	SOLD OUT	SOLD OUT	SOLD OUT	SOLD OUT	SOLD OUT	SOLD OUT	SOLD OUT	\$ _____
SUMMER SEEDLINGS AGES 3-5	5	<input type="checkbox"/> \$385	<input type="checkbox"/> \$385	<input type="checkbox"/> \$385	<input type="checkbox"/> \$385	<input type="checkbox"/> \$385	<input type="checkbox"/> \$385	<input type="checkbox"/> \$385	<input type="checkbox"/> \$385	<input type="checkbox"/> \$385	\$ _____
	3 T-TH	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	\$ _____
BEFORE CARE 7:00-8:30AM		<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	\$ _____
AFTER CARE 4:30-6:30PM		<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	\$ _____
CAMPS HELD AT FRANKLIN SCHOOL - 360 STUYVESTANT AVE LYNDHURST							HOURS: 8:00AM-5:30PM				
TRAVEL CAMP AGES 7-12	5	No Travel camp	<input type="checkbox"/> \$440	<input type="checkbox"/> \$440	<input type="checkbox"/> \$440	<input type="checkbox"/> \$440	<input type="checkbox"/> \$440	<input type="checkbox"/> \$440	<input type="checkbox"/> \$440	<input type="checkbox"/> \$440	\$ _____
	Add On Trips*		Land Make Believe <input type="checkbox"/> \$50		Splashdown <input type="checkbox"/> \$65		Six Flags <input type="checkbox"/> \$80		Mountain Creek <input type="checkbox"/> \$70		\$ _____
AFTER CARE 5:30-6:30PM			<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	\$ _____
CAMP SHIRTS* LIMIT 3 PER CAMPER TRAVEL CAMP 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.

NON-REFUNDABLE PROCESSING FEE TOTAL **\$50**

NON-REFUNDABLE DEPOSIT (NUMBER OF WEEKS _____ X \$50) \$ _____

TOTAL DUE TODAY \$ _____

PAY IN FULL

NON-REFUNDABLE PROCESSING FEE TOTAL **\$50**

TOTAL CAMP COST \$ _____

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 _____

No transaction fees attach VOIDED check or Bank Specification letter

Credit Card Number _____

Exp. Date _____

CVC Code _____

Print Name as it appears on Credit Card _____

Signature _____

\$4 fee for each credit card transaction

Meadowlands Area YMCA
390 Murray Hill Parkway
East Rutherford NJ 07073

