CLUB I.D.E.A.
Imagine • Discover • Explore • Aspire

AUGUST 24TH - 28TH

School's out, but the fun isn't over at the Meadowlands YMCA! With summer camp wrapped up and school not yet in session, IDEA Camp is the perfect way to keep kids engaged, active, and enriched. This special end-of-summer program offers a camp-style experience filled with hands-on STEM, arts & crafts, swimming, and more!

7:00am-6:00pm

$80 per day

SIGN UP TODAY!

Limited space available

the YMCA
Meadowlands YMCA

2026 I.D.E.A. CAMP REGISTRATION FORM

ONE FORM PER CHILD Submit completed forms to
Meadowlands YMCA, 390 Murray Hill Parkway East Rutherford, NJ 07073 or SACC@meadowlandsymca.org

CHILD Full Name _____ Home Phone _____
Date of Birth _____ Age as of 7/1/2026 ____ Grade as of 9/1/2026 ___ Gender _____
Home Address _____ City/Zip _____

PARENT/GUARDIAN Full Name _____ Date of Birth _____
Home Address _____ City/Zip _____
Work Phone _____ Cell Phone(Required) _____ Email _____

2026 DATES	AUG 24	AUG 25	AUG 26	AUG 27	AUG 28			TOTAL
	❑ $80	❑ $80	❑ $80	❑ $80	❑ $80			$_____

TOTAL COST $_____

PAYMENT OPTIONS

AUTO DRAFT PAYMENTS payment method on file will be charged 10 days prior to the start of each day		PAY IN FULL	
NON-REFUNDABLE PROCESSING FEE TOTAL	$30	NON-REFUNDABLE PROCESSING FEE TOTAL	$30
NON-REFUNDABLE DEPOSIT (NUMBER OF DAYS ____ X $40)	$_____	TOTAL 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 CLUB I.D.E.A., tuition must be paid in full prior to attending and parent pack must complete.

Balance will be charged on 8/14/2026

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 daily session. I assume all responsibility to notify the YMCA in writing of any changes that may affect this agreement.

Initial _____ Date _____/_____/_____

PAYMENT METHOD

❑ Check *Make check payable to Meadowlands

❑ MasterCard ❑ AmEx ❑ Discover ❑ Visa

_____ _____ _____
Credit Card Number Exp. Date CVV

_____
Print Name as it appears on Credit Card

_____
Signature

3% charge on all card transactions

❑ EFT Draft Checking ❑ EFT Draft Savings
Routing #_____
Account #_____
Bank Name _____
Attach a copy of voided check or bank specification letter

_____
Print Name on Account