

For office use only

**Division**

- Younger (1-2 grade)
- Middle (3-4 grade)
- Older (5-6 grade)
- Teen (7-9 grade)



**Summer Day Camp 2009**  
**(718) 646-1444**

**REGISTRATION FORM**

For office use only

**Medical Form**

Date \_\_\_\_\_

This form must be completed in order to register your child in camp.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: F M  
*(Last) (First)*

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Grade in 09/ 2009 (please circle) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> School Attending \_\_\_\_\_

Tee Shirt Size (please circle) Small Medium Large Extra Large

How did you find out about our Program? Friend \_\_\_\_\_ Newspaper (specify) \_\_\_\_\_ Flyers \_\_\_\_\_

Radio \_\_\_\_\_ Online (specify) \_\_\_\_\_ Email from us \_\_\_\_\_ Our website \_\_\_\_\_ Other \_\_\_\_\_

Please circle 1 option:

<b>Full Summer (6/29-8/21)</b>	<b>1<sup>st</sup> Session (6/29 – 7/24)</b>	<b>2<sup>nd</sup> Session (7/27 – 8/21)</b>
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**WEEKLY REGISTRATION:** If you are choosing weekly registration for any part of the summer, please circle THE WEEKS that your child will be attending camp

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
6/29-7/03	7/06-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/7	8/10-8/14	8/17-8/21

<b>Camp fees for 1<sup>st</sup>-2<sup>nd</sup> Graders</b>	<b>Regular Fees After 06/01/09</b>
Full Summer	\$ 2,280
Session 1	\$ 1,325
Session 2	\$ 1,325
1-week session	\$ 385

<b>Camp fees for 3<sup>rd</sup>-4<sup>th</sup> Graders</b>	<b>Regular Fees After 06/01/09</b>
Full Summer	\$ 2,350
Session 1	\$ 1,360
Session 2	\$ 1,360
1-week session	\$ 395

<b>Camp fees for 5<sup>th</sup>-6<sup>th</sup> Graders</b>	<b>Regular Fees After 06/01/09</b>
Full Summer	\$ 2,800
Session 1	\$ 1,625
Session 2	\$ 1,625
1-week session	\$ 465

<b>Camp fees for 7<sup>th</sup>-8<sup>th</sup> Graders</b>	<b>Regular Fees After 06/01/09</b>
Full Summer	\$ 2,925
Session 1	\$ 1,700
Session 2	\$ 1,700
1-week session	\$ 490

<b>Additional Services</b> <small>(no discounts apply)</small>	<b>Door to Door Transportation</b>
Full Summer	\$ 480
Session 1	\$ 300
Session 2	\$ 300
1-week session	\$ 95

<b>Extended Day Options</b>		
<b>8AM Drop Off AND Late Stay till 6PM</b>	<b>8AM Drop Off</b>	<b>Late Stay till 6PM</b>
\$ 300	\$ 175	\$ 175
\$ 175	\$ 100	\$ 100
\$ 175	\$ 100	\$ 100
\$ 55	\$ 35	\$ 35

**PLEASE MAKE ALL CHECKS PAYABLE TO SHOREFRONT YM-YWHA**

**For Office use only:**

**Full Fee:** \$ \_\_\_\_\_ **Scholarship:** \$ \_\_\_\_\_ **Camp Fee:** \$ \_\_\_\_\_

**Fees History:**

\$ \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Period Paid for** \_\_\_\_\_  
\$ \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Period Paid for** \_\_\_\_\_  
\$ \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Period Paid for** \_\_\_\_\_  
\$ \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Period Paid for** \_\_\_\_\_  
\$ \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Period Paid for** \_\_\_\_\_  
\$ \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Period Paid for** \_\_\_\_\_

Scholarship application date submitted \_\_\_/\_\_\_/\_\_\_

**None-refundable scholarship application fee is \$20 Receipt #** \_\_\_\_\_

**Families receiving a scholarship are not eligible for any additional discounts**

**Discounts** (check all discounts that apply at the time of registration)

\_\_\_ **Family Discount** (Register one child for 8 weeks and get \$100 off for each additional child in the family registered for 8 weeks of camp)

\_\_\_ **Returning Camper** (\$100 off if child attended our camp for at least 4 weeks in 2008 and registers for 8 weeks)

\_\_\_ **Member/Alumni Discount** (Child enrolled in any SFY programs or has valid SFY membership receives a \$30 discount)

\_\_\_ **Bring a friend discount** (refer a new family to SFY Day Camp & you will receive a \$25 discount/credit after they register for full summer)

**Other Discounts:**

**Reason for a Discount** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

# SH★REFRONT

YM-YWHA OF BRIGHTON - MANHATTAN BEACH, INC.

**Summer Day Camp 2009**  
**(718) 646-1444**

**Childs Name** \_\_\_\_\_

**PARENT'S INFORMATION:**

**Mother's Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Alt Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Date of arrival to US** \_\_\_\_\_ **US citizen** YES NO

**Work Phone** \_\_\_\_\_ **Work Address** \_\_\_\_\_ **Hours** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Alt Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Date of arrival to US** \_\_\_\_\_ **US citizen** YES NO

**Work Phone** \_\_\_\_\_ **Work Address** \_\_\_\_\_ **Hours** \_\_\_\_\_

**Health Insurance**

**Company and Policy #** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**PEOPLE TO CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENTS)**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**PEOPLE ALLOWED TO PICK UP CHILD FROM CAMP (OTHER THAN PARENTS)**

Please list **ALL** persons allowed to pick up your child from camp. Siblings under age of **16** will not be allowed to pick up the child.

If the name of a person picking up a child does not match any of the listed names, the child will not be released to that person.

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**TERMS OF ENROLLMENT (please read carefully and sign on the bottom, application is not valid unless signed)**

- 1. Deposit of \$300 required at time of enrollment.**
  - 2. Families receiving a scholarship are *not eligible* for any additional discounts**
  - 3. Balance of payment is due no later than **June 1<sup>st</sup>, 2009**. All payments received after 6/01/09 will be subject to a late fee of \$30.**
  - 4. Failure to complete all payments on time will result in forfeiture of my child (ran)'s enrollment in Summer Day Camp with loss of all fees paid to date. I understand that if I cancel my enrollment before camp begins, the \$300 deposit is non-refundable. NO REFUNDS will be made after camp has begun. No credit, refund or program extension will be issued for any missed days during camp season.**
  - 5. Medical certificate is due before June 1st, 2009. **No camper will be allowed to attend camp before medical form is on file.****
  - 6. Dept. of Health regulation prohibits staff members from administrating medication at any time.**
  - 7. The Shorefront "YM-YWHA" reserves the right to terminate the summer for any camper who is a disruption to the camping program and a risk to him/herself an/or other campers. The Camp Director will be in communication with families of any child exhibiting problematic behaviors. No refund will be issued for termination due to behavioral issues.**
  - 8. Shorefront YM-YWHA will not be responsible for damage or loss of personal property.**
  - 9. I give my permission to administer sunscreen to my child when there are outdoor activities.**
  - 10. I give my child permission to go on all trips and to participate in all camp activities.**
  - 11. The Shorefront YM-YWHA reserves the right to use all pictures taken for publicity purposes. This is mentioned in the attached release form, which you must sign and return to us together with this application.**
- I have completed the form to the best of my knowledge and accept the terms of enrollment*

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



YM-YWHA OF BRIGHTON - MANHATTAN BEACH, INC.

**Summer Day Camp  
(718) 646-1444**

### **Consent/Release Form**

**Childs Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_

#### **Photo Release**

I hereby grant permission, without reservation, to the Shorefront YM-YWHA and the United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc, ("UJA-Federation"), and those authorized by the Shorefront YM-YWHA and UJA-Federation, to take photographs and to make recording of me and to use them in original or modified form in all media now or hereafter known, with or without my name or information about me, for the promotion, public education, and/or fundraising activities of both organizations. I understand and agree that I am entitled to receive no compensation for the above.

I release The Shorefront YM-YWHA and UJA-Federation its officer, director, agents, employees, independent contractor, licensees and assignees from all claims that I now have or in the future may have relation to the above.

I agree that The Shorefront YM-YWHA and UJA-Federation will be the sole owners of all tangible rights in the above mentioned photographs and recording, will full power of disposition.

I am the parent or guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself

Signature \_\_\_\_\_

#### **Swimming Consent**

Each day the camp goes to the beach you child must bring a hat, sun block and a bottle of water to insure your child's safety while on the beach.

I am the parent or guardian of the minor named above give permission to go swimming in the pool and on the beach for the duration of their camp attendance.

Signature \_\_\_\_\_

#### **Trip Consent**

I am the parent or guardians of the minor named above give permission to attend all trips with Shorefront Y day camp during the summer of 2009.

Signature \_\_\_\_\_

#### **Dismissal Consent**

Campers age 12 and up will be allowed to leave on their own after 5 o'clock with parental consent. To insure your child's safety we ask you to sign the consent form which will allow us to release your child from camp.

I am the parent or guardian of the minor named above give permission to **leave camp** on his/her own after five o'clock.

Signature \_\_\_\_\_

**NO**, I do not give my child permission to **leave camp** on his/her. Signature \_\_\_\_\_

If your do not give your child permission to leave camp on his/her own, you must provide us with a list of persons allowed to pick up your child on Page 3 of this form.