



# 2019 CAMP Y-ZONE (Grades 1st & 2nd)

25 Saddle Road, Cedar Knolls, NJ 07927

Grade in  
September  
2019

**1st  
or  
2nd**

*Please circle  
one grade*

**PLEASE PRINT ALL ITEMS CLEARLY**

Camper Name : \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male / Female (Circle One)

School : \_\_\_\_\_ Home Phone: \_\_\_\_\_ Grade in 9/2019: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*(Street) (City) (Zip)*

**CAMP HOURS: 8AM-6PM**

**GMY Member Rate before 4/30:**

**GMY Sibling Rate before 4/30:**

**Non-Member Rate before 4/30:**

**Non-Member Sibling Rate before 4/30:**

**5 DAYS**

**4 DAYS**

**3 DAYS**

Weekly Schedules are  
FINAL and may NOT be  
Switched \*

Please circle days  
below:

7:15AM  
Early Drop  
Off  
\$35/week

**Week 1:** June 24th - June 28th

**Week 2:** July 1st - July 5th

**Week 3:** July 8th - July 12th

**Week 4:** July 15th - July 19th

**Week 5:** July 22nd - July 26th

**Week 6:** July 29th - August 2nd

**Week 7:** August 5th - August 9th

**Week 8:** August 12th - August 16th

**Week 9:** August 19th - August 23rd

**NO CHANGES POLICY ACKNOWLEDGEMENT**

\* I agree to the above schedule and understand that NO changes are permitted.

Parent / Guardian Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION - PLEASE PRINT CLEARLY**

Parent / Guardian 1 Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent / Guardian 2 Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Work #: \_\_\_\_\_

**LATE PICK-UP FEE ACKNOWLEDGEMENT**

After 6:00 PM, a late fee of \$30.00 for every 15 minutes per child will be charged for those Campers not picked up. *I have read and understand the registration policies.*

Parent / Guardian Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Name (Signature): \_\_\_\_\_

**T-SHIRTS**

Each camper is entitled to a free t-shirt. Additional t-shirts can be purchased for \$7.00 each prior to May 1st. Campers are required to wear their t-shirt every day. Please see t-shirt order form.

**CAMP FEES - OFFICE USE ONLY**

PLEASE SELECT ONE OF THE OPTIONS BELOW:

CASH

CHECK CHECK # \_\_\_\_\_

CHARGE RECEIPT # \_\_\_\_\_

TOTAL WEEKLY FEES: \$ \_\_\_\_\_

DEPOSIT AMOUNT: \$ \_\_\_\_\_  
(50% of Total Weekly Fees)

BALANCE DUE: \$ \_\_\_\_\_

STAFF INITIALS:

\_\_\_\_\_

PLEASE EMAIL ALL QUESTIONS TO: [INFO@GMYZONE.ORG](mailto:INFO@GMYZONE.ORG)

PLEASE NOTE: NO CREDITS OR REFUNDS ARE GIVEN FOR CANCELLATIONS. A \$50 REGISTRATION FEE IS REQUIRED FOR ALL CAMPERS. HEALTH RECORDS **MUST** BE SUBMITTED TWO WEEKS PRIOR TO THE FIRST DAY OF CAMP.