



# 2019 CAMP Y-ZONE (Grades 3rd & 4th)

25 Saddle Road, Cedar Knolls, NJ 07927

Grade in  
September  
2019

## 3rd or 4th

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

	5 DAYS	4 DAYS	3 DAYS	Weekly Schedules are FINAL and may NOT be Switched *	7:15AM Early Drop Off \$35/week
<b>GMY Member Rate before 4/30:</b>	\$325	\$285	\$235	Please circle days below:	
<b>GMY Sibling Rate before 4/30:</b>	\$315	\$275	\$225		
<b>Non-Member Rate before 4/30:</b>	\$330	\$290	\$240		
<b>Non-Member Sibling Rate before 4/30:</b>	\$320	\$280	\$230		
<b>SESSION DATES:</b>					
<b>Week 1:</b> June 24th - June 28th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
<b>Week 2:</b> July 1st - July 5th	No Camp 7/4	<input type="checkbox"/>	<input type="checkbox"/>	M T W -- F	<input type="checkbox"/>
<b>Week 3:</b> July 8th - July 12th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
<b>Week 4:</b> July 15th - July 19th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
<b>Week 5:</b> July 22nd - July 26th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
<b>Week 6:</b> July 29th - August 2nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
<b>Week 7:</b> August 5th - August 9th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
<b>Week 8:</b> August 12th - August 16th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
<b>Week 9:</b> August 19th - August 23rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>

### 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.