2019 CAMP Y-ZONE (Grades 5th & 6th)

25 Saddle Road, Cedar Knolls, NJ 07927

Grade in September 2019 — *Please circle one grade* — **5th or 6th**

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
GMY Member Rate before 4/30:	$325	$285	$235		
GMY Sibling Rate before 4/30:	$315	$275	$225		
Non-Member Rate before 4/30:	$330	$290	$240	Please circle days below:	
SESSION DATES: **Non-Member Sibling Rate before 4/30:**	$320	$280	$230		
Week 1: June 24th - June 28th	☐	☐	☐	M T W T F	☐
Week 2: July 1st - July 5th	No Camp 7/4	☐	☐	M T W -- F	☐
Week 3: July 8th - July 12th	☐	☐	☐	M T W T F	☐
Week 4: July 15th - July 19th	☐	☐	☐	M T W T F	☐
Week 5: July 22nd - July 26th	☐	☐	☐	M T W T F	☐
Week 6: July 29th - August 2nd	☐	☐	☐	M T W T F	☐
Week 7: August 5th - August 9th	☐	☐	☐	M T W T F	☐
Week 8: August 12th - August 16th	☐	☐	☐	M T W T F	☐
Week 9: August 19th - August 23rd	☐	☐	☐	M T W T F	☐

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

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.