



# 2022 CAMP Y-ZONE (Grades 1st & 2nd)

25 Saddle Road, Cedar Knolls, NJ 07927

Grade in  
September  
2022 **1st  
2nd**

No Lunch  
Option

**PLEASE PRINT ALL ITEMS CLEARLY**

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

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

School : \_\_\_\_\_ Home Phone: \_\_\_\_\_ Grade in 9/2022: \_\_\_\_\_

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

CAMP HOURS: 8AM-5PM	5 DAYS	4 DAYS	3 DAYS	Weekly Schedules are FINAL and may NOT be Switched. Please circle days below:					
	Weekly Rate:	\$375	\$335						\$285
SESSION DATES:	Sibling Weekly Rate:	\$365	\$325	\$275					
<b>Week 1:</b> June 27th - July 1st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	
<b>Week 2:</b> July 5th - July 8th (camp closed on 07.04.22)	N/A	<input type="checkbox"/>	<input type="checkbox"/>		T	W	T	F	
<b>Week 3:</b> July 11th - July 15th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	
<b>Week 4:</b> July 18th - July 22nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	
<b>Week 5:</b> July 25th - July 29th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	
<b>Week 6:</b> August 1st - August 5th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	
<b>Week 7:</b> August 8th - August 12th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	T	W	T	F	
<b>Week 8:</b> August 15th - August 19th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 5:00 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): \_\_\_\_\_

**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: [camp@morristownymca.org](mailto:camp@morristownymca.org)

**PLEASE NOTE: NO CREDITS OR REFUNDS ARE GIVEN FOR CANCELLATIONS. A \$75 REGISTRATION FEE IS REQUIRED FOR ALL CAMPERS. HEALTH RECORDS MUST BE SUBMITTED TWO WEEKS PRIOR TO THE FIRST DAY OF CAMP.**