MAYOR'S CIRCLE OF EXCELLENCE
2019 Summer Day Camp
Registration Form

Provided by the Metropolitan YMCA of the Oranges in partnership with the City of Orange.

BEST SUMMER EVER

EARLY BIRD SPECIAL!

MetroYMCA.org/MCE

NOW THROUGH MAY 17
Mayor’s Welcome
Dear Parents and Neighbors,
On behalf of Orange Municipal Council and my Administrative Staff, it is my pleasure to welcome you to the 2019 Mayor’s Circle of Excellence Summer Camp/Metro YMCA! I believe this year’s camp will help build a child’s self-esteem, leadership qualities, character and so much more.

As always, I am excited for The Circle of Excellence Summer Camp to begin. I hope to see your children at our Circle of Excellence Summer Camp this year!

Yours in Service,
Mayor Dwayne D. Warren, Esq.
City of Orange Township

YMCA’s Welcome
Our Summer Day Camp is a rich, learning environment full of new friends and new achievements which foster growth and independence. We designed our camps for children to explore, discover and challenge themselves. We focus on building self-esteem, confidence and social skills while highlighting health and wellness in a fun, safe, nurturing environment.

Leah Greene, Camp Administrator
Marian Judge, Camp Director
Jason Kelly, Athletic Director

MAYOR’S CIRCLE OF EXCELLENCE
SUMMER DAY CAMP

Provided by the Metropolitan YMCA of the Oranges in partnership with the City of Orange.

Camper Ages: 6-14 years
Dates: July 1 - August 9
Hours: 7:00am - 5:30pm
Location: Lincoln Avenue School
216 Lincoln Ave., Orange, 07050
Pool: Central Playground
371 Central Ave., Orange, 07050

Our camp is jammed packed with weekly themes, academic STEAM projects, sports, creative play, swimming and more! Campers gain self confidence and teamwork skills.

Camp gives children a place to belong and a place to discover their best self. They have opportunities to try new things, create friendships and interact with positive role models in a nurturing, fun, safe environment.

Trips for ages 6-9*:
- Pump It Up
- FunTime Junction
- Turtle Back Zoo
- Lion King IMAX

Trips for ages 12-14* (2 trips per week):
- Yestercades
- Seven Presidents Beach
- Rebounderz
- Dorney Park
- Great Adventure
- Museum of Natural History

*all trips subject to change

Visit MetroYMCA.org/MCE or call (973) 762-0183 for more information
CAMPER INFORMATION (Required)

CAMPER NAME (Please Print)
First: ________________________________
Last: ________________________________
Primary Cell Phone: __________________________
Date of Birth: __________ Gender: ______
Age as of 7/1/19: _______ Grade as of 9/1/19: ______
Home Address: ________________________
City/Zip: ____________________________

PARENT/GUARDIAN (1) (Please Print)
Full Name: ____________________________
Work #: ______________________________
Cell: (Required) _______________________
Day/Work Location: ____________________
E-mail: (Required) _____________________
Address (if different than above): __________
City/Zip: ____________________________

PARENT/GUARDIAN (2) (Please Print)
Full Name: ____________________________
Work #: ______________________________
Cell: (Required) _______________________
Day/Work Location: ____________________
E-mail: (Required) _____________________

E-mail is our primary method of communicating camp information, schedules and any possible last minute changes throughout the summer. Please refer to our website for the overall Camp Information and Parent Handbook. Early Registration is recommended. In order to ensure the safety of all children and the appropriate staffing ratios, a completed registration form along with payment must be received at the registration office by noon Monday for participation in the following week. If the session is full, you will be placed on a waiting list.

EMERGENCY NOTIFICATION INFO (Required) (Please Print)
In case of emergency, if after both primary guardians cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your child. Photo ID required.

1. Name: ___________________________ Cell Phone #: __________________________ Relation: __________

2. Name: ___________________________ Cell Phone #: __________________________ Relation: __________

ALTERNATE PICK UP INFORMATION (Please Print)
You may list two additional people who are authorized to pick up your child at any time. Photo ID required.

1. Name: ___________________________ Cell Phone #: __________________________ Relation: __________

2. Name: ___________________________ Cell Phone #: __________________________ Relation: __________

HEALTH HISTORY (Required)

List any current allergies: __________________________
List any current dietary restrictions: __________________________
List any current or past medical treatment that would affect your child’s day at camp: __________________________
List any activities your child should be restricted from: __________________________
Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: __________________________
List any current medications (prescription and over the counter): __________________________
Reasons for the above medications: __________________________

Medications to be administered at camp must be in original container accompanied by written and signed instructions from the parents or doctor on a permission to medicate form. Example: Epi pen must be in original container. Campers may not carry medication at any time.

CURRENT IMMUNIZATIONS (Required)
Vaccinations are required by the NJ Department of Health prior to camp attendance. (Check One)

☐ I attest, by my signature following this statement, that all immunizations required by the NJ Department of Health for my child’s participation in camp are up to date and that my child has a current tetanus shot with the month and year stated below.

☐ Or, I attest that I have signed and provided to the Y a waiver exempting my child from vaccination due to religious or other reasons.

Date of last tetanus shot: Month _______ Year _______
Your child’s medical insurance carrier: __________________________
Group Policy #: __________________________
Name of Physician: __________________________
Phone #: __________________________
Name of Dentist: __________________________
Phone #: __________________________

Permission to Treat: Informed Consent – By signing this agreement, I believe that my child is qualified physically, mentally and emotionally for camp and understand there is some risk involved in all physical activities. I agree to place my child in the care of the camp staff, subject to its program policies. I give permission for him/her to take part in all camp activities and field trips. In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by the camp to transport, hospitalize, secure proper treatment for, and to order injections, x-rays, routine tests, anesthesia or surgery for my child and to release any records necessary for treatment, referral, billing and insurance purposes.

Signature (Required): __________________________

Date: ___________________
### Registration Form 2019 Mayor's Circle of Excellence Summer Day Camp

One form per child, please print – MUST be completed and returned along with payment in full to:

East Orange YMCA, 100 North Arlington Ave, East Orange, NJ 07017 or South Mountain YMCA, 13 Jefferson Ave, Maplewood, NJ 07040

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**CAMPER NAME:**

**LINE LOCATION**

<table>
<thead>
<tr>
<th>Camp Dates</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.1-7.5</td>
<td>7.8-7.12</td>
<td>7.15-7.19</td>
<td>7.22-7.26</td>
<td>7.29-8.2</td>
<td>8.5-8.9</td>
</tr>
</tbody>
</table>

**Payment Due Dates**

<table>
<thead>
<tr>
<th></th>
<th>6/24</th>
<th>7/1</th>
<th>7/8</th>
<th>7/15</th>
<th>7/22</th>
<th>7/29</th>
</tr>
</thead>
</table>

**Early Bird Rate (Until 5/17/19)**

|                  | $64  | $80 | $80 | $80  | $80  | $80  |

**Camp Rate (After 5/17/19)**

|                  | $136 | $170| $170| $170 | $170 | $170 |

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Apply now for P4P, Non-qualified P4P applicants are eligible to receive a YM scholarship for $70 off per week.

**The Mayor's Circle of Excellence Summer Day Camp** is provided by the Metropolitan YMCA of the Oranges in partnership with the City of Orange.

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**4 PAYMENT SUMMARY**

<table>
<thead>
<tr>
<th>Weeks of Camp MUST be paid in full by the Monday prior to that week of camp</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deposit: $10 per week. Avoid disappointment - Balance of camp week must be paid in full Monday prior to the next week of camp.</td>
<td>$10.00</td>
</tr>
<tr>
<td>Programs for Parents: weekly subsidiary - Apply by June 1</td>
<td>$</td>
</tr>
</tbody>
</table>

Make check payable to Metro YMCA of the Oranges.

**Total**

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Credit Card Payment

- Authorization for credit card payment. Contact the camp director for more information

**Credit Card #:**

**Name on Card (Print):**

**Exp. Date:**

**SIGNATURE:**

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**PARENT/GUARDIAN AND YMCA/MCE AGREEMENT**

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**Rules for Acceptance and Participation in Camp**

They are the same for everyone without regard to race, color, national origin, sex, age or disability. It is understood that all campers will be treated as individuals and respect will be shown for differences in tastes, preferences, abilities and range of behavior patterns. The Y/MCE reserves the right to dismiss a child from camp whose special needs we are not able to meet or whose conduct is not in the best interest of the total camp — without refund.

**Payment Requirements**

A $10 per week deposit is required upon registration. Any other Y balances must be current at this time. Deposits are applied to the total camp bill. **Refund Policy:** deposit fees are non-refundable and non-transferable. It is understood that in the case of dismissal or voluntary withdrawal, **THERE ARE NO REFUNDS OF CAMP FEES.**

**Discipline Policy**

I will review and reinforce the camper conduct and other camp policies with my child prior to the start of camp. Discipline at the Y/MCE is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Campers not following the conduct policy may be suspended or expelled from camp with no refund.

**Other Fees**

Should they occur, include: a late pick-up fee of $15 per 15 minute interval starting from your child's scheduled pick up time; $35 for returned checks. All requested changes, and transfers must be submitted in writing.

**Photography Policy**

The Y/MCE has my permission to use any and all photographs taken of my child in camp activities in Y publicity. The Y/MCE values the privacy of its Campers.

- I do allow my child to be photographed at camp.
- I do not wish my child to be photographed at camp.

I have read all of the above information and I am fully aware of all of the terms and principles contained herein. All questions have been answered to my satisfaction. I agree that certain activities at the Y/MCE have risks which are inherent to the activity. No insurance has been included in camp fees. I further agree to indemnify and hold harmless the Y/MCE from any claims or demands arising out of any such injuries and losses.

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**Parent/Guardian Signature (Required):**

**Date:**
2019 SUMMER FOOD SERVICE PROGRAM
ELIGIBILITY APPLICATION

PROGRAM NAME:

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by

An application should be returned for each child enrolled regardless of household income; if you need help with this form, please call this telephone number:

ENROLLMENT INFORMATION

Name of Child: ________________________________

Last Name: ____________________  First Name: ____________________

Age: ____________________

FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.

If this is a foster child, check the box □ Write the child’s monthly personal use income. Write “0” if the child has no income $__________________

HOUSEHOLDS NOW GETTING SNAP OR TANF BENEFITS FOR THEIR CHILDREN - Complete this part and sign the application in Part 4 - DO NOT complete Part 3B.

SNAP Case Number: ____________________

TANF Case Number: ____________________

ALL OTHER HOUSEHOLDS - If you did not write a SNAP/TANF case number nor checked Foster Child, complete this part and sign the application in Part 4.

<table>
<thead>
<tr>
<th>Names</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Job 1.</td>
</tr>
<tr>
<td>No Income</td>
<td>$</td>
</tr>
<tr>
<td>Gross Earnings from Work (Before Deductions)</td>
<td>$</td>
</tr>
<tr>
<td>Welfare, Child Support, Alimony, Unemployment Benefits</td>
<td>$</td>
</tr>
<tr>
<td>Payments from Pensions, Retirement, Social Security</td>
<td>$</td>
</tr>
<tr>
<td>Any Other Income</td>
<td>$</td>
</tr>
</tbody>
</table>

SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number in correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE: __________________________

SIGNATURE OF ADULT HOUSEHOLD MEMBER __________________________

HOME ADDRESS __________________________

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _________________

TOWNSHIP __________________________

ZIP CODE __________________________

PRINTED NAME OF ADULT SIGNING APPLICATION __________________________

DATE SIGNED __________________________

HOME TELEPHONE __________________________

WORK TELEPHONE __________________________

5 Participant's ethnic and racial identities (optional)

Mark one ethnic identity: Mark one or more racial identities:

☐ Hispanic or Latino ☐ Asian ☐ American Indian or Alaska Native

☐ Not Hispanic or Latino ☐ White ☐ Native Hawaiian or Other Pacific Islander.

☐ Black or African American

Do Not Write Below This Line - Official Use Only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _______ Per: _______ Week, _______ Every 2 Weeks, _______ Twice a Month, _______ Month, _______ Year

Household size: _______

Categorical Eligibility: _______ Date Withdrawn: _______ Eligibility: Free _______ Reduced _______ Denied _______

Reason:

Temporary: Free _______ Reduced _______ Time Period: _______ (expires after _______ days

Determining Official’s Signature: __________________________

Date: __________________________

Confirming Official’s Signature: __________________________

Date: __________________________

Follow-up Official’s Signature: __________________________

Date: __________________________
2018-2019 SUMMER FOOD SERVICE PROGRAM

LETTER TO PARENTS

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (USDA), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

Eligibility: Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The income Eligibility Scale for reduced price meals is included in this letter for your information. If your income is less than or equal to these reduced price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

July 1, 2018 to June 30, 2019
FAMILY SIZE/INCOME SCALE
FOR FREE MEALS
(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>FREE MEALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual</td>
</tr>
<tr>
<td>1</td>
<td>22,459</td>
</tr>
<tr>
<td>2</td>
<td>30,451</td>
</tr>
<tr>
<td>3</td>
<td>38,443</td>
</tr>
<tr>
<td>4</td>
<td>46,435</td>
</tr>
<tr>
<td>5</td>
<td>54,427</td>
</tr>
<tr>
<td>6</td>
<td>62,419</td>
</tr>
<tr>
<td>7</td>
<td>70,411</td>
</tr>
<tr>
<td>8</td>
<td>78,403</td>
</tr>
<tr>
<td>Each Additional Family Member</td>
<td>+7,992</td>
</tr>
</tbody>
</table>

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care, special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.

2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 777-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.htm, and at any USDA office, or write a letter addressed to USDA and provide in the latter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Signature of Sponsoring Organization Representative