

YMCA OF MEWSA 2025 SUMMER CAMP REGISTRATION FORM

Please complete one form per child and print clearly. This form must be filled out and returned to the camp of your choice. Please note that registration is not considered complete, and children will not be allowed to attend camp until all required documentation and forms have been submitted. Once your registration is processed, parents or guardians will receive additional forms to complete.

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OMALE	FEMALE	○NON-BINARY	PRONOUNS	○HE/HIS	SHE/HER OTHEY/	THEM OTHER
RACE/ET	HNICITY () A	SIAN/PACIFIC ISLANI	DER OBLACK/AFR	ICAN AMER	iCAN OHISPANIC/LA	ATINO O NATIVE AMERICAN
	(O WHITE/CAUCASIA	.N ⊝ BI/MULTI-RA	CIAL OO	THER	
DATE OF F	BIRTH/_	/ GF	RADE IN SEPTEMBE	R 2025	SHIRT SIZE _	
A D D D E C C		CITY		CTATE	ZID CODE	(while supplies last)
ADDRESS ALL TRADIT!	IONAL CAMPS (PTION. IF SELECTING	STATE 3 DAYS, PLEA	ZIP CODE SE INDICATE WHICH DAY	'S THEY'LL ATTEND (I.E. MWF)
PARENT	/GUARDIA	N 1				
FIRST NA	ME			LAST NAM	E	
ADDRESS .			CITY		STATE	ZIP CODE
DATE OF B		/ PRIN				
DATE OF B	BIRTH/_ //GUARDIA	N 2	MARY EMAIL		PRIM	1ARY PHONE
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DATE OF B PARENT FIRST NA	Birth/_ F/GUARDIA ME	/ PRIN	MARY EMAIL	AST NAME	PRIM	1ARY PHONE

O I am applying for Financial Assistance from the Y (separate form & documentation required)
O A 3rd Party (Community Childcare Solutions, Community Coordinated Childcare, etc.) is paying for camp (3rd party agreement is required to register)

O A	3rd Party (Comm		olutions, Community	Coordinated (p (3rd part				ed to	regis	ster).
		TRADITION	NAL CAMPS		SPECIALT\ (5 Days				DAYS	5			
WEEKS	MUNSEE	LENAPE	OAKCREST	SAY	TRAVEL	OAK TREE	5	3					
	Grades	Grades	Grades	Grades	Grades	Grades	DAYS	DAYS		_			_
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7	0	0	0	0	0	0	0	0	0	0	0	0	0
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		EXT	ENDED CARE O	FFERINGS (S			nes)						
0	Before Care (Only	O Aft	ter Care Onl	у		O Befo	re & Aft	er Ca	re			



YMCA OF MEWSA 2025 SUMMER CAMP DATES & DETAILS

The YMCA of MEWSA stands as a trusted leader in delivering exceptional day camp experiences in Middlesex County, NJ. We take great pride in the outstanding character and expertise of our highly trained camp staff. Each of our directors and counselors is not only skilled but also deeply committed to working with, supporting, and inspiring children to thrive.

				CAMP	WEEKS &	LOCATIO	NS			
WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11
6/16-6/20	6/23-6/27	6/30-7/3	7/7-7/11	7/14-7/18	7/21-7/25	7/28-8/1	8/4-8/8	8/11-8/15	8/18-8/22	8/25-8/29

Camp Munsee & Discovery Travel Camp: 65 High Street Metuchen, NJ 08840
Camp Oakcrest: 970 Inman Avenue Edison, NJ 08820
Camp Oak Tree: 1775 Oak Tree Road Edison, NJ 08820
Camp SAY: 200 John T. O'Leary Boulevard South Amboy, NJ 08879
Camp Lenape: 520 Hoes Lane Piscataway, NJ 08854

WEEKLY TRAVEL CAMP RATE: \$460
\$460
WEEKLY OAK TREE MEMBER RATE:
\$430
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Y OAK TREE PROGRAM & NON-MEMBER RATE:
\$460
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BEFORE CARE (7 - 8 A.M.): \$35

AFTER CARE (5 - 6 P.M.): \$45 | OAKCREST & OAK TREE AFTER CARE (5 - 6:30 P.M.): \$85
BEFORE & AFTER CARE COMBO: \$75 | OAKCREST & OAK TREE BEFORE & AFTER CARE COMBO: \$103

PAYMENT OPTIONS

I, ______, give the YMCA of MEWSA authority to charge my credit card on file for camp payments when they are due. I can terminate this agreement by contacting the office. After a written cancellation notice is received, the YMCA agrees to end the camp pre-authorized charges against my account. In the event of any changes or to cancel, I agree to notify the YMCA immediately.

Parent/Guardian Signature ______ Date _____

I/We would like to help another family in need of child care with a monthly donation that can be canceled or changed at any time. Donation will be charged on the first of the month.

\$\$\(\) \$40 \$\quad \cappa \ \$25 \quad \cappa \ \$10 \quad \cappa \ \cappa \ \cappa \ \quad \cappa \ \cappa \ \cappa \ \quad \cappa \ \cappa \ \quad \quad \cappa \ \quad \cappa \ \quad \quad \quad \quad \cappa \ \quad \qquad \quad \qquad