

SUMMER 2022



REDISCOVER CAMP

JUNE 27TH TO SEPTEMBER 2ND

Camp Meadowlands ages 5 to 11

Brainiac Academy 1st to 3rd graders

Travel Camp ages 5 to 11

Sports Camp ages 5 to 11

RETURNING IN 2022



SWIMMING FOR ALL CAMPS

SPORTS CAMP

TRAVEL CAMP



For more information
visit meadowlandsymca.org
email camps@meadowlandsymca.org



MEADOWLANDS YMCA SUMMER CAMP 2022 REGISTRATION FORM

ONE FORM PER CHILD Submit completed forms to Meadowlands YMCA, 390 Murray Hill Parkway East Rutherford, NJ 07073 or camps@meadowlandsymca.org

CAMPER Full Name _____ Home Phone _____

Date of Birth _____ Age as of 7/1/2022 _____ Grade as of 9/1/2022 _____ Gender _____

Home Address _____ City/Zip _____

PARENT/GUARDIAN Full Name _____ Date of Birth _____

Home Address _____ City/Zip _____

Work Phone _____ Cell Phone (Required) _____ Email _____

CAMP	NO. OF DAYS	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	TOTAL
		JUN 27-JUL 1	JUL 5-8 NO CAMP 7/4	JUL 11-15	JUL 18-22	JUL 25-29	AUG 1-5	AUG 8-12	AUG 15-19	AUG 22-26	AUG 29-SEP 2	
CAMP MEADOWLANDS AGES 5-11	5	<input type="checkbox"/> \$280	<input type="checkbox"/> \$224	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	\$ _____
	3 T-TH	<input type="checkbox"/> \$245	<input type="checkbox"/> \$245	<input type="checkbox"/> \$245	<input type="checkbox"/> \$245	<input type="checkbox"/> \$245	<input type="checkbox"/> \$245	<input type="checkbox"/> \$245	<input type="checkbox"/> \$245	<input type="checkbox"/> \$245	<input type="checkbox"/> \$245	\$ _____
BRAINIAC ACADEMY 1 ST -3 RD GRADERS	5	<input type="checkbox"/> \$345	<input type="checkbox"/> \$276	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	\$ _____
TRAVEL CAMP AGES 5-11	5	<input type="checkbox"/> \$345	<input type="checkbox"/> \$276	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	<input type="checkbox"/> \$345	\$ _____
	3 T-TH	<input type="checkbox"/> \$299	<input type="checkbox"/> \$299	<input type="checkbox"/> \$299	<input type="checkbox"/> \$299	<input type="checkbox"/> \$299	<input type="checkbox"/> \$299	<input type="checkbox"/> \$299	<input type="checkbox"/> \$299	<input type="checkbox"/> \$299	<input type="checkbox"/> \$299	\$ _____
SPORTS CAMP AGES 5-11	5	<input type="checkbox"/> \$335	<input type="checkbox"/> \$268	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	<input type="checkbox"/> \$335	\$ _____

CAMP SUBTOTAL \$ _____

ADD ONS	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	TOTAL
	JUN 27-JUL 1	JUL 5-8 NO CAMP 7/4	JUL 11-15	JUL 18-22	JUL 25-29	AUG 1-5	AUG 8-12	AUG 15-19	AUG 22-26	AUG 29-SEP 2	
BEFORE CARE 7:00AM-8:30AM	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	\$ _____
AFTERCARE 4:30PM-6:30PM	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	\$ _____

ADD ONS SUBTOTAL \$ _____

TOTAL (CAMP + ADD ONS) \$ _____

PAYMENT OPTIONS

AUTO DRAFT PAYMENTS

payment method on file will be charged remaining balance of each week 10 days prior to the start of each week.

NON-REFUNDABLE PROCESSING FEE TOTAL \$30

NON-REFUNDABLE DEPOSIT (NUMBER OF WEEKS ____ X \$50) \$ _____

TOTAL DUE TODAY \$ _____

PAY IN FULL

NON-REFUNDABLE PROCESSING FEE TOTAL \$30

TOTAL CAMP COST \$ _____

TOTAL DUE TODAY \$ _____

ACKNOWLEDGMENT: I understand that all upfront fees and deposits paid at the time of registration are non-refundable. Also, no makeup days, refunds or credits are offered for any kind of absence. To attend camp, tuition must be paid in full prior to attending and my camper's CampDoc profile must be 100% complete.

Initial _____ Date ____/____/____

AUTO-DRAFT AUTHORIZATION: I authorize the Meadowlands YMCA to automatically charge this payment method for the weekly balance. I understand I will be charged 10 days prior to the start of each weekly session. I assume all responsibility to notify the YMCA in writing of any changes that may affect this agreement.

Initial _____ Date ____/____/____

PAYMENT METHOD

- Check *Make check payable to Meadowlands YMCA.
 Visa MasterCard American Express Discover

- EFT Draft Checking EFT Draft Savings

Routing # _____

Account # _____

Bank Name # _____

Attach copy of VOIDED check or Bank Specification letter

Print Name on Account _____

Credit Card Number _____

Exp. Date _____

Print Name as it appears on Credit Card _____

Signature



MEADOWLANDS YMCA
390 MURRAY HILL PARKWAY
EAST RUTHERFORD NJ 07073