



2020 KINDERCAMP (for children entering Kindergarten in Sept. 2020)

Held at the Richard F. Blake Children's Center
65 Horsehill Road, Cedar Knolls, NJ 07927

Grade in
September 2020

K

No Lunch Option

PLEASE PRINT ALL ITEMS CLEARLY

Camper Name : _____

Birth Date: _____ Male / Female (Circle One)

School : _____ Home Phone: _____ Grade in 9/2020: _____

Home Address: _____
(Street) (City) (Zip)

CAMP HOURS: 8AM-6PM

GMY Member Rate before 4/30:

GMY Sibling Rate before 4/30:

Non-Member Rate before 4/30:

Non-Member Sibling Rate before 4/30:

5 DAYS

4 DAYS

3 DAYS

\$340

\$330

\$345

\$335

\$300

\$290

\$305

\$295

\$250

\$240

\$255

\$245

Weekly Schedules are
FINAL and may NOT be
Switched *

Please circle days
below:

7:15AM
Early Drop
Off
\$35/week

Week 1: June 22nd - June 26th (NO CAMP THIS WEEK)

**** NO CAMP AVAILABLE THIS WEEK ****

Week 2: June 29th - July 3rd

No Camp 7/3

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Week 3: July 6th - July 10th

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Week 4: July 13th - July 17th

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Week 5: July 20th - July 24th

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Week 6: July 27th - July 31st

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Week 7: August 3rd - August 7th

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Week 8: August 10th - August 14th

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Week 9: August 17th - August 21st

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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 \$8.00 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.