



ARCHDIOCESE OF NEWARK **Archdiocesan Youth Retreat Center**



Office of Youth & Young Adult Ministry / CYO Sports / Catholic Scouting / Summer Camp

January 31, 2018

Greetings Parents,

Its that time of the year again! Time to start thinking about Summer Camp for your child (ren).

We are very excited for another season of the CYO Summer Day Camp! Many of our staff have expressed interest in returning and are excited to work for us again! Personally this will be my 28th year working with the Camp Program - my 22nd year as the Camp Director! I'm very excited for the summer!

We wanted to make sure we get this information out to you in a timely manner. Each summer we take about 525 children into camp. Last year it took only about EIGHT WEEKS for us to max out our enrollment. So you do not miss out we encourage you to send back the Registration Form, Health Form and payment for the first week your child is attending as soon as possible. We open up camp registrations to all new parents as of Monday February 12th. Please understand that that NO SPOTS ARE RESERVED for campers until we receive forms AND payment for at least one week.

Again... last year it only took Eight WEEKS to max out our enrollment and fill up camp. So PLEASE DO NOT WAIT TOO LONG! You can mail the forms back to us to the address below, or stop by our Main Office (NOT CAMP OFFICE) located on Belgrove Drive Monday to Friday 9am to 4:45pm.

Enclosed is also the Health Form for this summer that needs to be filled out and returned to us. You DO NOT need a doctors note.. And we DO NOT need copies of your child's shots. We would assume that if they are in school these need to be kept up to date.

We will send in a future mailing the Complete Camper Policies and Procedures, Camp Trip Form (we are still working on those), the Camp Lunch Menu, and more information including the Camp Pick Up Cards and eventually how we plan to continue our online format for campers ages 7-12 to select their weekly schedule.

As we send out information you will also be able to view it on our website at www.newarkoym.com

I would encourage you to READ THE UPDATED INFORMATION SHEET FOR THE 2018 SUMMER CAMP SEASON as it highlights some changes, etc for parents.

Thank you in advance for choosing the CYO Summer Day Camp. We look forward to serving you!

Peace,

Rich +

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THE CYO SUMMER DAY CAMP

For over 70 years, hundreds of children have experienced CYO Summer camp as a vibrant faith community which offers campers a fun-filled, week in a safe and supportive setting. Kids have a great time learning new skills, making new friends, and enjoying all that summer offers. We welcome children of all races and religions.

OUR STAFF:

We employ experienced and caring young adults with backgrounds in day care, recreation and youth ministry. Many of our staff are local teachers and educators, or college age students studying in these fields

OUR FACILITIES:

The Archdiocesan Youth Retreat Center is a 5-acre facility operated by the Archdiocesan Office of Youth and Young Adult Ministry and is used year round as a Retreat Center for teens and adults. The facilities include an air conditioned gym and cafeteria, outdoor pool, grassy fields, computer lab, arts and crafts, Kinder Camp, and special break out rooms for rainy day



MORNING CARE AT CAMP

Children may be dropped off starting 7:00 am to the Dining Hall for Morning Care where they will receive cereal and juice. MORNING CARE IS A FLAT RATE \$30 A WEEK – NO DAILY RATE. Regular drop off will start at 8:00 am when doors open. Children must be picked up NO LATER THAN 6 pm.

TUITION

The fee for all campers is \$160.00 per week. (Fee for the week of July 4th is \$130) PLEASE NOTE: to avoid being charged a late fee, tuition for that week MUST BE PAID IN FULL by the Monday of the campers week. .

PAYMENT: Make checks payable to **CYO Summer Camp.** Please include your child's full name on all checks.

There are no partial fees for camp. The camp tuition covers the cost of meals, supplies, staff and facilities. We **CANNOT** offer any partial fees for campers that attend half days or limited days in a week.



OUR PROGRAM:

Our Camp is divided up into THREE separate age brackets...

-Kinder Campers (ages 5 and 6)

-7 to 9 year olds

-10 to 12 year olds

All groups gather at the beginning and ending of the day together but during the camp day they have their own separate aged activities. Campers eat lunch according to their age groups also.

KINDER CAMPERS:

Kinder Campers are divided up further by the 5 year olds and then the 6 year olds. We will taking NO MORE than 15-20 of each camper age per week. Once that number is met Kinder Campers will go on a waiting list. There are TWO counselors and an assistant with each age group during the day. **ALL CHILDREN**

ATTENDING KINDER CAMP MUST BE TOILET TRAINED AND ABLE TO USE THE BATHROOM AND CHANGE THEMSELVES FOR POOL/WATER ACTIVITES UNASSISTED.



THE CAMPERS DAY

Kinder Campers stay together for the day and are structured as a traditional camp setting where they play, learn, eat, swim etc together.

The 7-9 year olds and 10-12 year olds are placed on a 6 period schedule. Each week they get to choose SIX different activities (swimming, sports, computers, art, etc) to do for one week. Periods are roughly 50 minutes each.

At the end of the day the campers all gather together for closing announcements, etc. Campers are outside playing each day in activities until roughly 5pm—but can be picked up anytime you would like.

LUNCH AT CAMP

All campers receive lunch everyday at camp as part of their weekly camp fee. If campers chose not to eat the lunch provided they can bring their own lunch from home. Lunch menus will be posted on the website on the camp page as the camp season draws closer.



Some updated Notes and Information from Rich that's IMPORTANT for parents to know!

So over the course of the past 22 years as Director I get asked A LOT of the same questions.. So I figured I would put some of this in writing to help you out!

-Camp AGE. Camp is for children ages 5 to 12. A camper that turns 13 during Camp can still continue to go to camp for the remainder of the season. A camper MUST BE 5 years old by the time camp starts to attend. Kinder Camp is for children ages 5 and 6. Regular Camp is for children ages 7 to 12. If your child turns 7 right before camp starts, during camp, or right after camp—you might want to record his/ her age as 7. UNLESS you want your “almost to be 7 year old” in Kinder Camp.

-Campers will be grouped as the following.. Kinder 5 year olds, Kinder 6 year olds, campers ages 7 to 9, and campers 10 to 12. So NO your 7 year old will not be in the same activities as your 10 year old.

-A mailing will come out sometime in late April that will highlight the camp rules, procedures, etc. In that mailing will also be the information about Camp Trips. Camp trips are an option– not mandatory. You choose if you want your child to go and pay for only those trips you choose.

-We will once again have our Camp ID cards . These cards MUST BE SHOWN at pick up to take your child home. You will again get 3 cards. They will not be sent to you til early June.

-Kinder Campers WILL NOT be using the pool. We have water inflatables, slides etc that the Kinder Campers will use in the playground area!

-The pool is a “in ground” pool. There is a small 2 foot kiddie pool, and the larger pool goes from 2 feet to 6 feet. EVERY WEEK all campers by State law must take a swimming test. If they cannot pass the test, or do want to take it they will be kept in the 2-3 foot section of the pool. All non swimmers will need to wear a special bracelet we give them so they are identified to Lifeguards as non swimmers.

-We have outdoor changing stalls that the campers use to change for pool each day.

-Our property has a lot of outdoor space! We have our turf field, parking lots, grass field, outdoor pavilion area, basketball and volleyball courts which campers will be using.

-In regards to “seeing” the facility. You can drive thru anytime you like. HOWEVER inside spaces do not get set up until 2 weeks before camp since as a year round retreat facility we constantly have groups and events going on. So doing a “tour” is tough when nothing is set up, and most rooms are empty.

-We will be having a Camp Parents Orientation. It is planned for SUNDAY JUNE 10th from 12noon to 3pm. It was a BIG HELP for all new parents last year! We figure it can cut down on a lot of the confusion/ questions that come up during the summer. It will be an optional event where if you want to come ask questions, or see the facility you can.

-YES we certified lifeguards at the Pool and certified EMT's/ First Aid Staff for medical assistance.

-Camp Staff attend THREE staff orientations for training and our staff start at age 18. We are proud that each year we have over a 50% return rate of our staff!

-We will once again be using an ONLINE scheduling platform where parents/ campers can choose their weekly schedules. Schedules MUST BE MADE at home. We will once again NOT be making schedules for campers on site each week. More information will come regarding Scheduling.

-Again the weeks you are checking off on the Registration sheet can be changed. You are charged for what you use. We ask if you know there are changes that need to be made due to vacations, other camps, etc that you alert us AS SOON AS POSSIBLE. We try to accommodate as many parents as possible. So you alerting us that you are not using time opens it up for those that might be on a waiting list.

2018 CYO Day Camp Registration Form
PLEASE PRINT. Complete one application per child please!

Child's Name _____ Male _____ Female _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Parents Cell # _____

Child's Date of Birth ____/____/____ Child's Age **FIRST DAY of Camp** _____

Parent/ Guardian Name (s) _____

Parent/ Guardian's Email Address _____

Please check these if they apply to you:

_____ My child will be attending MORNING CARE (7am –8am at a flat rate of \$30 A WEEK)

_____ My child will be staying for the FREE AFTER CAMP (5pm –6pm)

Please check off the weeks your child will be attending Camp:

_____ 1. June 18-22

_____ 4. July 9-13

_____ 7. July 30—Aug 3

_____ 2. June 25 – June 29

_____ 5. July 16 - 20

_____ 8. August 6-10

_____ 3. July 2-6 **

_____ 6. July 23 - 27

_____ 9. August 13-17

Camp Fees: 160.00 per week due MONDAY of each week , ** July 2-6 only \$130.00—NO CAMP on July 4th

Morning Care : \$30 per WEEK flat rate. There is no daily rate. If you attend 1 or more days it is \$30

Child's T-Shirt Size (please check off one)

_____ Youth Small _____ Youth Medium _____ Youth Large

_____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL

PLEASE READ AND INITIAL ALL

_____ **I understand there are NO REFUNDS on deposits, tuition, late fees, merchandise or due to vacation, relocating to another area, academic, illness, injury, absence or non attendance.**

_____ I understand that the early morning care is \$30 per week regardless if my child attends one day or all five.

_____ **I understand to reserve the weeks I am requesting I must return this form AND the Health Form with AT LEAST ONE weeks camp fee (\$160) payable either in cash or check. Checks are made payable to "CYO Day Camp"**

Parent Signature _____ Date _____

Camp is for children ages 5 to 12. A camper that turns 13 DURING Camp can still continue to go to camp for the remainder of the season. A camper MUST BE 5 years old by the time camp starts to attend.

Did you check off a shirt size AND ALSO Initial the 3 statements above?

ARCHDIOCESE OF NEWARK CYO Day Camp

CAMP HEALTH HISTORY FORM – 2018 Camp

Participant _____ Age _____ Date of Birth _____ Sex _____

Mothers Name _____ Home Phone _____ Business Phone _____

Fathers Name _____ Home Phone _____ Business Phone _____

Home Address _____ Town _____ Zip _____

Child resides with: Mom _____ Dad _____ Both Parents _____ Other _____

Mom's Cell Phone # _____ Dad's Cell Phone # _____

This Child resides with _____ Both parents _____ Mom _____ Dad _____ Other _____

IF NOT AVAILABLE IN AN EMERGENCY PLEASE NOTIFY:

1. _____
Name and Address Phone Relationship

2. _____
Name and Address Phone Relationship

Has your child ever had or has ... (please check off with approximate dates)

<input type="checkbox"/> Rheumatic Fever _____	<input type="checkbox"/> Hay Fever _____	<input type="checkbox"/> Chicken Pox _____
<input type="checkbox"/> Convulsions _____	<input type="checkbox"/> Poison Ivy _____	<input type="checkbox"/> Measles _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Insect Stings _____	<input type="checkbox"/> German Measles _____
<input type="checkbox"/> Allergies _____	<input type="checkbox"/> Infections _____	<input type="checkbox"/> Mumps _____

Operations or Serious Injuries (Dates) _____

Chronic or recurring Illness _____

What Medication is your child taking? _____
(ALL MEDICATION MUST BE GIVEN TO CAMP EMT'S IMMEDIATELY UPON ARRIVAL)

PLEASE LIST ANY SPECIFIC ACTIVITIES TO BE ENCOURAGED/
DISCOURAGED _____

BEHAVIOR HINTS FROM PARENTS _____

Physician's Name _____ Phone # _____

Insurance Carrier _____ Policy number _____

Please list any specific allergies _____

Please list any Dietary restrictions _____

IMPORTANT: Please notify the Camp Director if the participant is exposed to any communicable disease during the three weeks prior to attendance.

SHOTS AND IMMUNIZATIONS

My child has their shots and immunizations up to date and if required I could provide a copy of this from my either my doctor or my child's school.

Signature _____ Date _____

PARENT'S AUTHORIZATION:

This Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me.

Signature _____ Date _____

MEDICAL RELEASE:

IN THE EVENT OF AN EMERGENCY WHERE MEDICAL TREATMENT IS REQUIRED I GIVE MY PERMISSION FOR THE DIRECTOR, STAFF, OR SPONSOR TO OBTAIN THE SERVICES OF A LICENSED PHYSICIAN. PLEASE ATTEMPT TO NOTIFY ME IMMEDIATELY CONCERNING ANY SUCH EMERGENCY.

SIGNATURE _____ DATE _____

SURGICAL RELEASE:

IN THE EVENT OF AN EMERGENCY WHERE SURGICAL TREATMENT IS REQUIRED I GIVE MY PERMISSION FOR THE DIRECTOR, STAFF, OR SPONSOR TO AUTHORIZE THE NECESSARY SERVICES OF ANESTHESIA, SURGERY, AND MEDICATION PERFORMED BY THE PROPERLY LICENSED PHYSICIAN. PLEASE ATTEMPT TO NOTIFY ME IMMEDIATELY CONCERNING ANY SUCH EMERGENCY.

SIGNATURE _____ DATE _____

This form MUST BE RETURNED with the child's camp registration

This form DOES NOT need to be completed by a Doctor.