



Office for Youth & Young Adult Ministry
Archdiocese of Newark, NJ



St. John Paul II Youth Retreat Center / CYO Sports / Catholic Scouting / PJH / Summer Camp

PLEASE READ THIS LETTER—IT IS VERY IMPORTANT!

Greetings Parents!

We pray all of you and your families are safe as we continue emerging to the new reality of dealing with Covid and attempting to get back to some normalcy. I know many of you have contacted me about Summer Camp. We are happy to be passing along to you the information for the 2022 Season.

This information we are sending out now is ONLY for all of our parents that had their children in Summer Camp last summer. We will NOT be opening up registration for new campers until April 1st.

On Monday March 7th Governor Murphy signed a new Executive Order Lifting the Public Health Emergency due to Covid. It read ... *“Executive Directive 21-003, Youth Camp Requirements, issued April 28, 2021, provided in the Appendix to Executive Order No. 281 (2022) shall no longer be in full force and effect.”* The action taken by Governor Murphy removes the authority of NJDOH to issue MANDATES on camps, including but not limited to cohorts, group sizes, quarantining, contact tracing, masks, additional cleaning/sanitizing, etc.

This means that our Summer Camp Program can return to its Pre Covid format! Now, with that in mind, it DOES NOT mean we are just throwing away all the precautions and procedures we used last summer to ensure our campers and staff were kept as safe as possible. We learned a lot last Summer, and will take some of that knowledge, tweak it and utilize moving forward.

Camp will look slightly different than 2021, and not exactly what it looked like in 2019 either. We have decided to make this a 2 year transition from what Camp was in 2019 to what it will be moving forward. So some things will change slightly this summer, and more next summer.

Some of these changes for THIS Summer will be ...

- The addition of the Kinder 5 year old Program again this Summer
- The return of Early Morning Care from 7am to 8am, at an additional cost of \$30 per week
- Campers will not need to be placed in “pods/ cohorts” for a week anymore
- The return of campers ages 7-12 year old being able to choose their own weekly schedule
- Campers ages 7-12 year old will now return to changing activities with different campers and staff
- Campers will not need to eat outside, and will all eat in our Dining Hall
- Increasing the total number of campers we take to 400. We took 300 in 2021, and had over 500 in 2019
- An increase in the cost of camp to \$180 per week (from \$160 in 2021). We know financially times are tough for everyone. However the cost of everything (food, gas, supplies, salaries) has risen dramatically and we unfortunately need to offset that cost increase. Please know this is the 1st price increase in Summer Camp since 2016.
- We will need to have a copy of each campers Immunization Record on file this Summer. In past years we have not required this, but to be in compliance with the NJ Department of Health this is now required.

However, please know that with these changes we assure you that your child’s safety and well being and the overall dedication that we put into our summer program will not! We will still have hand sanitizer around the facility, and if campers want to wear masks they are more than welcomed to.

PLEASE TURN OVER TO CONTINUE READING FOR MORE INFORMATION

499 Belgrove Drive ■ Kearny, New Jersey 07032 ■ Tel: 201-998-0088 ■ Fax: 201-299-0801
website : www.newarkoyam.com instagram : [newarkoyam](https://www.instagram.com/newarkoyam) twitter : [newarkoyam](https://twitter.com/newarkoyam)

Some things that WILL NOT change are

- We will not be going offsite for Trips this season. That will return next Summer.
- The Camp Season will again be 8 weeks - June 27 to August 19th. This was decided after consulting the local school district schedules and their last days of school
- The Camp will close again at 5pm. This means all campers must be picked up by 5pm.
- We will encourage and recommend parents and campers do a Daily Health Observance before coming to camp
- We will continue to ensure our facility is regularly sanitized for the health and safety of all
- We will be following all NJ DOH Covid guidelines. If a camper needs to quarantine due to coming in contact with someone at Camp then a camper will receive credit and can switch to another week
- You can still pick and choose the weeks you want for camp for your child(ren). HOWEVER on June 1st all Registered Camp families will be sent an email. You will once again need to CONFIRM AND FINALIZE the weeks you want your child to attend camp by June 15th
- Camp will be for children ages 5 to 12. Last summer we did not offer a Kinder 5 year old program, and allowed 13 year olds to attend for 1 summer only since we did not have camp in 2020.

MANDATORY PARENT OPEN HOUSE/ MEETING

Last year this was a HUGE benefit to have. Once again with changing realities of Covid-19, the changes at camp, and many possible questions we will be hosting THREE Camp Parent Open Houses. **A Camp Parent must attend ONE of the Three.** ID Cards for Camp Pick Ups will be given out these nights as well, a chance to tour the facility and meet some staff, and an important Parent Meeting . These will be held:

Tuesday June 21, 7:30-9pm Thursday June 23, 7:30—9pm Saturday June 25, 10am –11:30am

Returning Paperwork and Payment

You can return the Summer Camp Registration, Heath Form, a copy of your child(ren) Immunization Record and one weeks payment to our Main Office (NOT the Camp Office) - look for the life size crucifix and bronze St. John Paul II statue outside - Monday thru Friday 9am to 4:30pm. You can also mail it back to us. PLEASE do not shove paperwork in between the doors and hope we find it.

We will be opening Camp Registration to all new families or if you have younger children you would like to enter into camp starting April 1st. There will be different forms for that, and they will be available on our Camp Website. We would expect by Mid May Camp will begin to fill up. We plan to close all registration no later than June 1st. Once that is done we will follow up with more information on Camp, scheduling, etc. via email. We also encourage you to regularly check the Summer Camp's website at www.newarkoym.com/cyodaycamp for updates.

If you have any questions please feel free to shoot me an email, or give me a call.

We look forward to a happy, healthy, and fun summer this year at the CYO Day Camp!

Peace,



Rich Donovan

Associate Director, Office for Youth & Young Adult Ministry
Summer Camp Director

ARCHDIOCESE OF NEWARK

499 Belgrove Drive. Kearny, NJ 07032
(201) 998-0088 x 4150(office)

www.newarkoym.com | richard.donovan@rcan.org

2022 CYO Day Camp Re- Registration Form
PLEASE PRINT CLEARLY. 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 **1st DAY of Camp in 2022** _____

Parent/ Guardian Name (s) _____

For the 2022 Camp Season we MUST have an email address that we can contact you at

Parent/ Guardian's Email Address _____

Please rewrite the Email Address _____

Please check off the weeks your child will be attending Camp:
(you will be sent an email on June 1st to confirm these weeks to us)

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. June 27 – July 1 | <input type="checkbox"/> 4. July 18 - 22 | <input type="checkbox"/> 7. August 8 - 12 |
| <input type="checkbox"/> 2. July 6– 9 ** | <input type="checkbox"/> 5. July 25 - 29 | <input type="checkbox"/> 8. August 15– 19 |
| <input type="checkbox"/> 3. July 11-15 | <input type="checkbox"/> 6. August 1 - 5 | |

Camp Fees: 180.00 per week due MONDAY of each week , **July 6-9th only \$130.00—NO CAMP on July 4th & 5th

PLEASE NOTE: The payment you provide at registration will cover the FIRST WEEK that your child attends.

PLEASE READ AND INITIAL ALL STATEMENTS BELOW ...

_____ I understand there are NO REFUNDS on tuition, late fees, or merchandise due to vacation, relocating to another area, academics, illness, injury, absence or non attendance. Campers that need to quarantine due to contact of Covid-19 from Camp will be allowed to reschedule their week

_____ I understand to reserve the weeks that I am requesting I must return FOUR Items - this form, payment for 1 week, a copy of my child's Immunization Record AND the Health Form .

_____ I understand on June 1st I will be sent an email and must CONFIRM by June 15th that weeks my child will attend.

_____ I understand that my child must be able to be a part of a group of children in their age range & that the CYO Camp Staff cannot provide specialized one on one care of my child.

_____ I understand that for the Summer of 2022 if my child is ages 7-12 years old they will need to choose online a schedule for that week. **This MUST BE DONE EACH WEEK that they attend.**

_____ I understand that 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

_____ I understand that each morning I will need to do a Health Check of my child. If my child is ill or showing any signs of Covid-19 or any other illness **I WILL NOT** send my child to camp as doing so could put other campers and staff at risk.

Parent Signature _____ Date _____

**Please return either via mail or in person (M-F , 9am to 4:30pm) to
CYO Summer Day Camp 499 Belgrove Drive Kearny NJ 07032**

ARCHDIOCESE OF NEWARK CYO Day Camp

CAMP HEALTH HISTORY FORM – 2022 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 # _____

My 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 _____
<input type="checkbox"/> Covid-19 _____	<input type="checkbox"/> OTHER _____	

Operations or Serious Injuries (Dates) _____

Chronic or recurring Illness _____

What Medication is your child taking ? _____

(**Pleas note if your child has an epi pen, etc or any medication that needs to be stored at camp you will need to complete a Medical Distribution Authorization Form and supply us the medication in ziplock bag with your child's name on it.)

At Camp your Child will be in and around MANY Children. Are there any behavior hints, or information that we should be made aware of now so as to make your child's summer experience a happy one?

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 or Covid-19 during the two weeks prior to attendance.

SHOTS AND IMMUNIZATIONS

I have attached with this Health Form a COPY (NOT THE ORIGINAL) of my child's shots and immunizations from either my doctor or my child's school nurse.

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 SERIOUS MEDICAL TREATMENT IS REQUIRED I GIVE MY PERMISSION FOR THE DIRECTOR, STAFF, OR SPONSOR TO OBTAIN THE SERVICES OF A LICENSED PHYSICIAN AT A LOCAL HOSPITAL. PLEASE NOTIFY ME IMMEDIATELY CONCERNING ANY SUCH EMERGENCY.

SIGNATURE _____ DATE _____

MEDICAL UNDERSTANDING :

IF MY CHILD HAS A FEVER THEY SHOULD NOT ATTEND CAMP. IF THEY GET A FEVER AT CAMP I WILL BE CALLED TO COME TAKE MY CHILD HOME. THE SAME WOULD BE IF MY HAS VOMMITED IN THE MORNING OR VOMITS AT CAMP. A CHILD THAT HAS/ HAD PINK EYE, LICE OR ANY TYPE OF SURGERY CANNOT RETURN TO CAMP WITHOUT A DOCTORS NOTE.

SIGNATURE _____ DATE _____

This form MUST BE RETURNED with the child's Camp Registration

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