



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camp Arrow Ages 11-15

Cumberland Cape Atlantic YMCA CAMP MERRYWOOD REGISTRATION General Information 2026

Camper's Last Name: _____ Camper's First Name: _____

Address _____ City, State, Zip _____

Birth Date: ____ / ____ / ____ Male Female

Home Phone _____ Cell Phone _____

Age as of June 16th, 2026 _____ E-mail Address _____

PLEASE
ATTACH
PHOTO

Payments are due on Wednesdays the week prior

Week 1 <input type="checkbox"/> June 22 to June 26 - ARTISTIC INSPIRATION This camp offers hands-on art activities to help campers explore their creativity and build confidence. They will work with a variety of mediums blending art with other subjects like science, technology, and nature.	Camp Fee \$230.00
Week 2 <input type="checkbox"/> June 29 to July 3 - CHALLENGE WEEK Teamwork makes the dream work! Campers will compete against each other in a week-long series of challenges, often involving getting messy.	Camp Fee 230.00
Week 3 <input type="checkbox"/> July 6 to July 10 - CAMP OLYMPICS Campers will participate in a series of sports, games, and activities inspired by the Olympics. The week also provides opportunities for cultural exploration and creative challenges.	Camp Fee \$230.00
Week 4 <input type="checkbox"/> July 13 to July 17 - GAME SHOW MANIA Campers will compete in various game show-style challenges that test knowledge, skill, and creativity, with activities based on popular game shows	Camp Fee \$230.00
Week 5 <input type="checkbox"/> July 20 to July 24 - SURVIVOR Campers are split into "tribes," work together, and earn points through challenges that test their resilience, creativity, and strategy, with an emphasis on outwit, outplay, and outlast	Camp Fee \$230.00
Week 6 <input type="checkbox"/> July 27 to July 31 - LEADERSHIP Campers will focus on developing skills like communication, teamwork, and self-esteem through activities such as team-building challenges, role-playing, and group projects	Camp Fee \$230.00
Week 7 <input type="checkbox"/> August 3 to August 7 - FEAR FACTOR Campers will confront their fears through fun and often "yucky" challenges and competitions, which can include both physical and taste-based activities. They will focus on bravery and overcoming fears by completing in sensory-based challenges.	Camp Fee \$230.00
Week 8 <input type="checkbox"/> August 10 to August 14 - LIFE SKILLS 101 Each day will focus on a specific theme, with activities ranging from basic tasks to more complex skills like conflict resolution and goal-setting. The overall goal is to prepare teens for independence and success in adulthood by building a foundation of competence and confidence.	Camp Fee \$230.00
Week 9 <input type="checkbox"/> August 17 to August 21 - NO THEME WEEK! Dedicated to camper choice, revisiting favorite activities, or a combination of both, often with a focus on fun, friendship, and reminiscing before the camp session ends. Instead	Camp Fee \$230.00
Week 10 <input type="checkbox"/> August 24 - August 28 - Splashtacular Celebration! Last week of camp? OH NO! Let's celebrate all of the fun things we have done this summer. Campers will have a week full of fun, games and the giant water slide!	Camp Fee \$230.00

**Before and After Care options.
These fees must be paid at registration**

Before and After with Early Bird:
6:30-9:00 am & 4:00 – 5:30 PM - \$60 per week

Before and After for Camp:
7:30-9:00 AM & 4:00-5:30 PM - \$50 per week

Payments and Registration:

All payments are due by the Wednesday the week prior. Any payments made after that will be assessed a \$20 late fee.

Registration requires a \$20 deposit per week and payment is due in full by the Wednesday of the prior to the camp week.

Registration Packet must include a completed physical form and immunization records at the time of registration



Cumberland Cape Atlantic YMCA 2026 CAMP REGISTRATION Emergency Contact & Health



Camper's Name _____

*Please ask for an additional sheet if you need to add more than 4 pick-up people or contacts. All authorized pick-ups must be 18 or older.

Parent/Guardian Information – Must be able to pick up camper

Parent 1 or Legal Guardian Information

Last Name: _____
First Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
*Email: _____

Parent 2 or Legal Guardian Information

Last Name: _____
First Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
*Email: _____

Joint Custody Information

Has there been a divorce or separation? Yes No

If Yes, who has custody? _____

The joint/non-custodial parent can be contacted in the event of an emergency Yes No

Emergency Contacts (Other than Parent/Guardian) – Must be able to pick up camper

Emergency Contact #1

Emergency Contact #2

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Medical and Behavior Questions to help us provide the best care possible

Copies of immunization records must be turned in at sign up

Has your child been diagnosed or treated for the following:

Asthma Allergies Special Dietary Needs Allergies to Insect Stings Seizures
 Spectrum Disorder ADHD Allergy to Poison Ivy Other
 Special Needs: _____ Learning Disability: _____

Please provide details for any of the above checked boxes:

Signs or symptoms to watch for:

Please list current medications, prescribed or over the counter that your child is currently taking:

Would you like to discuss your child's personal medical or behavioral needs with the Camp Director prior to the start of camp? Must turn in paperwork by June 1st for a phone conference. Or attach a letter with additional concerns. Yes No

Family Physician Information

Physician's Name: _____
Number: _____
Insurance Carrier: _____
Policy Number: _____
Group Number: _____

Contact Number: _____

Best Time to be reached: _____

Parent/Guardian Signature: _____ Date: _____



Cumberland Cape Atlantic YMCA

2026 CAMP REGISTRATION

Camp Rules & Authorizations



Camp Rules

In order for all campers to have the best possible experience, all campers need to be aware of the rules and agree to follow them. If a camper consistently or excessively breaks the rules and chooses not to take part in camp, they negatively impact other campers by jeopardizing their physical or emotional safety. When this happens, all other campers fail to receive the best possible camp experience.

Camp Rules:

- 1) Treat myself, others, and camp with Caring, Honesty, Respect, and Responsibility
- 2) Follow directions and instructions from staff
- 3) Keep hands, feet and all other body parts to myself
- 4) Respect all camp facilities, equipment, and property
- 5) Have FUN!

Camper Consequences:

- 1) Redirection of camper
- 2) Verbal warning or thinking time
- 3) Visit with camp director and/or call home. Child may speak to parents at that time
- 4) In the event that a second phone call is necessary, the child will be sent home
- 5) In the event of consistent/excessive failure to follow the rules, the camper will be sent home and a suspension may be issued
- 6) If a camper endangers the physical, mental or emotional health of themselves or others, the camper may be immediately suspended or expelled

Parent Signature: _____

Camper Signature: _____

Camp Authorization

My child is in good health and can participate in the normal activities of the program

_____ Initial Here

I agree to follow Camp Payment Policies; if not I will be subject to fees and refused admittance

_____ Initial Here

I have received and reviewed a copy of the YMCA Camp Parent Handbook

_____ Initial Here

I understand that my child must be physically signed in and out of the program by an authorized adult daily

_____ Initial Here

I understand that the YMCA is not responsible for lost, stolen or damaged personal articles

_____ Initial Here

My child and I have reviewed the Camper Behavior Policy

_____ Initial Here

I understand that breakfast and lunch will be provided for my camper starting June 16th.

_____ Initial Here

***Sequoia and Arrow Parents Only – Please initial the next two (2) statements**

I have received and reviewed a copy of the YMCA Transportation Policy (in handbook) and agree to let my child participate

* _____ Initial Here

I have received and reviewed a copy of the Merrywood Activities Form & agree to let my child participate

* _____ Initial Here

I give permission for the Cumberland Cape Atlantic YMCA to:

Seek medical treatment for my child, in my absence, in the event of an emergency

_____ Initial Here

Use any photo, voice recordings or videos taken of my child for any projects and all promotional purposes at the YMCA and Summer affiliates

_____ Initial Here

To transport my child as necessary for camp activities. This may include busing for swimming and field trips

_____ Initial Here

Allow my child to go on short walks under Y Staff supervision

_____ Initial Here

I hereby agree, and accept, responsibility in above initialed items.

Parent Signature _____

Date _____

Licensing Statement

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent/caregiver of a child enrolled in our program, with the informational statement contained in the Parent Handbook.

The statement highlights, among other things:

- Your right to observe our center at any time without having to secure permission
- The center's obligation to be licensed and to comply with licensing standards and
- The obligation of all citizens to report suspected child abuse of all forms (physical, sexual, emotional, and neglect) to the State's Division of Child Protection and Permanency

Name of child: _____

Name of Parent (s)/Guardian (s): _____

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family found in the Parent's Handbook.

Parent Signature

Date



Cumberland Cape Atlantic YMCA

2026 CAMP REGISTRATION

Camp Rules & Authorizations

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return the original to the Cumberland Cape Atlantic YMCA (CCA YMCA). A copy will be filed with your child's records.

- I understand that CCA YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the CCA YMCA program. If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- I understand that staff and volunteers are not allowed to initiate contact with members and program participants outside the CCA YMCA, unless necessary in certain limited cases for the smooth operation of a CCA YMCA program. If deemed necessary, contact should be made with the program participant's parent or guardian. Contact includes, but is not limited to, sharing of phone numbers, email addresses, personal websites and/or web logs. If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- I understand that I am not to leave my child at the CCA YMCA or program site unless a CCA YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person on my authorized list. Children may not just be dropped off at the door. *Note: The CCA YMCA's policy is that children under the age of 12 may not be alone in our facilities/program sites.
- I understand children should not receive excessive gifts (e.g. toys, video games, jewelry) from CCA YMCA staff or volunteers, and I should report this to a supervisor if they do.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with CCA YMCA and **must be at least 18 years of age required by the CCA YMCA**. Any other alternate pick-up arrangements must be requested on approved form by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that I can help ensure my child's safety by taking an active interest in his or her CCA YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.
- I understand that the CCA YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I have received a copy of the CCA YMCA Youth Program Handbook and/or Program Policies and Procedures and will keep it for future reference.

Parent Signature _____

Date _____

Parent Notification of Communications Policy

Families entrust their children to the Cumberland Cape Atlantic YMCA's care for child care, camp, and other youth programs. Our promise to those we serve is to provide a safe environment in which all participants are treated in a caring, honest, respectful and responsible way.

CCA YMCA staff, volunteers, program participants and parents must work together to ensure adherence to this policy.

CCA Staff and Volunteers:

- Will block any personal websites or blogs and mark them as private, denying access to any CCA YMCA program participants
- Will not disclose personal email, telephone, cell phone or website information to any program participants
- Will not attempt to contact any participant via phone, text message email, phone apps, websites or blogs for non-program related business
- Will not use any photos taken for CCA YMCA programs or marketing purposes for personal use
- Will not use cell phones for personal calls during business hours
- Will not use cell phone cameras to take photos of program participants for any reason
- Will notify his/her supervisor immediately if a youth attempts to communicate with an employee via e-mail, instant message, cell phone or social network site

CCA YMCA Program Participants and Their Parents Agree:

- Not to contact any staff via staff's personal telephone/cell phone, text message, phone apps, email, websites or blogs
- Not to use cell phones during program hours
- They will not share photos, logos or images of the CCA YMCA or its program participants
- Personal photos may only be taken with consent and may not be displayed in any derogatory fashion
- Will not take cell phone photos of staff or program participants while engaged in CCA YMCA programs

Of course, the CCA YMCA does not mean to interfere with anyone's private life, but publicly observable communications, actions or words are not private, and personal expression can have legal consequences, including defamation, copyright infringement and trademark infringement.

Parent Signature _____

Date _____



Cumberland Cape Atlantic YMCA 2026 CAMP REGISTRATION Deposits, Fees and Payment



Deposits

- A \$20.00 deposit is required for EVERY week/session.
- Deposits are non-refundable and non-transferable
- Deposits are due at the time of registration

Promotions

- Sibling Reduced Rate***: First child is full price, each additional child (registered in the same week of camp) will receive \$20.00 off
- Before and After Care Camp***: Fees are waived if five (5) or more weeks of camp are paid in full by April 30th, 2026 (Excludes \$10 Early Bird rates). Only the weeks paid for by this date will receive the free before and after camp care.
- Beat the Rush Special** - Register before April 30, 2026, and we will waive the \$50 registration fee.

Fees

- \$50 registration fee due at the time of registration
- All before and after camp fees must be paid in full at the time of registration.
- Weekly camp fees are due the Wednesday prior to the start of the camp week.

Registration fees and deposits are non-transferable and non-refundable

Credits (In House Only)

Refunds are not available for Deposits, Registration Fee, or days your child is absent. In-house credits will be considered for medical reasons ONLY. Credit requests MUST be accompanied by a doctor's note.

Financial Assistance

Financial Assistance is available through Rutgers Southern Regional Child Care Resource & Referral. Contact our Financial Services Coordinator at 856-691-0030 extension 111 for more information. If denied by Rutgers, Financial Assistance is available through the Y - applications are available at the Member Service Desk and on our website, www.ccaymca.org. Funds are limited - APPLY EARLY.



Zipline at Merrywood!



Nature Enrichment



**Outdoor activities at
all our camps!**



Cumberland Cape Atlantic YMCA 2026 CAMP REGISTRATION Checklist



Parent Checklist

Parent/Guardian please initial next to each item that you are handing in today. (**No check marks will be accepted.**)

- Completed Registration Form
- Photo Release
- Signed Medical Information
- Completed Health Form
- Immunization Record
- Expulsion Policy
- Food Form
- Merrywood Activity Waiver (Sequoia, Arrow, and CIT)
- Completed CIT packet (CIT only)
- Any notes or information to be filed on your camper (optional)
- Correct payment and/or deposit amount

Parent Signature

Parent is to sign off that all paperwork is filled out completely.

Parent Signature: _____ Date: _____

Staff Signature

Staff member receiving the paperwork is to sign off that all papers are filled out completely and correct money is remitted.

Staff Signature: _____ Date: _____

**THANK YOU FOR CHOOSING
TO SPEND YOUR SUMMER AT
THE Y, HAVE FUN AND MAKE
SUMMER CAMP MEMORIES TO
LAST A LIFETIME!**





MERRYWOOD ACTIVITIES INSERT

The YMCA wishes to advise you of the following:

- Biking, zip lining and archery are strenuous activities and involve the risk of injury, permanent disability and/or death. Although proper use of protective equipment and safety procedures will reduce this risk, the risk still does exist. Use of protective helmets is required for the zip line and biking.

Liability Waiver

I, undersigned (for myself, heirs, personal representatives and assigns) intending to be legally bound, do hereby waive and release all rights, claims, demands, and/or causes of action against the YMCA, sponsors, their representative officers, board members, agents, employees, instructors and volunteers for any personal injury which I might sustain, immediately known to me or here after discovered for any and all damages or losses which I might incur, now or in the future, arising from or out of my participation in the program and my travel to and from the program.

I accept full responsibility for the care and proper usage of the equipment and in the event of misuse and/or destruction; I accept full responsibility for financial replacement.

I verify that I am physically fit.

Parent signature is required if participant is 18 years old or younger. NO EXCEPTIONS. Adults other than Participant's parent or legal guardian are not permitted to sign the form. **SIGNATURE IS TO BE INCLUDED ON THE REGISTRATION FORM!**

BIKING RULES

1. First trip every week, one trip around the trail on foot to point out any challenging areas.
2. Must attend bike safety course which includes:
 - a. 6 point inspection
 - b. Helmet awareness
 - c. Sizing of bikes
3. Helmets MUST BE WORN

ZIP LINE RULES

1. Helmet is required to use zip line. Chinstrap must be buckled.
2. Weight limit 200 lbs
3. ONE RIDER at a time (NO EXCEPTIONS)!
4. Always hold handle bars firmly with two hands. Make sure you have a secure grip before starting.
5. No tricks or horseplay while using the zip line.
6. Check clothing for loose articles or potential hazards.
7. Be aware of your surroundings and others.
8. Ensure that the zip line area is clear and wait for a Counselor to give permission to go.
9. Zip line may not be used during or after rain. Surrounding area must be dry.
10. Everyone must have a signed liability waiver on file. All Participants 18 and under must have a parent or legal guardian sign their liability form.

ARCHERY

1. No one enters the range without permission from the Range Master.
2. Participants must follow the directions of the Range Master at all times.
3. Horseplay or inability to follow directions will result in being removed from the Archery Range.
4. Armguards and Finger Tabs must be worn.
5. Everyone must have a signed liability waiver on file. All Participants 18 and under must have a parent or legal guardian sign their liability form.



**Cumberland Cape Atlantic YMCA
2026 CAMP REGISTRATION
Additional Emergency Contacts**

For _____

(Childs name)

Emergency Contact #5

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #6

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #7

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #8

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Please use this sheet only
to add additional contacts
and pick-up people for
your camper(s). We will
not accept it written on a
separate piece of paper.



Parent/Guardian Signature: _____ Date: _____

10:122-6.8 Expulsion Policy

May be used to inform parents of the center's policy on the expulsion of children from enrollment

EXPULSION POLICY

Name of Center: Cumberland Cape Atlantic YMCA of Vineland

Name of Child: _____

Signature of Parent: _____

Unfortunately there are reasons we have to expel a child from our program either on a short term or a permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center.

IMMEDIATE CAUSE FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payment.
- Failure to complete required forms, including child's immunization record.
- Habitual tardiness when picking up your child.
- Physical or verbal abuse to staff.
- Other (explain)

CHILD'S ACTIONS FOR EXPULSION

- Failure of a child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical/verbal abuse to staff or their children.
- Excessive biting.
- Other (explain)

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child and or/parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to time to seek alternative child care (approximately one to two weeks, depending on risk to other children's welfare or safety).
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center

A CHILD WILL NOT BE EXPELLED

- If a child's parent/guardian:
 - Made a complaint to the Office of Licensing regarding a center's alleged violation of the licensing requirements
 - Reported neglect or abuse occurring at the center
 - Questioned the center regarding policies and procedures
 - Without giving the parent/guardian an adequate amount of time to make other child care arrangements

PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment appropriateness of activities and supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise behaviors
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- A brief time out may be given so child can regain control
- Child may lose certain privileges
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- Parent/guardian will be given copies of the disruptive behaviors that might lead to expulsion
- Director, parent/guardian and classroom staff will have a conference to discuss how to promote positive behaviors
- Parent/guardian will be given literature or other resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultation on premises
- Recommendation of evaluation by local school district child study team



CUMBERLAND CAPE ATLANTIC YMCA
2026 Summer Camp
Over-the-Counter Medication Administration

Child's Name: _____ **CAMP:** _____

Allergies: _____

Health Care Provider Name: _____

Health Care Provider Phone Number: _____

Condition that Requires Medication: _____

Medication Name and Strength: _____

Dose: _____ **Frequency:** _____

I hereby authorize the YMCA's Staff to administer the above stated medication to my child.

Parent/Caregiver's Signature

Date

The YMCA adheres to 10:122-7.5 of the NJ Dept of Human Services Code for Childcare centers and will only administer the following over-the-counter medications.

- (1) Antihistamines,
- (2) Cough suppressants,
- (3) Decongestants,
- (4) Non-aspirin fever reducers/pain relievers; and
- (5) Topical preparations, such as sunscreen.

The medication will dispense at the recommended dosage unless otherwise prescribed by a health care provider.

Date	Time	Name/ Strength of Medication	Dose	Route	Given by	Reactions/ Observations

APPENDIX H**UNIVERSAL
CHILD HEALTH RECORD**

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
 New Jersey Academy of Family Physicians
 New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) (First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name		Home Telephone Number () -	Work Telephone/Cell Phone Number () -
Parent/Guardian Name		Home Telephone Number () -	Work Telephone/Cell Phone Number () -
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)	
	Height (must be taken within 30 days for WIC)	
	Head Circumference (if <2 Years)	
	Blood Pressure —	
IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached (if >3 Years) <input type="checkbox"/> Date Next Immunization Due: _____	
MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the signs/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type/Screening	Date Performed	Record Value	Type/Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other: Tetanus			Developmental		
Other:			Scoliosis		

<input type="checkbox"/> <i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all childcare/school activities, including physical education and competitive contact sports, unless noted above.</i>	
Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being

WIC is the **Supplemental** nutrition

program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days. **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days. **Head Circumference** - Only enter if the child is less than 2 years. **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
 - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issues listed below.**

CH-15 can be downloaded www.nj.gov/health/forms/ch-15.dot or pdf. copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

- b. **Medications** - List any ongoing medications.

Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
- d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
- e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
- g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
- h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
 - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
 - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
 - Scoliosis screenings are done biennially in the public schools beginning at age 10.
5. This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
 - Print the health care provider's name.
 - Stamp with health care site's name, address and phone number.

2026-2027 SUMMER FOOD SERVICE PROGRAM

LETTER TO PARENTS

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (USDA), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

Eligibility: Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for free and reduced-price meals is included in this letter for your information. If your income is less than or equal to the free or reduced-price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

July 1, 2026, to June 30, 2027
FAMILY SIZE AND INCOME SCALE
FOR FREE AND REDUCED-PRICE MEALS
(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	FREE MEALS			REDUCED PRICE MEALS		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	\$20,345	\$1,696	\$392	\$28,953	\$2,413	\$557
2	\$27,495	\$2,292	\$529	\$39,128	\$3,261	\$753
3	\$34,645	\$2,888	\$667	\$49,303	\$4,109	\$949
4	\$41,795	\$3,483	\$804	\$59,478	\$4,957	\$1,144
5	\$48,945	\$4,079	\$942	\$69,653	\$5,805	\$1,340
6	\$56,095	\$4,675	\$1,079	\$79,828	\$6,653	\$1,536
7	\$63,245	\$5,271	\$1,217	\$90,003	\$7,501	\$1,731
8	\$70,395	\$5,867	\$1,354	\$100,178	\$8,349	\$1,927
Each Additional Family Member	+7,150	+596	+138	+10,175	+848	+196

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by the agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis race, color, national origin, sex (including gender identify and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Compliant-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Theresa Booth

Signature of Sponsoring Organization Representative

2026-2027 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

PROGRAM NAME: _____

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by _____ . An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: _____ .

ENROLLMENT INFORMATION

1

Name of Child: _____
Last Name _____ First Name _____

Age: _____

2

FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.

If this is a foster child, check this box Write the child's monthly personal use income. Write "0" if the child has no income \$ _____ .

3A

**HOUSEHOLDS NOW GETTING SNAP OR TANF BENEFITS FOR THEIR CHILDREN,
Complete this part and sign the application in Part 4 – DO NOT complete Part 3B.**

SNAP Case Number: _____ TANF Case Number: _____

3B

ALL OTHER HOUSEHOLDS – If you did not write a SNAP/TANF case number or checked Foster Child, complete this part and sign the application in Part 4.

NAMES		MONTHLY INCOME			
List the Names of Everyone in Your Household	No Income	MONTHLY Gross Earnings from Work (Before Deductions)	MONTHLY Welfare, Child Support, Alimony, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Any Other Income
		Job 1.	Job 2.		
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$
6.		\$	\$	\$	\$
7.		\$	\$	\$	\$
8.		\$	\$	\$	\$
9.		\$	\$	\$	\$

4

SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE:

SIGNATURE OF ADULT HOUSEHOLD MEMBER

HOME ADDRESS

*LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER**

TOWN/CITY

ZIP CODE

PRINTED NAME OF ADULT SIGNING APPLICATION

DATE SIGNED

HOME TELEPHONE *WORK TELEPHONE*

I do not have a Social Security Number

5

Participant's ethnic and racial identities (optional)

Mark one ethnic identity: Mark one or more racial identities:

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African American		

Do Not Write Below This Line - Official Use Only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _____ Annual Monthly Twice Per Month Every Two Weeks Weekly

Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____



Department of Children and Families Office of Licensing

INFORMATION TO PARENTS

Under provisions of the **Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)**, every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center. Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.