



**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 BEFORE Filling OUT OR RETURNING PAPERWORK
IT IS VERY IMPORTANT!**

Greetings Parents!

Thank you for your interest in the 2024 CYO Summer Day Camp Program.

This letter and packet is for all new families (ones that were not with us last summer) looking to register a child(ren) for the CYO Summer Day Camp Program this summer. Our Camp Program 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.

To register a child (ren) we would ask that you please ...

- read over this letter
- review the Camp Parent Guide Book
- complete the Registration Form
- complete the Health History Form
- get a copy of your Child's Shot/ Immunization Record from the Doctor

To register your child for Camp we must have the following submitted to us

- The completed Registration Form
- The completed Health History Form
- The copy of your child's Shot/ Immunization Record
- Payment of 1 week (\$250.00) per child. This can be in the form of Check (payable to CYO Day Camp, Cash or Cashiers Check)

Forms and payment CANNOT be EMAILED OR FAXED. Since payment is due at the time of registration they must either be mailed to us or dropped off in person. Paperwork would be mailed or returned in person to the

St. John Paul II Youth Retreat Center
Attn CYO Day Camp
499 Belgrove Drive
Kearny NJ, 07032



When coming in person you would be bring them to our main building on Belgrove Drive. This is to the Right of the old red brick church building. Look for the life size bronze statue of St. John Paul II and the life size gold statue of Jesus on the Cross. Our offices are open Monday - Friday 9am to 4:45pm.

PLEASE do not shove paperwork in between the doors and hope we find it.

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)

MANDATORY Camp Parent Meeting

The last 3 years this has proven to be a HUGE benefit to have. This year we will be hosting TWO times that parents can come walk the property with their children before Camp, attend a quick meeting on logistics and also pick up Camper Cards.

These nights/ times will be held ..

Wednesday June 19th 7-9pm

Saturday June 22nd 10am to 12noon

** The Camp meeting will start at 7:30pm on Wednesday and 10:30am on Saturday. The first 30 minutes are families to walk around. Again if you wanted to just come and get your cards you can do so anytime during the 2 hour window—this will be set up outside by the Camp Entrance on the side of the gym.

In regards to “seeing” the facility now. You can drive thru our complex anytime you like. HOWEVER inside spaces do not get set up until roughly 3 weeks before camp since as a year round retreat/ conference facility we constantly have groups and events going on. So doing a “tour” is really not an option as nothing is set up, and most rooms are empty. This is why we include this during the Camp Parent Meetings, that campers are invited to attend with their parents.

We anticipate CLOSING Camp Registration on or about May 10th. Kinder Camp (campers ages 5 and 6) will fill much quicker—probably before Easter! We only have spots for 20 five year olds and 20 six year olds.

Once Camp Registration is closed 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.rcan.org/oym 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

2024 CYO Day Camp NEW CAMPERS 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 2024** _____

Parent/ Guardian Name (s) _____

For the 2024 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)

- | | | |
|----------------------------|-----------------------------|------------------------|
| _____ 1. June 24 – June 28 | _____ 4. July 15 - 19 | _____ 7. August 5 - 9 |
| _____ 2. July 1-3 ** | _____ 5. July 22 - 26 | _____ 8. August 12– 16 |
| _____ 3. July 8-12 | _____ 6. July 29 - August 2 | |

Camp Fees: \$250.00 **flat rate** per week due MONDAY of each week , **July 1-3rd only \$150.00. NO CAMP on July 4th, 5th
Morning Care : \$45 per WEEK **flat rate.** There is no daily rate. If you attend 1 or more days it is \$45

_____ My child will be attending MORNING CARE (7am –8am at a flat rate of \$45 A WEEK)

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

Checks are payable to "CYO Day Camp"

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 . DO NOT Return without all 4 items.**

_____ I understand on June 3rd I will be sent an email and must CONFIRM by June 14th 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 2024 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
St John Paul II Youth Retreat Center 499 Belgrove Drive Kearny NJ 07032

ARCHDIOCESE OF NEWARK CYO Day Camp
CAMP HEALTH HISTORY FORM – 2024 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 along with a copy of your Child's Immunization Record, your child's Camp Registration and 1 week's payment.

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