



**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!

As I am writing this we are apparently getting ready for our first real snow in over 3 years!

However, its times to start thinking Summer Camp already!

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 March 11th.

It is no secret that – like you – we here at the St. John Paul II Youth Retreat Center are feeling tremendous economic pressure in a year already filled with challenges.

I am sure for you , just like when I go food shopping, the bill is going up, but what I have in my basket seems to be less. Prices for meats, dairy products, fruits and vegetables have all gone up in the last year and lets not even talk about the cost of eggs! Companies are passing along increases in gas, distribution and more to us - the vendor and or even the consumer.

In addition, the State of NJ each year has a required incremental increase for minimum wage that we must meet. Our Summer Camp Staff are not paid exorbitant salaries, as most make minimum wage, or just above that for the 8 weeks that they are with us.

Camp is not something that is meant to be a fundraiser for our Office and facility. We look to the over 80 years of offering CYO Summer Camps here in our Archdiocese as a service, not a profit. We have tried to keep costs as low as we can. Over the years we have purposely tried to keep our prices well below what other Day Camps charge. A priority of mine has always been to try and offer a quality program at an affordable price. We will still be below what many other camps charge, but I do know that for some of you it just might not be possible this summer for you to return.

2024 CYO Summer Day Camp Fees

The Fees for Camp this Summer will be

Camp Tuition \$250 a week, per child (Camp Day will go from 8am until 5pm)

Early Morning Care \$45 a week, per child (7-8am)

The week of July 4th, there will be no camp on Thursday July 4th and Friday July 5th.

The Fees for that week will be

\$150 per child, Camp Tuition

\$25 per child for Early Morning Care (7-8am)

PLEASE TURN OVER TO CONTINUE READING FOR MORE INFORMATION



Returning Paperwork and Payment

We are giving returning families the next few weeks to register before we open Camp Registration to new families.

You can return the Summer Camp Registration, Health Form, a copy of your child(ren) Immunization Record and one weeks payment to our Main Office (**NOT the Camp Office**) - look for the 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.

Camp Parent Nights and MANDATORY Card Pick Up Dates

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.

For RETURNING PARENTS if you just wanted to come and pick up cards .. That is fine! No need to attend the meeting unless you want to!

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.

We will be opening Camp Registration to all new families or if you have younger children you would like to enter into camp starting March 11th. There will be different forms for that, and they will be available on our Camp Website. We would expect to CLOSE CAMP REGISTRATION on or before May 10th. Some of you have asked me about the CIT Program for 14-16 year olds. This program does not start applications until April. If you have not contacted me about it, please send me a separate email.

Once we close Camp Registration, 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 <https://rcan.org/cyo-summer-camp> 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.rcan.org/oym | richard.donovan@rcan.org

2024 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 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.