

# YMCA OF GREATER MONMOUTH COUNTY

## Wrap Around Summer Camp

### Information and Registration Form



Half Day Session  
12pm-4pm  
Monday - Thursday

Please select the week your child will attend:  
 July 6-July 8  
 July 12-July 15 - on vacation this week.  
 July 19-July 22  
 July 26-July 29  
 Aug 2-Aug 5

Joseph Dolfi 08/23/2012 3  
 Child's Name  Male  Female Date of Birth ge grade (last completed) A  
Amanda Parulis Dad-Mike Ozelas 619 Campbell Ave. Pt. Mon NJ 0775  
 Parent/Guardian's Name  
306 3rd Street Eatontown, NJ 07724  
 Home Address Michael Ozelas 732-473-7666  
 Home # N/A DADS WORK 732-264-5565 732-500-5260  
parulisa823@gmail.com / Dad's Email: mozelas@comcast.net  
 Parent/Guardian's Email Address 732-895-5665 Grandmother  
 Emergency Contact Tina Ozelas 732-895-5665 732-895-5665/848-218-0569  
 Emergency Contact Phone Grandmother 732-275-2847  
 Relationship to Child Neighbor 732-720-1203

In your absence, who is authorized to pick up your child?

#1 Name Tina/Peter Ozelas Relationship to child: Grandparents Phone # 732-895-5665  
 #2 Name Beatrice Parulis Relationship to child: Grandmother Phone # 732-275-2847  
 #3 Name Jennifer Dasilva Relationship to child: Neighbor Phone # 732-720-1203

I give permission for my child's photograph or any videotape taken of my child to be used in promotional materials for YMCA of Greater Monmouth County  Yes  No

Parent/Guardian Signature Amanda Parulis

**Medical Clearance:** I hereby agree that the YMCA administration and the physician's selected by it may, in an emergency, take whatever action is deemed necessary in my child's best interest.

Parent/Guardian Signature Amanda Parulis

#### YMCA Program Participation Waiver

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Parent/Guardian Print Name Amanda Parulis

Parent/Guardian Signature Amanda Parulis Date 5/26/2021

Office use only: date received: \_\_\_\_\_

Balance to be paid by credit card on \_\_\_\_\_

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- July 26-July 29
- Aug 2-Aug 5

Child's Last Name Perez Child's First Name Destiny M    F X  
Age: 10 Birthdate: 09/15/2010 Grade Completed: 5th

Parent/Guardian's Name Michael Perez and Yasmin Radcliffe

Home Address 157 South Street Town Eatontown Zip Code 07724

Home # 732-762-7672 Work # 732-910-7672 Cell #   

Parent/Guardian's Email Address michiganfan19701@gmail.com

Emergency Contact	Emergency Contact Phone	Relationship to Child
In your absence, who is authorized to pick up your child?		
#1 Name <u>Christina Perez</u>	Relationship to child: <u>Grandmother</u>	Phone # <u>732-996-9084</u>
#2 Name <u>Rita Alston</u>	Relationship to child: <u>Grandmother</u>	Phone # <u>732-439-3273</u>
#3 Name <u>  </u>	Relationship to child: <u>  </u>	Phone # <u>  </u>

I give permission for my child's photograph or any videotape taken of my child to be used in promotional materials for YMCA of Greater Monmouth County  Yes  No

Parent/Guardian Signature Michael Perez

**Medical Clearance:** I hereby agree that the YMCA administration and the physician's selected by it may, in an emergency, take whatever action is deemed necessary in my child's best interest.  
Parent/Guardian Signature Michael Perez

**YMCA Program Participation Waiver**

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Parent/Guardian Print Name Michael Perez  
Parent/Guardian Signature Michael Perez Date 5/19/21

.....  
Office use only: date received: \_\_\_\_\_ Notes: \_\_\_\_\_

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- July 26-July 29
- Aug 2-Aug 5

Child's Last Name Perez Child's First Name Honesti M    F X

Age: 8 Birthdate: 11/25/2012 Grade Completed: 2nd

Parent/Guardian's Name Michael Perez and Yasmin Radcliffe

Home Address 157 South Street Town Eatontown Zip Code 07724

Home # 732-762-7672 Work # 732-910-7672 Cell #   

Parent/Guardian's Email Address michiganfan19701@gmail.com

Emergency Contact	Emergency Contact Phone	Relationship to Child
In your absence, who is authorized to pick up your child?		
#1 Name <u>Christina Perez</u>	Relationship to child: <u>Grandmother</u>	Phone # <u>732-996-9084</u>
#2 Name <u>Rita Alston</u>	Relationship to child: <u>Grandmother</u>	Phone # <u>732-439-3273</u>
#3 Name <u>  </u>	Relationship to child: <u>  </u>	Phone # <u>  </u>

I give permission for my child's photograph or any videotape taken of my child to be used in promotional materials for YMCA of Greater Monmouth County  Yes  No

Parent/Guardian Signature Michael Perez

**Medical Clearance:** I hereby agree that the YMCA administration and the physician's selected by it may, in an emergency, take whatever action is deemed necessary in my child's best interest.

Parent/Guardian Signature Michael Perez

#### YMCA Program Participation Waiver

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Parent/Guardian Print Name Michael Perez

Parent/Guardian Signature Michael Perez Date 5/19/21

Office use only: date received: \_\_\_\_\_ Notes: \_\_\_\_\_

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Child's Last Name Johnson Child's First Name Lucas M  F

Age: 11 Birthdate: 12/14/09 Grade Completed: 5

Heather Johnson  
Parent/Guardian's Name

357 Pine St. Eatontown 07724  
Home Address Town Zip Code

732-542-4252 732-460-9840 ext. 327 732-851-1115  
Home # Work # Cell #

HMJ31183@gmail.com  
Parent/Guardian's Email Address

Emergency Contact	Emergency Contact Phone	Relationship to Child
In your absence, who is authorized to pick up your child?		
#1 Name <u>Michael Johnson</u>	Relationship to child: <u>Father</u>	Phone # <u>732-904-2480</u>
#2 Name <u>Margaret Johnson</u>	Relationship to child: <u>Grandmother</u>	Phone # <u>732-688-4840</u>
#3 Name _____	Relationship to child: _____	Phone # _____

I give permission for my child's photograph or any videotape taken of my child to be used in promotional materials for YMCA of Greater Monmouth County  Yes  No

Parent/Guardian Signature Heather Johnson

**Medical Clearance:** I hereby agree that the YMCA administration and the physician's selected by it may, in an emergency, take whatever action is deemed necessary in my child's best interest.

Parent/Guardian Signature Heather Johnson

**YMCA Program Participation Waiver**

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Parent/Guardian Print Name Heather Johnson

Parent/Guardian Signature Heather Johnson Date 5/19/2021

Office use only: date received: \_\_\_\_\_ Notes: \_\_\_\_\_

**[\*\*EXTERNAL\*\*] Ymca summer camp, yes to all five weeks of camp, if possible, I did my best to complete it, but**

1 message

Jennifer Dasilva <littleduck1120@gmail.com>  
To: tmicciulla@eatontown.org

Wed, May 19, 2021 at 12:34 PM

# COUNTY Wrap Around



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Monday - Thursday

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\_\_\_\_\_  
\_\_\_\_\_  
Child's Last Name McKenna

Child's First Name Ava

\_\_\_\_ M \_\_\_\_ F  X \_\_\_\_

Age: 7 Birthdate: 04/21/2014 Grade Completed: 1

\_\_\_\_\_  
\_\_\_\_\_  
Jennifer DaSilva Parent/Guardian's Name

\_\_\_\_\_  
\_\_\_\_\_  
107 First st Eatontown NJ 07724 Home  
Address Town Zip Code

\_\_\_\_\_ cell \_\_\_ 732-720-1203 home 732-544-1024 work 732-212 \_\_\_\_\_ Home # Work # Cell #

\_\_\_\_\_ littleduck1120@gmail.com \_\_\_\_\_ Parent/Guardian's Email Address

\_\_\_\_\_ 1.) \_\_\_ Joyce DaSilva, 732-687-3936 grandma 2.) Lillie McKenna\_732-298-3734

grandma \_\_\_\_\_ Emergency Contact Emergency Contact Phone Relationship  
to Child

In your absence, who is authorized to pick up your child?

#1 Name \_\_\_ joyce Dasilva \_\_\_\_\_ Relationship to child: \_\_\_\_\_ grandma \_\_\_\_\_  
Phone # \_\_\_ 732-687-3936 \_\_\_\_\_

#2 Name \_\_\_ Lillie McKenna / \_\_\_ John Christensen \_\_\_\_\_ Relationship to child:  
\_\_\_\_\_ grandma \_\_\_\_\_ grandpa \_\_\_\_\_ Phone # \_\_\_ 732- 298-3734 732-6939520

#3 Name \_\_\_ Paul DaSilva \_\_\_\_\_ Relationship to child: \_\_\_\_\_ grandpa \_\_\_\_\_  
Phone # \_\_\_ 732-241-6812 \_\_\_\_\_

I give permission for my child's photograph or any videotape taken of my child to be used in promotional materials for YMCA of Greater Monmouth County X Yes  No

Parent/Guardian Signature \_\_\_ Jennifer DaSilva \_\_\_\_\_

Medical Clearance: I hereby agree that the YMCA administration and the physician's selected by it may, in an emergency, take whatever action is deemed necessary in my child's best interest.

Parent/Guardian Signature \_\_\_ Jennifer DaSilva \_\_\_\_\_

YMCA Program Participation Waiver

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Parent/Guardian Print Name \_\_\_ Jennifer DaSilva \_\_\_\_\_

Parent/Guardian Signature \_\_\_ Jennifer DaSilva \_\_\_\_\_ Date\_05/19/2021\_\_\_

\*\*\*\*\*

\*\*\*\*\* Office use only: date received: \_\_\_\_\_ Notes:

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- Aug 2-Aug 5

Child's Last Name Haynes Child's First Name Rylan M    F

Age: 6 Birthdate: 6/25/14 Grade Completed: 1st

Parent/Guardian's Name Erica + Mike Haynes

6 Russell Terrace Eatontown NJ 07724  
Home Address Town Zip Code

908-902-4715 732-996-0603  
Home # Work # Cell #

Parent/Guardian's Email Address  
erica.haynes@primedrx.com

Emergency Contact Emergency Contact Phone Relationship to Child

In your absence, who is authorized to pick up your child?

#1 Name <u>Keri Falkin</u>	Relationship to child: <u>Aunt</u>	Phone # <u>732-439-8772</u>
#2 Name <u>Trisha Spahr</u>	Relationship to child: <u>Aunt</u>	Phone # <u>908-309-6852</u>
#3 Name <u>Pam Mahan</u>	Relationship to child: <u>Grandparent</u>	Phone # <u>772-475-3219</u>

I give permission for my child's photograph or any videotape taken of my child to be used in promotional materials for YMCA of Greater Monmouth County  Yes  No

Parent/Guardian Signature E Haynes

**Medical Clearance:** I hereby agree that the YMCA administration and the physician's selected by it may, in an emergency, take whatever action is deemed necessary in my child's best interest.

Parent/Guardian Signature E Haynes

#### YMCA Program Participation Waiver

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Parent/Guardian Print Name Erica Haynes

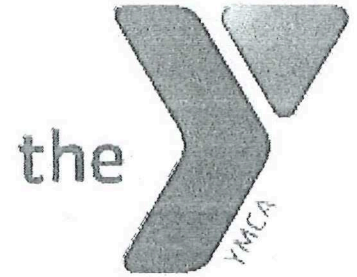
Parent/Guardian Signature E Haynes Date 5/19/2021

Office use only: date received: \_\_\_\_\_ Notes: \_\_\_\_\_

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- Aug 2-Aug 5

Child's Last Name Gregory Child's First Name Raven M  F

Age: 10 Birthdate: 12/10/2010 Grade Completed: 4<sup>th</sup>

Lakisha Brooks  
Parent/Guardian's Name

82 A Eaton Crest Drive Eaton town 07724  
Home Address Town Zip Code

732-693-6708  
Home # Work # Cell #

lakisha.brooks 85@gmail.com  
Parent/Guardian's Email Address

grand mother  
Emergency Contact Relationship to Child

Emergency Contact Phone

In your absence, who is authorized to pick up your child?

#1 Name <u>Marvin Corcoran</u>	Relationship to child: <u>Father</u>	Phone # <u>732-789-2753</u>
#2 Name <u>Angela Smith</u>	Relationship to child: <u>grand mother</u>	Phone # <u>732-383-3097</u>
#3 Name _____	Relationship to child: _____	Phone # _____

I give permission for my child's photograph or any videotape taken of my child to be used in promotional materials for YMCA of Greater Monmouth County  Yes  No

Parent/Guardian Signature Lakisha Brooks

**Medical Clearance:** I hereby agree that the YMCA administration and the physician's selected by it may, in an emergency, take whatever action is deemed necessary in my child's best interest.

Parent/Guardian Signature Lakisha Brooks

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Parent/Guardian Print Name Lakisha Brooks

Parent/Guardian Signature Lakisha Brooks Date 5/18/2021

Office use only: date received: \_\_\_\_\_ Notes: \_\_\_\_\_



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Child's Last Name Gregory Child's First Name Arianna M  F

Age: 10 Birthdate: 12-10-2010 Grade Completed: 4th

Lakisha Brooks  
Parent/Guardian's Name

82A Eatoncrest Drive Eaton town 07724  
Home Address Town Zip Code

Home # Work # Cell #  
732-693-6708

Lakisha.brooks85@gmail.com  
Parent/Guardian's Email Address

mother  
Emergency Contact Relationship to Child

**Emergency Contact Phone**

In your absence, who is authorized to pick up your child?

#1 Name <u>Marvin Gregory</u>	Relationship to child: <u>Father</u>	Phone # <u>732-789-2753</u>
#2 Name <u>Angela Smith</u>	Relationship to child: <u>grand mother</u>	Phone # <u>732-383-3097</u>
#3 Name _____	Relationship to child: _____	Phone # _____

I give permission for my child's photograph or any videotape taken of my child to be used in promotional materials for YMCA of Greater Monmouth County  Yes  No

Parent/Guardian Signature Lakisha Brooks

**Medical Clearance:** I hereby agree that the YMCA administration and the physician's selected by it may, in an emergency, take whatever action is deemed necessary in my child's best interest.

Parent/Guardian Signature Lakisha Brooks

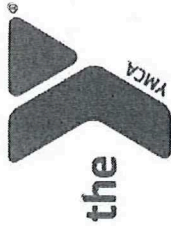
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Parent/Guardian Print Name Lakisha Brooks

Parent/Guardian Signature Lakisha Brooks Date 5-18-2021

Office use only: date received: \_\_\_\_\_ Notes: \_\_\_\_\_



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Child's Last Name BAYONA Child's First Name ZOEY MADELEINE M FX  
Age: 8 Birthdate: 11/22/012 Grade Completed: 3RD

Parent/Guardian's Name  
LIZA VILLANUEVA

Home Address 106 Beacon Lane Town Eatonstown, NJ Zip Code 07724  
Home # 732-292-7330 Work # 203-613-4987 Cell # 203-613-4987

Parent/Guardian's Email Address liza.bayona@gmail.com; roger.bayona@gmail.com Emergency Contact Phone 203-434-0724 Relationship to Child FATHER

In your absence, who is authorized to pick up your child?  
#1 Name ROGER BAYONA Relationship to child: AUNT Phone # 908-438-3274  
#2 Name WILBETH ELLIS Relationship to child: AUNT Phone # 908-438-3274  
#3 Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for my child's photograph or any videotape taken of my child to be used in promotional materials for YMCA of Greater Monmouth County  Yes  No

Parent/Guardian Signature [Signature]  
Medical Clearance: I hereby agree that the YMCA administration and the physician's selected by it may, in an emergency, take whatever action is deemed necessary in my child's best interest.  
Parent/Guardian Signature [Signature]

YMCA Program Participation Waiver  
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Parent/Guardian Print Name Liza Villanueva Date 5/18/2021  
Parent/Guardian Signature [Signature]

Office use only: date received: \_\_\_\_\_ Notes: \_\_\_\_\_