



SUMMER DAY CAMP 2015 REGISTRATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

This registration form and first payment are due 7 days prior to the first day of attendance.

1. Child's first name _____ MI _____ Last name _____
 2. Child's first name _____ MI _____ Last name _____

Youth t-shirt size 1. _____ 2. _____ (t-shirt included with first-time summer registrations submitted prior to June 15)

1. Grade _____ Sex M F Age _____ Date of Birth: _____ (Month/Day/Year)
 2. Grade _____ Sex M F Age _____ Date of Birth: _____ (Month/Day/Year)

Does your child qualify for free or reduced lunch? Yes No

ETHNICITY INFORMATION

Please check the ethnic group the child identifies with:

- Caucasian/White African American/Black Hispanic/Latino Asian
 Native Hawaiian or other Pacific Islander American Indian or Alaska Native Two or More

ANNUAL MEMBERSHIP FEE... \$46/family

Please specify enrollment below

- Whole Summer (save 15%) \$ 1275 (weekly \$1500)
 Weekly full-time \$150/week
 Monthly (save 10%) June (15) – July (3) \$405 (weekly \$450)
 July (6-31)..... \$540 (weekly \$600)
 August (3-21)..... \$405 (weekly \$450)
 Part time: AM (8:00am – 12:45pm) or PM (12:45pm–5:00 pm) only.. \$90/week
 (please specify below by checking the appropriate boxes)
 Extended Hours 7:00am – 8:00am & 5:00 pm – 6:00 pm \$15 (weekly am)/\$15 (weekly pm)

	June 15-19	June 22-26	June 29-July 3	July 6-July 10	July 13-17	July 20-24	July 27-31	Aug 3 - Aug 7	Aug 10-14	Aug 17-21
AM only										
PM only										
Full day										



Parent's Name _____ Parent's Name _____
 Work Phone _____ Work Phone _____
 Cell Phone _____ Cell Phone _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Email _____
 Parent(s) responsible for payments (print) _____
 Signature _____ Date _____

Persons other than parents who may pick up child:

Name _____ Phone _____
 Name _____ Phone _____

14-digit Neill Public Library Card Number _____

Summer Day Camp Programming includes going to the pool twice pre week; how would you rate your child's swimming ability? _____

In case of EMERGENCY when unable to reach parent, call:

Name _____ Phone _____ Cell _____

Family Physician _____ Address _____ Phone _____

Date of last physical exam 1. _____ 2. _____

Family Dentist _____ Address _____ Phone: _____

Date of last dental exam 1. _____ 2. _____

Insurance Company _____ Policy # _____

Medical information such as allergies, current medications, illness, mental or psychological conditions that might need special attention _____

List any information such as hobbies, likes, dislikes, special interests, etc., which would be important to Y staff to ensure your child has a positive experience _____

SPECIALTY CLUBS

The following are our Specialty Clubs which may be held throughout the summer. Please have your child/children assist you in ranking the following in order of preference, 1 being the highest preference and 3 being the lowest:

	Child 1	Child 2
Cooking.....	_____	_____
Science.....	_____	_____
Building.....	_____	_____



RELEASE AGREEMENT

1. **Permissions (please initial where indicated) – I give my permission for my child/children to:**
 - a. be involved in pictures taken for publicity purposes. **Initial:** _____
 - b. be transported in an authorized vehicle from the Y and attend all field trips. **Initial:** _____
 - c. use all play equipment and participate in all Y activities, including swimming. **Initial:** _____
 - d. have a staff person help my child apply sunscreen and/or insect repellent. **Initial:** _____
 - e. use hand sanitizer when hand washing facilities are unavailable. **Initial:** _____
 - f. be given emergency treatment by qualified YMCA staff. **Initial:** _____
 - g. be transported by ambulance or staff car to an emergency center for treatment. **Initial:** _____
2. In the event that I cannot be contacted, I further consent to the medical, surgical, hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. **Initial:** _____
3. My child has a library card for the Neill Public Library and has my permission to check out materials from said library. The YMCA is not responsible for lost, stolen, or damaged materials (if your child does not have a library card, they will not be able to check out books from the Library). **Initial:** _____
4. I will be responsible for all fees accumulated as a result of my child's registration and participation in YMCA programs. I understand that all fees are payable in advance and that program participation will be denied if payments are past due.
5. I have received a Parent Handbook and understand the program's policies and fees.
6. I give my permission for my child to go on supervised field trips with the YMCA's Programs.
7. I give permission for my child to participate in swimming activities supervised by YMCA staff or qualified lifeguards and in all other activities unless otherwise noted.
8. To the best of my knowledge, my child is in good health. I understand that the YMCA has safety standards in its programs and that all activities will be properly supervised. The YMCA does not provide individual accident insurance; therefore, I will provide the necessary coverage in the event of an accident.
9. The YMCA cannot be held responsible for problems related to a child's failure to receive the required immunizations.
10. When leaving a child at the YMCA or program site, he/she must be signed in and make sure a program staff or volunteer is available to receive and supervise your child.
11. The YMCA will release children only to people authorized by the parent/guardian. If a parent/guardian desires to have a YMCA employee provide childcare or other services outside of the YMCA program or check their child in or out of the program; they must first sign a disclaimer/waiver statement. In these situations, it is the parent(s) who are responsible for implementing the appropriate child abuse prevention measures. The YMCA is not responsible for the independent acts of its employees outside of the work place.
12. Day Camp & School-Age Care staff and volunteers are required by state law to report suspected child abuse. This will be handled confidentially through a staff person's supervisor and the program director.
13. If the person picking up a child appears to be under the influence of drugs or alcohol, for the child's safety, that person will be asked to allow someone else on the authorized list to pick up the child. If that person insists on taking the child, the YMCA will make a report to the police and Child Protective Services. Please do not put our employees and volunteers in a position where they have to make this judgment call.
14. Parents/Guardians may drop in and visit with their children at any time.
15. Weapons, including but not limited to, knives and or firearms are not allowed and may result in suspension.

Signature of Parent/Guardian _____ Date _____