

SUMMER CAMP REGISTRATION CHECKLIST

2024



Initial that you have received/completed the following:

_____ : YMCA Summer Camp Handbook

_____ : Paid the \$30.00 Registration Fee

_____ : Turned in a completed YMCA Summer Camp Registration Form

_____ : Turned in a completed Bank Authorization Form (attached)

Place a ✓ in the box for the weeks your Camper will attend.

Each child has one vacation week that can be applied. These are weeks you sign up for that you may not need. *You will not be charged tuition for that week, however, you must let us know before the week begins!*

	Week 1: Summer through the Decades, <i>June 3rd-7th</i>
	Week 2: Wild, Wild West, <i>June 10th-14th</i>
	Week 3: Adventures in Nature, <i>June 17th-21st</i>
	Week 4: Deep Sea Diving, <i>June 24th-28th</i>
	Week 5: Cooking Club, <i>July 1st-5th (Closed July 4th)</i>
	Week 6: Color Craze, <i>July 8th-12th</i>
	Week 7: Splashtacular, <i>July 15th-19th</i>
	Week 8: Olympics in Paris, <i>July 22nd-26th</i>
	Week 9: Camp Carnival, <i>July 29th-August 2nd</i>
	Week 10: Out of this World, <i>August 5th-9th</i>

SUMMER CAMP REGISTRATION FORM

2024



Camper Information:

Child's First Name _____ Middle Int. _____ Last Name _____
Gender: _____ Date of Birth _____ Current Grade _____
School Attending _____
Child's Address _____
City/State _____ Zip _____
Parent/Guardian Name(s) _____
Day Phone _____ Cell Phone _____
E-mail _____

Emergency Contact Information:

Local Person to call in case of emergency if parent/guardian cannot be reached:
(*authorized to release child to*):

Name _____ Phone _____
Alternate Phone _____

In addition; I hereby authorize the Y staff to allow my child to be released to the following persons:

Name/Relationship _____ Phone _____
Name/Relationship _____ Phone _____
Name/Relationship _____ Phone _____

Physician's Name _____
Address _____
City _____ State _____ Zip _____ Phone _____

Medical Information/Behavior Concerns:

****IMPORTANT**** Please list any special issues, limitations, behavior, or dietary concerns your child may have which the staff should be aware of:

Parent / Guardian Acknowledgments:

Please **INITIAL** all lines to indicate received written policies/materials and agree to terms.

Print Camper Name: _____ DOB _____

_____ **ADA Policy (REQUIRED):** Parents must disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to our program's large group format, we cannot provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children.

_____ **Permission for Transport (REQUIRED):** I grant permission for the YMCA staff to transport my child to and from other YMCA campsites for field trips and other planned events. I understand that all reasonable precautions will be taken to ensure the safety and health of my child.

_____ **Waiver for Medical Treatment (REQUIRED):** If my child requires emergency medical treatment and I cannot be reached, I authorize the YMCA staff to make arrangements to transport my child to the physician, hospital, or clinic that I have designated or the nearest hospital/emergency medical facility. I give my consent for any necessary medical care treatment for my child during this time.

_____ **Waiver for Participation (REQUIRED):** I understand that YMCA activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all YMCA programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify, and agree to hold harmless, the YMCA, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity, whether located on YMCA property or not.

_____ **Policy Agreement (REQUIRED):** I acknowledge that I have received a copy of the YMCA Family Guide (should my selected camp provide one). I also accept responsibility to read and adhere to the billing procedures and all policies as outlined in the Family Guide or by my selected camp.

_____ **Sunscreen Information (REQUIRED):** I am aware that due to outside activities and being in the sun, my child may incur a sunburn. I will provide sunscreen for my child when asked. *I understand that counselors will apply sunscreen provided by me at recommended times: before, during, and after outdoor activities.*

_____ **Waiver for Photo/Video Release (OPTIONAL):** I give my consent for any photos or videos taken of my child involved in YMCA programs to be used for YMCA promotions, training, or displays.

_____ **Swimming Permission (OPTIONAL):** I give my permission for my child to go swimming at the YMCA, or during a field trip under the supervision of a trained lifeguard.

X _____
Signature of Parent or Guardian

X _____
Date

Rules and Reasonable Modifications to our Policies, Procedures, and Services

All children enrolled in our center will be expected to follow procedures established by the staff. We are committed to positive reinforcement when managing behavior. *Physical discipline is never allowed.* A Quiet Time may be used to allow a child to regain his/her self-control before returning to the group.

If a major discipline problem occurs, the Childcare staff will contact you for a meeting. Please cooperate with us by reinforcing the importance of good behavior patterns with your child at home. We will make every effort to help redirect any negative behaviors.

Continued negative behaviors may lead to suspension or expulsion from the program.

Please talk with us about any life experiences or concerns you are currently working through with your child. We are here to support you and your child. Communication of these matters will help us all in navigating behaviors or other experiences that arise.

Parent's Signature _____ Date: _____

YMCA Day camp is a state-licensed child care facility and as such, parents need to be informed that participants are subject to interviews by Child Care Licensing Personnel, DCFS Special Investigators, and Law Enforcement Personnel for investigative purposes, as well as for determining compliance with Licensing Requirements. DHS compliance forms for the center are available for review upon request.

Parent's Signature _____ Date: _____