



### PROGRAM FOR SCHOOL AGED CHILDREN

2021 Enrollment Forms (Please Print)

Attach Child's Photo Here

#### A. Participant Information

Child First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade in Aug. 2020: \_\_\_\_\_

**Gender:**  Male  Female **Child Lives With:**  Mother  Father  Other

**Child's T-Shirt Size:**  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L

**Parent/Guardian #1**  Authorized to Pick-up? If you do not check this box they will not be able to pick up.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Name & Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent/Guardian #2**  Authorized to Pick-up? If you do not check this box they will not be able to pick up.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Name & Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

#### B. Others Authorized to Pick Child Up or Be Notified as Needed

The YMCA can only release your child to those listed on this form, they must provide a photo ID at the time of pick up. Contact the Y-Director to make changes to this information.

**#1** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**#2** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### C. Sessions & Programs

Please select and check which weeks your child will attend:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> June 1 - June 4th   no camp Mon. May 31st | <input type="checkbox"/> July 5 - July 9   | <input type="checkbox"/> Aug 2 - Aug 6   |
| <input type="checkbox"/> June 7- June 11                           | <input type="checkbox"/> July 12 - July 16 | <input type="checkbox"/> Aug 9 - Aug 13  |
| <input type="checkbox"/> June 14 - June 18                         | <input type="checkbox"/> July 19 - July 23 | <input type="checkbox"/> Aug 16 - Aug 20 |
| <input type="checkbox"/> June 21 - June 25                         | <input type="checkbox"/> July 26 - July 30 |  |
| <input type="checkbox"/> June 28 - July 2                          |  |  |

\*\*Payment must be received by the Friday prior to the start of the week you are registering for to guarantee your spot. Failure to notify us to cancel before the Wednesday before your scheduled week of camp will result in your account being charged a \$15.00 no show fee.

## D. Participant Health History and Information

Child's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # \_\_\_\_\_ \*Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\*This information makes admittance to the medical facility faster and easier.

### Check any conditions that your child has experienced if none then leave this section blank:

Please note that with some conditions additional paperwork will be required.

- Asthma     Autism     Diabetes     Epilepsy/Seizures     ADD/ADHD     Cerebral Palsy/Other Motor Disorder
- Cognitive or Learning Disabilities     Status of Vision, Hearing, Speech to Note \_\_\_\_\_

**Non-Food Allergies (list)** \_\_\_\_\_

**Food/Milk Allergies (list)** \_\_\_\_\_

\*If your child has food allergies or dietary restrictions, attach a statement from a medical professional (REQUIRED).

- My child carries an epi-pen, inhaler or other medication. (additional medication form is required)

**Other conditions to note:** \_\_\_\_\_

Please provide symptoms and/or special instructions for any condition marked above. (Additional form may be required and notes may be attached): \_\_\_\_\_

Is your child currently under a doctor's care?  Yes  No If so, please explain: \_\_\_\_\_

Any recent hospitalization and/or surgeries?  Yes  No If so, please describe: \_\_\_\_\_

Is your child currently taking any medications?  Yes  No If yes, what kind and why (unless confidential by law)? \_\_\_\_\_

\*If any medication (prescription or over the counter) is required during Y program time, a medication form MUST be completed. Please see our Medication Policy in the Parent Handbook for more information which can be found here: [harrisonfamilyy.org](http://harrisonfamilyy.org) or picked up at the Y.

### Check any of the following that relate to your child:

- Fears we should be aware of: \_\_\_\_\_
- An event in your child's life that may have been particularly upsetting: \_\_\_\_\_
- Social or emotional characteristics you would like to note: \_\_\_\_\_

Other conditions requiring special care or additional information you feel would be helpful. (additional pages or notes may be attached): \_\_\_\_\_

## E. Authorization/Consent

### Authorization for Medical Attention:

In case of accident or injury, I understand that my child will be taken to the nearest medical facility. If I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the YMCA staff or any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date



# Summer Camp 2021

## Application for Electronic Fund Transfer

### What is the YMCA electronic transfer plan?

The program provides a way to budget your fees on a weekly basis. With your authorization, fees are deducted weekly from an account of your choosing.

### What are the benefits of such a program?

*Convenience:* You save time and mailing costs. With our automatic electronic transfer, there are no checks to write, no stopping at the customer service desk every week.

*No additional fees:* There are no extra charges for using the YMCA's electronic fund transfer payment plan.

### Who can participate?

Any adult, 18 years of age and older, who has an account (checking or credit) at a participating financial institution.

### How do I sign up?

By completing this authorization card and returning it along with a voided check (if applicable). The check must be preprinted with a customer's name on it. We will then complete our verification process.

### Authorization agreement

I hereby authorize the YMCA to initiate electronic fund entries to my:  checking account  credit card indicated below, and I authorize the financial institution named below to debit my account.

Financial institution \_\_\_\_\_

City, state \_\_\_\_\_

Routing/transit number \_\_\_\_\_

Account number \_\_\_\_\_

Type of credit card \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiration \_\_\_\_\_

Name on card \_\_\_\_\_

*This authorization remains in effect until the YMCA has received a five business day written notification from me indicating my desire to discontinue.*

Parent's Signature \_\_\_\_\_

### Terms and Conditions

1. I understand that this is a continuous plan based registration and associated fees that will be drafted on the scheduled dates as initialed and approved below.  
Parent's initials: \_\_\_\_\_
2. I understand that if I wish to terminate attendance, I must give the YMCA a 5-day written notice and complete a cancellation form. I understand that my account may be drafted during this 5-day period.  
Parent's initials: \_\_\_\_\_
3. Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.  
Parent's initials: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Week	Dates of	No. of Children	Draft Amount: Member	Draft Amount: Non-member	Draft Date	Parent Initial
1	June 1 - June 4		\$150	\$150	05/28/2021	
2	June 7 - June 11		\$150	\$150	06/04/2021	
3	June 14 - June 18		\$150	\$150	06/11/2021	
4	June 21 - June 25		\$150	\$150	06/18/2021	
5	June 28 - July 2		\$150	\$150	06/25/2021	
6	July 5 - July 9		\$150	\$150	07/02/2021	
7	July 12 - July 16		\$150	\$150	07/09/2021	
8	July 19 - July 23		\$150	\$150	07/16/2021	
9	July 26 - July 30		\$150	\$150	07/23/2021	
10	Aug 2 - Aug 6		\$150	\$150	07/30/2021	
11	Aug 9 - Aug 13		\$150	\$150	08/06/2021	
12	Aug 16 - Aug 20		\$150	\$150	08/13/2021	