



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Due to COVID-19 we are now allowing registrations to be sent in via email. Attached you will find our registration packet, this packet will need to be completed in full and emailed to

iaverette@rmymca.org

Following your submission you will receive an email reply giving you instructions to sign several releases and waivers. As well as a reminder that **immunization records and a color photo must be submitted back to that email or sent in to the YMCA to be considered a complete registration.**

Once, registration is complete you will receive a call in order to pay your deposit to secure your spot in Camp or on the waiting list.

Thank you for your patience and flexibility.

Rocky Mount Family YMCA, Inc. d/b/a Harrison Family YMCA
1000 Independence Drive, Rocky Mount, NC 27804 (physical address)
PO Box 4063, Rocky Mount, NC 27803 (mailing address)
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FOR YOUTH DEVELOPMENT[®]
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Summer Day Camp Program

Harrison Family YMCA

PROGRAM FOR SCHOOL AGED CHILDREN

2020 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"/> May 26 - May 29 no camp Mon. May 25 th | <input type="checkbox"/> June 29 - July 3 | <input type="checkbox"/> July 27 - July 31 |
| <input type="checkbox"/> June 1 - June 5 | <input type="checkbox"/> July 6 - July 10 | <input type="checkbox"/> Aug 3 - Aug 7 |
| <input type="checkbox"/> June 8 - June 12 | <input type="checkbox"/> July 13 - July 17 | <input type="checkbox"/> Aug 10 - Aug 14 |
| <input type="checkbox"/> June 15 - June 19 | <input type="checkbox"/> July 20 - July 24 | <input type="checkbox"/> Aug 17 - Aug 21 |
| <input type="checkbox"/> June 22 - June 26 | | |

**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 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 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 2020

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	May 26 - May 29		\$135	\$150	05/29/2020	
2	June 1 - June 5		\$135	\$150	06/5/2020	
3	June 8 - June 12		\$135	\$150	06/12/2020	
4	June 15 - June 19		\$135	\$150	06/19/2020	
5	June 22 - June 26		\$135	\$150	06/26/2020	
6	June 29 - July 3		\$135	\$150	07/3/2020	
7	July 6 - July 10		\$135	\$150	07/10/2020	
8	July 13 - July 17		\$135	\$150	07/17/2020	
9	July 20 - July 24		\$135	\$150	07/24/2020	
10	July 27 - July 31		\$135	\$150	07/31/2020	
11	Aug 3 - Aug 7		\$135	\$150	08/7/2020	
12	Aug 10 - Aug 14		\$135	\$150	08/14/2020	
13	Aug 17 - Aug 21		\$135	\$150	08/21/2020	