



FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 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

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

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 <sup>th</sup> | <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:

- 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 is required and notes may be attached): \_\_\_\_\_

Is your child currently under a doctor's care? \_\_\_\_ If so, please explain: \_\_\_\_\_

Any recent hospitalization and/or surgeries? \_\_\_\_ 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

**Please initial each of the following:**

\_\_\_\_\_ I have provided a current photo and copy of my child's immunization along with this form (required to register)

\_\_\_\_\_ I authorize Y staff members to apply sunscreen to my child as needed. Parent must supply sunscreen.

**The Harrison Family YMCA has my permission to: (initial each line)**

\_\_\_\_\_ Involve my child in swimming

\_\_\_\_\_ Allow my child to climb the rock wall

\_\_\_\_\_ Involve my child in photographs or video taken for Y publicity purposes

\_\_\_\_\_ Field Trips: Transport my child off premises, provided that the Y has ensured driver eligibility, insurance, and competency. (Not initialing this line will prevent your child from attending camp on field trip days.)

**E. Agreements**

**Statement of Understanding:**

- Registration will not be accepted without all required documents: immunization records, child photo, and release documents.
- I will notify the staff of any changes in the registration information.
- I consent to my child's participation in the Y program and assume the risks involved. I attest and verify that I have knowledge of the risks involved in program activities and I give my child authorization to participate in such activities.
- I have reviewed the Code of Conduct and Behavior Management/Discipline Policy with my child(ren).
- I understand that it is my responsibility that my child is signed in upon arrival to the program, and signed out before leaving each day.
- I understand that I cannot leave my child at the Y or program site unless a Y program staff member is there to receive and supervise my child. There must be an exchange of responsibility from an authorized individual to a Y staff member.
- I understand that state law mandates the Y to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I am responsible for all of the information in the Parent Handbook. A copy of the Parent Handbook is available online at website here: [harrisonfamily.org](http://harrisonfamily.org) or I can request a printed copy from the Y.

**I have read and understand the statements above regarding YMCA policies and procedures.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name

Sign Name

Date

**G. Accounting Policies and Payments**

- Acceptable payment form is: Electronic Funds Transfer (EFT), cash, or check.
- To secure your child's spot, a **\$10 per week non-refundable deposit** is due at the time of registration.
- Payments for the week are due by Friday, preceding the start of each week.
- Drafts will be made by the close of business on Thursday for the following week of care. Drafts will be made each week, unless a two week written notification has been provided for vacation week or for cancellation of registration.
- No adjustments in the weekly fee will be made for partially attended weeks, when care is not provided due to holidays that the Y is closed or inclement weather days.
- If payment is not made, future registrations will be cancelled until payment is received.
- Refunds are typically not given. A Refund Request Form may be obtained from, and returned to, the Member Service Desk.
- If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$10.00 will be collected electronically. If an NSF payment is unable to be collected electronically, year-round pricing will no longer apply. Any change to your bank draft information must be received at least seven days prior to the date the change is to take effect. A \$10 late fee will be assessed on payments not made by the deadline.
- A late pick up fee of \$1.00 per minute will be assessed for each minute after 6 p.m. that your child remains in our care. This fee will be drafted from the account on file. If there is no account on file, this charge must be paid at the Y Member Service Desk, and your child will not be allowed to attend until the amount due is satisfied.

**We have read the Accounting Policies and agree to comply with all payments and policies.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name

Sign Name

Date