



Summer Day Camp Registration 2017
YMCA of Greenville and Hunt County

Camp Site: YMCA Greenville Sulphur Springs SSE	T Shirt Size: Youth S M L XL Adult S M L XL	Days of Care: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
OFFICE USE ONLY: <input type="checkbox"/> wk 1 <input type="checkbox"/> wk 2 <input type="checkbox"/> wk 3		Swimmers Level: All day Care:
<input type="checkbox"/> wk 4 <input type="checkbox"/> wk 5 <input type="checkbox"/> wk 6 <input type="checkbox"/> wk 7 <input type="checkbox"/> wk 8 <input type="checkbox"/> wk 9 <input type="checkbox"/> wk 10 <input type="checkbox"/> wk 11 <input type="checkbox"/> wk 12 <input type="checkbox"/> wk 13		<input type="checkbox"/> Beginner Yes NO
Does your family or child have a YMCA Membership? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Intermediate Half Day Care:
		<input type="checkbox"/> Advanced Yes No

Child's Name:	Date of Birth: Gender: Age:	Grade in Fall 2017:
	____/____/____ F or M	
Child's Address:	City/State/Zip:	Ethnicity:
How did you hear about the YMCA? <input type="checkbox"/> Afterschool Site <input type="checkbox"/> YMCA Flyer/Postcard		<input type="checkbox"/> Caucasian <input type="checkbox"/> African American
<input type="checkbox"/> YMCA Website <input type="checkbox"/> YMCA Email <input type="checkbox"/> Internet (Facebook, Twitter, etc) <input type="checkbox"/> Other:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander
		<input type="checkbox"/> Other: _____

Primary Parent/Guardian Contact Information **MOTHER** **FATHER** **OTHER:**

Primary Parent/Guardian Name:	Date of Birth: ____/____/____	Cell#:
	Gender: Male or Female	Home#:
		Work#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication:
		<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	May the Y release to non custodial Parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity:
		<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic
		<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____
Email Address:	Driver's License#:	

Secondary Parent/Guardian Contact Information **MOTHER** **FATHER** **OTHER:**

Secondary Parent/Guardian Name:	Date of Birth: ____/____/____	Cell#:
	Gender: Male or Female	Home#:
		Work#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication:
		<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic	
	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
Email Address:	Driver's License#:	

Emergency Contact/Authorized Pick Up (other than parents):

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	Driver's License #:

Additional Authorized Pick Up (other than parents):

Name:	Address:	Phone#:	Driver's License#:
Name:	Address:	Phone#:	Driver's License#:
Name:	Address:	Phone#:	Driver's License#:



HEALTH HISTORY

<p><u>SEVERE/LIFE-THREATENING ALLERGIES</u> - Please list any food, environmental or other allergies which are severe, life-threatening or require emergency medication: _____</p> <p>_____</p> <p><u>SPECIAL CONSIDERATIONS/NEEDS</u> - Please list any SPECIAL CONSIDERATIONS relevant to your child, such as existing illnesses, previous serious illnesses, injuries or hospitalizations within the past 12 months, activity restrictions, developmental age, chronic health concerns, any medication prescribed for long-term continuous use and any other information which caregiver's should be aware of: _____</p> <p>_____</p> <p><u>REQUIRED MEDICATIONS*</u> - Please list any prescription medications which require administration during program hours or during emergency situations: _____</p> <p>_____</p> <p><u>PLEASE NOTE OUR MEDICATION POLICIES:</u></p> <ul style="list-style-type: none"> · Non-Prescription medications <u>REQUIRE WRITTEN NOTE AND INSTRUCTIONS</u> by a physician · We require a <u>MEDICATION FORM</u> signed by parent(s) for any medication. Medication must be <u>CURRENT</u>. We will not accept or administer expired medications. 	<p><u>*PLEASE NOTE OUR MEDICATION POLICIES (continued):</u></p> <ul style="list-style-type: none"> · We require medication to be in its <u>ORIGINAL CONTAINER</u>. · We allow the self-carry of Emergency Medications <u>ONLY</u> for children diagnosed with asthma or anaphylaxis. Self-carry is only permitted with the <u>PRESCRIBING PHYSICIAN'S WRITTEN PERMISSION</u>. <p><u>AUTHORIZATION FOR MEDICAL TREATMENT</u></p> <p>In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid/or transport to the nearest hospital or emergency care facility.</p> <p>Name of Licensed Physician or Emergency Care Facility: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p>I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA Day Camp Program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.</p> <p>Parent Signature: _____ Date: _____</p>
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ADMISSION AGREEMENT

INITIAL	<u>Transportation:</u> I give permission for my child to be transported in an authorized YMCA Vehicle for YMCA events, field trips or to the YMCA Day Camp Program location. Parent/Guardian will be informed of all planned field trips.
INITIAL	<u>Water Activities:</u> I give permission for my child to participate in water activities during program hours at predetermined time.
INITIAL	<u>Movies:</u> I give permission for my child to view a Director approved G and PG movie, during the program activities. <u>Computers:</u> I give permission for my child to use a computer with staff supervision on websites the YMCA authorize.
INITIAL	<u>Policies and Procedures:</u> I have received and have read a copy of the YMCA Day Camp Parent Handbook and understand all policies and procedures therein as a parent and for my child.
INITIAL	<u>Immunization Hearing & Vision Screening:</u> I certify that my child's current immunization records and TB test (if applicable) are up to date. I certify that my school age camper's Hearing & Vision screening results are also up to date. I will provide it to YMCA program if needed. I am also aware that YMCA staff is not required to have immunizations to work.
INITIAL	<u>Hours of Care:</u> I understand that I will be charged an additional \$1.00 every minute I am late after close of site. I further understand the YMCA reserves the right to cancel a registration with excessive tardiness of pick-up. In the event of excessive tardiness authorities may be notified. (YMCA Handbook)
INITIAL	<u>Custody:</u> YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document. NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD WITHOUT AN AUTHORIZE ON FILE.
INITIAL	<u>Photo Release:</u> The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.
INITIAL	<u>Behavior Policy:</u> I have read and understand the YMCA Day Camp Behavior Policy for parent and child. (Y Handbook)
INITIAL	<u>Hazardous Activities:</u> I give permission for my child to participate in supervised camp planned activities such as outdoor activities, swimming, field trip activities, challenge courses, etc. (at YMCA and outside locations programs).

I have read the **Admissions Agreement** and fully agree to its terms. I have also read and accept the **policies and procedures** listed in the parent handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Greenville and Hunt County from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

Primary Parent/Guardian Signature: _____ Date: _____



PAYMENT AGREEMENT

Camp Site(circle): YMCA Greenville Sulphur Springs		Participant Name:
INITIAL	I understand all the policies and procedures regarding payment and schedules weeks in which my child will be participating. I understand my child will have 2 weeks of free vacation for no cost. If my child needs more than 2 weeks I will have to pay a \$25 fee to hold my child's spot.	
INITIAL	I understand the registration deadline in person is the Wednesday 5/24/2017 prior to the week of camp at my local YMCA Branch. I also understand if I wait until this deadline, space is not guaranteed. After that it will depend on availability.	
INITIAL	I understand I must pay by draft and my account will be drafted on the Friday prior to the week my child will attend camp. If my payment is returned due to insufficient funds, I am responsible for all fees incurred and may owe a return fee of \$25.00 per returned charge to the YMCA. I understand that if I exit the program that my last draft will include all past due and remaining balances.	
INITIAL	I have reviewed the YMCA 2017 Draft Schedule and understand that I will be charged according to the weeks I have selected for my child to attend Camp, regardless of absences or lapses in attendance.	
INITIAL	I understand if my draft returns, I have until Monday at 4pm to take care of my past due balance. If my account is not taken care of by then, my child's space at camp will be forfeited until balance is paid off and \$15 more will be added.	
INITIAL	I agree to give a two week written notice to the YMCA if I plan to exit the program or transfer to another week. I will complete a change form at this time. If I fail to give a two week written notice, or contact the Child Care Director to discuss emergency withdrawals, I am responsible for any fees up to the time of notification to withdraw.	
INITIAL	I understand I will be a charged a \$30.00 cancellation fee plus the week fee if I do not give a two week written notice to the YMCA if I plan to exit the program or transfer to another week. I will complete a change form at this time.	
INITIAL	I understand if I cancel the YMCA Summer Day Camp Program and my account has a past due balance, the balance will be drafted at the time of cancellation and the YMCA will continue to draft outstanding balances until the past due amount is paid in full.	
INITIAL	I understand Registration fees are non-refundable or transferable. The registration fee is due at registration. IF I choose not to pay registration fee I will not have a spot safe for my child.	
INITIAL	I understand the weekly fee is based on enrollment not attendance and the YMCA will not pro-rate regardless of absences or lapses in attendance.	

WEEKLY DRAFT ACCOUNT INFORMATION

CREDIT CARD/DEBIT CARD/PRE-PAID CARD DRAFT [NO CASH, CHECKS, MONEY ORDERS]	
Circle:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Circle:	<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> PRE-PAID CARD
Circle:	<input type="checkbox"/> CCMS Card? YES NO
Card Number:	Exp. Date: ____ / ____ / ____
	3 OR 4 digit Security Code: ____

Name on Card/Account: _____

Billing Address: _____

I have read and understand the YMCA Payment Agreement; I accept my payment plan and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program and that my YMCA of Greenville and Hunt County program privileges will also be suspended until my account is in good standing.

Primary Parent/Guardian Signature: _____ Date: _____



2017 WEEKLY DRAFT SCHEDULE

Camp Site (circle): YMCA Greenville Sulphur Springs SSE Participant Name: _____

Camp Weeks	(X) Indicates what week you are registering your child	Name of specialty camp attending: ONLY at YMCA in Greenville	Draft Date:	Cancellation Fee (date charged without a 2 weeks notice):
Week 1 May 29 – June 2 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, May 26, 2017	Friday, May 12, 2016
Week 2 June 5 – June 9 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, June 2, 2017	Friday, May 19, 2016
Week 3 June 12 – June 16 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday June 9, 2017	Friday, May 26, 2016
Week 4 June 19 – June 23 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, June 16, 2017	Friday, June 2, 2016
Week 5 June 26 – June 30 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, June 23, 2017	Friday, June 9, 2016
Week 6 July 3– July 7 2017 *Closed Tuesday July 4th	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, June 30, 2017	Friday, June 16, 2016
Week 7 July 10 – July 14 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, July 7, 2017	Friday, June 23, 2016
Week 8 July 17 – July 21 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, July 14, 2017	Friday, June 30, 2016
Week 9 July 24– July 28 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, July 21, 2017	Friday, July 7, 2016
Week 10 July 31-Aug. 4 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, July 28, 2017	Friday, July 14, 2016
Week 11 Aug. 7– Aug11 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, August 4, 2017	Friday, July 21, 2016
Week 12 Aug. 14– Aug. 18 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, August 11, 2017	Friday, July 28, 2016
Week 13 Aug. 21– Aug. 25 2017	<input type="checkbox"/>	Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Friday, August 18, 2017	Friday, August 4, 2016

I understand my child will be registered for the weeks I have selected above and my account will be set to draft as indicated by the due date. I further understand that it is my responsibility to submit a change form two weeks prior to the draft date, per the YMCA Payment Agreement, in order for me to receive a full refund for the week of camp my child will not attend. I further understand if I do not give a two weeks' notice I will be charged a \$30 cancellation fee plus the week charge. I understand my child will have 2 weeks of free vacation for no cost. If my child needs more than 2 weeks I will have to pay a \$25 fee to hold my child's spot.

Primary Parent/Guardian Signature: _____ Date: _____

Return completed forms:

To our YMCA front desk or Email or Fax:

Email: laurar@greenvilleymca.org_or Fax: 903-455-5473