

## 2018 YMCA Summer Day Camp Registration Form

Dear Parents,

We are excited that you are registering your child for the 2018 YMCA Summer Day Camp! This year the YMCA Summer Camp will only be held at our Collinsville location. We are asking everyone to please plan to register early in order to obtain a limited spot. Once the Collinsville YMCA Camp is full we will have a waiting list for campers. We hope this letter will answer many of your questions about the enrollment process.

The 2018 YMCA Summer Day Camp registration will be the same process as in the past, there will be open enrollment sessions on Wednesdays only. In efforts to be more mindful of everyone's time, this summer you can choose from one of the following options:

- Schedule an appointment at your convenience beginning **Monday, March 26th, 2018**; appointments will take place at the Collinsville Y only!
- Attend an Open Enrollment Session any Wednesday from 4-6:00 p.m.; beginning **Wednesday, March 28th, 2018- Wednesday May 23rd, 2018** open enrollment sessions will take place at the Collinsville Y ONLY!
- Please note that all previous childcare bills must be current or paid in full upon registering
- At the time of enrollment you will receive a folder full of very important information; please be certain to read and review everything included in it, as it contains valuable information

A drop-in Question & Answer Session will be held on **Friday, May 25th, 2018** between the hours of 9-5:00 at the Collinsville Y:

- Drop-off the required camp supplies such as sunscreen
- Pay any necessary fees
- Make any necessary date changes (last chance to do so)
- Ask any question that you may have regarding camp
- Registration will NOT be available on this date

We believe that this process will be a much simpler process for everyone! The enrollment process is detailed for you below. Please feel free to contact the Child Care Office at 276-647-3089 or email savanna@martinsvilleymca.com should you have any questions.

The weekly fee for Y Summer Day Camp is \$90.00 per week. We do offer a multiple child discount (please see chart on reverse side)! This fee includes a morning snack, lunch (during the SFSP dates), afternoon snack, and daily swimming! **Parents MUST pay a non-refundable \$40.00 registration fee as well as a non-refundable \$5.00 deposit for each week that they register for (see chart on reverse side) at the time of registration;** the \$5.00 per week deposit will be automatically deducted from your fee each week. **Parents are responsible for paying for all weeks that they commit to.** The deadline to change any weekly commitments is Friday, May 25th, 2018; week changes WILL NOT be allowed after this date and will be charged the full rate.

### To Enroll Your Child for the 2018 YMCA Summer Day Camp:

- Complete the Registration Form; every line must be filled in or marked "N/A" for Not Applicable
- Schedule an appointment to register at the Collinsville Y by calling 276-647-3089 between the hours of 9:00am & 1:00 p.m.
- Attend an Open Enrollment Session at the Collinsville Y on a Wednesday (dates/times are listed above)
- Pay the \$40.00 per child Registration/Supply Fee
- Pay the \$5.00 per week deposit, this includes any Financial Assistance or Social Service Students
- At the time of registration you must provide the following documents:
  - Current immunization record, signed by a physician or Health Department official
  - A copy of the most recent physical exam
  - A copy of your child's Legal Birth Certificate
  - **We will not be able to enroll your child without all three of these documents;** this is a Virginia State Licensed Child Care Standard
- Carefully read the payment contract, payment policy and parent handbook so that you are aware of all policies, procedures and of your obligations
- Make plans to stop by on **Friday, May 25th** between the hours of 9:00 & 5:00 to drop-off the required supplies, make any date changes and to have any questions answered that you might have.

We look forward to working with you and your child!

**Payment Due at Registration  
(Registration Fee + \$5.00 Weekly Deposit)**

The \$5.00 deposit will be deducted from your regular weekly fee; \$85.00 weekly will be charged to your account after the deposit is paid

<b>Weeks Enrolled</b>	<b>1 Child</b>	<b>2 Children</b>	<b>3 Children</b>	<b>4 Children</b>
1	\$45	\$90	\$135	\$180
2	\$50	\$100	\$150	\$200
3	\$55	\$110	\$165	\$220
4	\$60	\$120	\$180	\$240
5	\$65	\$130	\$195	\$260
6	\$70	\$140	\$210	\$280
7	\$75	\$150	\$225	\$300
8	\$80	\$160	\$240	\$320
9	\$85	\$170	\$255	\$340
10	\$90	\$180	\$270	\$360

Multiple Child Discount Chart

<b>Number of children</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Weekly fee per child *please note that your \$5.00 deposit will be deducted from your weekly payment*	\$90	\$90 1 <sup>st</sup> child \$80 2 <sup>nd</sup> child	\$90 1 <sup>st</sup> child \$80 2 <sup>nd</sup> \$80 3 <sup>rd</sup>	\$90 1 <sup>st</sup> child \$80 2 <sup>nd</sup> \$80 3 <sup>rd</sup> \$80 4 <sup>th</sup>
Total weekly fee due	\$90	\$170	\$250	\$330

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**COMPLETE THIS ENTIRE FORM**  
**Every Line MUST be filled or marked "N/A" for Not Applicable**  
**Check Site Attending:**  Collinsville YMCA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_ Middle Int. \_\_\_\_\_

Address (911 Physical Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Please check if you have no address or are homeless (Please note if you are homeless and do not have documentation of immunizations the center must receive documents within 90days)

E-mail address: \_\_\_\_\_ Child's Shirt Size \_\_\_\_\_

Male  Female \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School Attending and Grade as of September 2017 \_\_\_\_\_  
 Last School Attended: \_\_\_\_\_ Previous Child Care Provider: \_\_\_\_\_

NAME OF LEGAL GUARDIANS	ADDRESS (must provide a 911 address: street, city, state, & zip)	HOME & CELL #	WORK #	EMPLOYER
Name: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other				
Name: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other				

**Please provide 2 Emergency Contacts for when legal custodians may NOT be reached**  
**Requires 2 Emergency Contacts that ARE NOT legal custodians**

EMERGENCY CONTACT PERSON	ADDRESS (must provide a 911 address: street, city, state, & zip)	HOME & CELL #	WORK #	RELATIONSHIP
Name:				
Name:				

At time of registration, you must list all persons authorized to pick up your child. It is imperative that all persons who are authorized to pick up your child (including parents) be listed here. **Only persons 18 years or older can pick-up children.** A valid ID will be required when picking up children.

Authorized to Pick Up:	Relationship to Child:	Authorized to Pick Up:	Relationship to Child:
1)		4)	
2)		5)	
3)		6)	

Please list anyone NOT authorized to pick up your child  
**(biological parents CAN NOT be listed unless the appropriate legal/custody papers are provided):**

NOT Authorized to Pick Up: Child:	Relationship to Child:	NOT Authorized to Pick Up: Child:	Relationship to Child:
1)		4)	
2)		5)	
3)		6)	

Date Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

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\_\_\_\_\_  
Last Name of Child

\_\_\_\_\_  
First Name of Child

**MEDICAL INFORMATION**  
**Every line must be complete or marked "N/A"**

Child's Physicians (**list the specific doctor that your child sees**): \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Does child have medical/hospital insurance?  yes  no

Insurance Carrier and Policy or Group # \_\_\_\_\_

Does your child have asthma?  yes  no

Will you be providing an inhaler for emergency use at the YMCA?  yes  no

Please indicate if your child is allergic to any of the following:

insect toxins  foods  other  No Known Allergies

**Please list the particular allergy and explain the severity of the allergy:** \_\_\_\_\_

\_\_\_\_\_

Will you be providing an EpiPen Auto Injector for emergency use at the YMCA?

yes  no

Please indicate any other pertinent information about your child's medical history, chronic physical problems, pertinent developmental information and/or special needs: \_\_\_\_\_

\_\_\_\_\_

**\*\*The YMCA will ONLY administer emergency prescription medications (insulin, inhalers, epipens, etc.).**

**If it is necessary for the YMCA to administer emergency medication an Authorization to Give Medication Form must be completed by both the parent and the child's physician before this medication can be administered. A Medical Action Plan may also be required before your child can begin any program; please know that this is for the safety of your child.**

**SKIN ONITMENTS (sunscreen only, the YMCA will NOT apply diaper ointment or insect repellent unless deemed medically necessary by a doctor)**

I give the YMCA Staff permission to apply sunscreen to my child.

(Sunscreen must be provided by parent)

yes  no

Please list the type of sunscreen that you will provide for your child (ex. BananaBoat, Waterbabies): \_\_\_\_\_

\_\_\_\_\_

Please indicate if your child has ever had any adverse reactions to skin ointments: \_\_\_\_\_

\_\_\_\_\_

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Last Name of Child \_\_\_\_\_ First Name of Child \_\_\_\_\_

**SWIMMING SKILLS**

Can your child swim? yes no  
Can your child swim in water above his/her head without a floatation device? yes no  
Please mark one of the following boxes:  
 I give permission for my child to swim  
 I **DO NOT** want my child to swim

**MEDIA COVERAGE**

Occasionally pictures of the children attending YMCA Child Care Programs may appear in media publications (newspaper articles, television news stories, social media outlets, websites, etc.) highlighting special events that have taken place in our programs. Please indicate below if you grant permission for the YMCA to use any photographs, motion pictures or other recording of programs for legitimate purposes.  
Please mark on of the following boxes:  
 I give permission for my child’s picture to appear in the media  
 I **DO NOT** wish for my child’s picture to appear in the media

Approval and Release of Liability

I am the parent/guardian of the above named child and give my permission for the child to participate in the YMCA summer camp program and it’s activities which may include (but are not limited to) outdoor play, sports skills, swimming, and weekly field trips. I give my permission for the child to ride the YMCA bus to and from field trips.

I hereby release the Family YMCA of Martinsville & Henry Co., and all establishments where field trips are conducted, including but not limited to the Family YMCA of Martinsville & Henry Co., from any responsibility or liability for injury to the above named child, while participating in a YMCA program. In authorizing this, I acknowledge that I am aware of the risks and that I have adequate insurance to protect my child in the event of an injury. I understand that this authorization to allow my child to participate in YMCA programs, is a waiver of all claims that I, my child, or other family members, or my insurance carrier would have against the Family YMCA of Martinsville & Henry Co., its board, employees, program leaders, or volunteers. The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian must arrange to have the child picked up as soon as possible. Parent/guardian must also inform the YMCA within 24 hours if any member of the immediate household develops any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which MUST be reported immediately.

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment for my child, and in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN MUST READ, INITIAL, AND COMPLY WITH EACH OF THE FOLLOWING:**

- \_\_\_\_\_ I understand that I am fully responsible for reading the Parent Handbook, Payment Contract and Payment Policy.
- \_\_\_\_\_ I am aware of my financial obligations to the YMCA according to the Payment Contract.
- \_\_\_\_\_ I understand that my child can be terminated from camp without warning for any type of behavior deemed detrimental (see parent handbook for Discipline Policy) and/or parents failure to make weekly payments.
- \_\_\_\_\_ I understand that I have to pay the non-refundable \$40.00 registration fee and non-refundable \$5.00 per week enrolled deposit before my child is considered registered for this program.
- \_\_\_\_\_ I understand that I will be obligated to pay the full amount for the weeks I have signed up for after parent drop off.

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**Weekly Registration**

Please check the weeks that your child will be attending Summer Day Camp. Please note that you are responsible for paying for each week that you sign-up for. You are committing to the entire week, daily rates are not available!!

<b>Week</b>	<b>Attending</b>	<b>Week</b>	<b>Attending</b>
#1 May 28-June 1 Closed Monday, May 28, 2018	<input type="checkbox"/>	#6 July 2-6 Closed Wednesday, July 4, 2018	<input type="checkbox"/>
#2 June 4-8	<input type="checkbox"/>	#7 July 9-13	<input type="checkbox"/>
#3 June 11-15	<input type="checkbox"/>	#8 July 16-20	<input type="checkbox"/>
#4 June 18-22	<input type="checkbox"/>	#9 July 23-27	<input type="checkbox"/>
#5 June 25-29	<input type="checkbox"/>	#10 July 30- August 3	<input type="checkbox"/>

**Office Use ONLY**  
**Identity Verification**

If proof of identity is required and a copy is not kept, please fill out the following:

Place of Birth & Birth Date:	Birth Certificate Number:	Date Issued:
Other Form of Proof:	Date Documentation Viewed:	Person Viewing Documentation:

Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, copy of the placement agreement or other proof of the child's identity for a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfer responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation or viewing this information must be maintained for each child.

Date of notification of Local Law-Enforcement Agency \_\_\_\_\_  
(when required proof of identity is not provided):