



Summer Camp Registration Form 2017

Child's Name _____

Date of Birth _____ Age _____ Grade in fall 2017 _____

School/ daycare attending _____ # Years attended Camp _____

T-shirt Size: [] YS [] YM [] YL [] AS [] AM [] AL [] AXL

Gender: [] Male [] Female Child under custody of [] Mother [] Father [] both parents

My child is a member Yes or No

Membership is under [] Mother [] Father [] Self (8 yrs. and older)

Address: _____ City _____ Zip _____

Parent Email address _____

Alternate Email address _____

Parent Name	Parent Name
Last Name	Last Name
Address	Address
City, Zip	City, Zip
Phone	Phone
Occupation	Occupation
Work Phone	Work Phone

*****for office use only*****

Date _____ Amount _____ Check # _____ Cash _____ C.C _____ Staff __ #24

Emergency Contact 1 Name: _____

Relationship: _____ Daytime Phone: _____

Emergency Contact 2 Name: _____

Relationship: _____ Daytime Phone: _____

I have additional children attending camp their names and ages:

1) Name _____ age _____

2) Name _____ age _____

Camp weeks

Please check only the weeks your child will be in camp.

The payment for the week you are checking will be taken out the Wed. prior to the week of attending. No refunds or rolling over for payment on week not used.

We will be closed Memorial Day and 4th of July.

You have up to May 30th to make changes to your weeks.

Week	Date	Full- Time	Part- Time
Week 1 –	May 30 th –June 2 nd No camp on Monday		
Week 2 –	June 5 th - 9 th		
Week 3 –	June 12 th - 16 th		
Week 4	June 19 th - 23 rd		
Week 5	June 26 th - 30 th		
Week 6	July 3- 7 th No camp on 4 th		
Week 7	July 10 th - 14 th		
Week 8	July 17 th - 21 st		
Week 9	July 24 th - 28 th		
Week 10	July 31 st – Aug. 4 th		
Week 11 –	Aug. 7 th - 11 th		

HEALTH INFORMATION

Because we care about the health and safety of your child, we need the following information to do our job properly. As the parent or guardian, it is your responsibility to keep the Camp Director up-to- date with any medical changes that occur after this form is submitted. We also require a medical release signed by a doctor to administer prescription medication to your child while they are participating in our program.

NAME OF CHILD _____

Please check boxes applicable for any medical condition that requires special attention.

- Allergies _____
- Diabetes Epilepsy Heart Diet restrictions _____
- Special Medication _____
- Activity Restrictions _____
- Emotional Problems _____
- Social Problems _____
- Behavior Problems _____
- School IEP (please attach a copy) _____ ADD
- Seizures Tourette's OCD PDD ODD MR
- Autism
- Fears _____
- Down syndrome
- Weak bladder
- ADHD
- Anger Issue
- Asthma

Date of last tetanus shot _____

Immunizations current? Yes No Please attach the child's shot records with registration.

Additional explanations or details: _____

Family physician _____ Phone _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Printed Name: _____

Tell us about your child. (one sheet per child)

Child name _____

What are some of the thing that they are interested in?

What upsets them?

What are they afraid of?

What makes them laugh?

What is one thing you would like them to work on this summer?

What calms them down when they are overwhelmed or upset?

What rewards work well for them? (Not cash or video games please)

What are they most excited about doing during this summer camp?

Pick up from camp

Authorized to pick up my child	Relationship to Child

Not- Authorized to pick up my child

Not- Authorized to pick up my child	Relationship to Child

Summer Camp 2017 Payment Form

Camper's name (Last, First) _____, _____

There is a one-time Registration Fee of \$35 PER CHILD that must be submitted with registration plus first week of camp. This cost is dependent on when you sign up.

The registration fee and first week is non-refundable whether or not your child attends camp.

Amount and Method of Payment:

Applied for YMCA scholarship (Registration fee and First week full rate must be paid with registration). Will prorate it to scholarship amount once approved.

Payment Plan: Any other arrangements must be made in writing with the Youth and Family Program Director.

Paid for summer camp in full (this is not refundable even if your child does not attend all weeks you paid for.) Receive 10% discount if you are paying for 11 or more weeks.

Electronic weekly payments: Amount will be deducted from your account on the Wednesday before the week of attending. Please provide account information for electronic payment until the full balance has been paid: If payment is rejected then your child will be unable to attend camp till payment has been made.

I agree to the terms for electronic payments of YMCA summer camp balances owed.

As a participant in the Bank Account Draft Payment Plan, I authorize the YMCA of Hannibal and the financial institution named below to withdrawals from my bank account in payment of the balance owed for my child/children's participation in summer camp. I understand I will receive a letter outlining the agreed upon payment schedule.

Cancellation

requests must be submitted in writing to the Director of Youth and Family Programs 14 days prior to the next billing cycle.

There will be a \$25.00 fee added to my payment for returned ACH due to insufficient funds.

Parent Signature _____ Date _____

How did you hear about Summer Camp? Check all that apply.

Previously attended Facebook Flyer from school

Newspaper TV Radio YMCA Website Billboard Post cards

Other: _____

Referred to by _____

Follow the Y on Facebook and YMCA of Hannibal Summer Adventure Camp. Don't Forget to add www.ymcaofhannibal.org to your favorite list!

Parent Contact Form:

- ✓ I understand that I am not to leave my child at the YMCA unless a YMCA staff member is present.
- ✓ I understand that my child will not be allowed to leave the program with an unauthorized person or staff member.
- ✓ Should I or another authorized person appear under the influence of drugs/alcohol and seek to sign out your child; staff is empowered to contact local law enforcement authorities and place your child in their custody.
- ✓ I understand that the YMCA is mandated by the state law to report suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ✓ I understand that I will be charged a **"late fee"** if I fail to pick up my child by 6:00pm
- ✓ I understand that YMCA staff is not allowed to babysit or transport children outside of the program.
- ✓ I understand that **no refund** will be given under any circumstance.
- ✓ I have received a copy of the parent handbook, which contains Summer Adventure Camp rules regarding admission, care and discharge of children.
- ✓ When my child is ill, I understand and agree that he/she may not be accepted for camp or remain in camp care.
- ✓ I give my permission to the Summer Adventure Camp program to transport my child as necessary.
- ✓ I understand that I have given written permission for field trips/excursions that my child can participate in.

Parent Signature _____ Date : _____

AUTHORIZATIONS AND PERMISSIONS

I understand that repeat disruptive, abusive, rude or otherwise inappropriate behavior by my child will result in his/her dismissal.

The Youth and Family Program Director will determine when dismissal shall occur. I understand that the Y will do its best to refer my child to an alternative program if this occurs; however, advance notice of such dismissal from the Y program is not required.

Parent/Guardian Initials _____

My child has my permission to participate in Summer Camp daily activities, including, but not limited to, swimming and field trips. I understand that all YMCA Camp Staff are trained

and certified in First-Aid and child CPR.

My child may apply sunscreen and or insect repellent (which I will provide for my child). The Y does NOT provide sunscreen or insect repellent.

Parent/Guardian Initials _____

I hereby give my permission for the Hannibal YMCA to photograph or videotape my child while participating in the Summer Day Camp Program. These photos or video may be used for promotional media without any remuneration to either me or my child. **Parent/Guardian Initials _____**

The YMCA is not responsible for any personal injury sustained while children are at the Summer Adventure Camp. Parents are encouraged to enroll in insurance to cover the accident.

Parent/Guardian Initials _____

My child is in good health and is able to participate in group activities, with no special medical requirements. **Parent/Guardian Initials _____**

I understand if I'm qualified for a scholarship, I must maintain an active membership to utilize the scholarship rate. **Parent/Guardian Initials _____**

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Hannibal YMCA Summer Camp. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities except as noted. I understand that the YMCA is not able to provide professionally trained and certified staff to accommodate campers' special needs. I certify that my child does not require an aide to attend camp or that I will make arrangements to provide one.

Parent/Guardian Initials _____

I hereby give permission for my child to participate in Summer Camp activities and to travel by bus with the YMCA staff. I understand that only licensed and qualified personnel will operate any vehicle to and from Summer Camp activities and that there will be at least one Y staff member present at all times. **Parent/Guardian Initials _____**

I understand that I will be notified at once in the event of accident or illness to my child, and I will make arrangements for medical care of my child with the physician and /or hospital of my choice. If I cannot be reached to make necessary arrangements or in a critical emergency requiring care, I authorize YMCA to contact the following:

Doctor Name _____

Phone Name _____

Insurance Info _____

Hospital Choice _____

My signature below indicates that I have the legal authority to register the child named in this form and that to the best of my knowledge the information on this application is complete and accurate.

I further understand that this is an application and the named child's participation is contingent upon space being available.

All necessary forms must be signed and on file with the Y prior to my child attending camp.

Failure to comply with the above could result in the loss of a reserved space for my child or children.

Signature of Parent/Guardian: _____ **Date:** _____

Parent/Guardian Printed Name: _____

If you have any questions, **please contact Summer Page Youth and Family Director** at the YMCA of Hannibal, #1 YMCA Dr. Hannibal, Mo 63401, (573) 221-0586 Ex 305
or by email Summer.page@ymcaofhannibal.com