Bob Freesen YMCA Summer Day Camp 2019 Registration & Enrollment Forms

| Child's Name | Program (p | lease check ap | propriate line(s)) |
|--|-------------------------------|------------------|---------------------|
| Birth DateGender | | | Summer Camp |
| Lives with | | _ | Summer Camp |
| School Attending: | | | ds Summer Camp |
| T-shirt size (circle): YS YM YL AS AM AL AXL A | | _ | |
| • | | | |
| Parent, Guardian, or Other Person(s) Plac | _ | | |
| Name | | | |
| Home Address | | | |
| Home Phone | | | |
| Cell Phone | | | |
| Employer | Position | Working I | Hours |
| Work Address | City | State | Zip |
| Namo | Polation to Child | | |
| Name Home Address | Kelation to Cilia | Stato | 7in |
| | | | |
| Home Phone | | | |
| Cell Phone | Position | \A/ankina I | Jours |
| Employer | POSIUON | working i | 7in |
| Work Address | City | State | |
| Other Person(s) to Contact in Emergency | and Authorized to Pick III | the Child | |
| Name | | | |
| Home Address | | | |
| Home Phone | | | |
| Cell Phone | | | |
| | | | |
| Name | Relation to Child | | |
| Home Address | | | |
| Home Phone | | | |
| Cell Phone | | | |
| | | | |
| Other Person(s) NOT Authorized to Pick l | Jp the Child | | |
| Name | | | |
| Name | | | |
| Name | | | |
| Name of Child | | | |
| | | | |
| EI | MERGENCY MEDICAL CARE | 1 | |
| This authorizes YMCA Staff to secure EMERGE | NCY medical care for my chile | d when I/We c | annot be immediatel |
| reached at the time of emergency. I/We will I | be responsible for the emerg | ency medical c | harges upon receipt |
| statement. | | | |
| Preferred Physician | Phone | | |
| Hospital or Clinic | FIIOHE | | |
| Address | | | |
| | | | |
| Cignoture Doront/Curadian | | antique Danier 1 | Cuardian |
| Signature Parent/Guardian | Sigi | nature Parent/ | Guardian |
| | | | |
| Relationship to Child | | Relationship to | Child |

SPECIFIC MEDICAL INFORMATION

| If the child has any of the following, please explain: Medical problems | |
|--|---|
| Physical handicaps | |
| Restrictions for play – outdoors | |
| Restrictions for play – indoors | |
| Other information that will help provide a positive e | xperience for the child |
| I release the Bob Freesen YMCA from any liabilities or daparticipation in a YMCA program. I agree that I will neve | LITY RELEASE FORM aims arising from(child's name) r prosecute or in any way aide in prosecuting any demand, claim, or suit |
| | injury to my child's person or property that may occur from any cause, parent/legal guardian of the MCA program, and will abide by the above. |
| Signature Parent/Guardian | Date |
| I/We authorize YMCA Staff to administer prescril | PRESCRIPTION MEDICINE ped medicine to my/our child as specified in written instructions. |
| Signature Parent/Guardian | Signature Parent/Guardian |
| Relationship to Child Date | Relationship to Child Date |
| | CINE / EMERGENCY MEDICAL DECISIONS dicine to my/our child as specified in written instructions and to nce. Signature Parent/Guardian |
| <u> </u> | |
| Relationship to Child Date | Relationship to Child Date |
| TRIPS, EXCURSION | S, AND PUBLIC PARK FACILITIES |
| I/We authorize YMCA Staff to take my/our child on I/We also authorize the child to ride as a passenger understand all such trips are under supervision of the state of the sta | walking trips, special excursions, and to nearby park facilities. in transportation provided by or for the program. I/We ne program staff. |
| Signature Parent/Guardian | Signature Parent/Guardian |
| Relationship to Child Date | Relationship to Child Date |

SUNCREEN PERMISSION

I/We understand that I will apply sunscreen on my child prior to arrival at the YMCA Camps. Sunscreen will be applied at mid-morning, lunchtime and in the early afternoon. All children will have sunscreen applied. In the event my child shall need help applying sunscreen, I hereby give permission to the Camp Staff of the Bob Freesen YMCA to help my child apply additional sunscreen. I also understand that if at any time I fail to comply with the policy, my child will not be allowed to participate in the program and or its activities.

| Signature Parent/Guardian | Signature Parent/Guardian |
|---|--|
| Relationship to Child Date | Relationship to Child Date |
| understand the photos and videos may be | PHOTOGRAPHS o take photos and videos of my/our child at YMCA programs. I/We used for promotional or display purposes (flyers, website, Facebook, or other YMCA communications and publicity). |
| Signature Parent/Guardian | Signature Parent/Guardian |
| Relationship to Child Date | Relationship to Child Date |
| I/We consent to my/our child using the sw Signature Parent/Guardian | SWIMMING imming pool of the Bob Freesen YMCA. Signature Parent/Guardian |
| Relationship to Child | Relationship to Child |

Health Information – check all that apply

| Illness | Dates | Disease | Allergies | |
|-----------------------------|-------|------------------|------------------|--|
| Frequent Ear Infections | | German Measles | Hay Fever | |
| Heart Attack / Disease | | Mumps | Poison Ivy, etc. | |
| Convulsions | | Chicken Pox | Insect Stings | |
| Diabetes | | Other (describe) | Peanut | |
| Bleeding Clotting Disorders | | | Other (describe) | |
| Hypertension | | | | |
| Tetanus Inoculation | | | | |
| Mononucleosis | | | | |
| Asthma | | | | |

| Your Child's Health Current immunizations updated and turned into | the YMCAYesNo Date of last Tetanus shot |
|--|---|
| Any camp activities from which your child should | I be exempted or limited in for health reasons |
| Other afflictions or details on items above | |
| Medications taken at home (list all that apply) | |
| Medications taken at camp (list all that apply – p | prescription only, send in original bottle) |
| Operation or serious injuries | Disability due to chronic or recurring illness |
| Any special needs (health, physical, educational, treatment or special restrictions while at camp | mental or psychological) your child has that require medication, |
| Dietary Restrictions | Immunizations |
| of the Bob Freesen YMCA. This health histor has permission to engage in all prescribed permitted the YMCA nor any of its paid staff or | y sound, having medical approval to participate in the activitiery is correct so far as I know, and the person herein described program activities, except as noted. I further understand that revolunteer workers can be held responsible in the event of an at to discipline and free from habits or attitudes, which would have studied the brochure and the Parent Handbook and |
| Signature Parent/Guardian | Date |
| to the best of my knowledge the information understand that this application and the nar available in the program(s) as contained in health, security, and waiver forms must be | e legal authority to sign my child named on this form and that n on the application form is completed and accurate. I further me child's participation is contingent upon space being the Information packet and that, furthermore, all necessary signed and on file with the YMCA prior to my child attending above could result in the loss of the camp space. |
| Signature Parent/Guardian | Date |



PARENT AGREEMENT FORM

Please read, sign, and return to program staff.

I/We have read the YMCA Day Camp Handbook and agree to comply with the policies and procedures of the program regarding all items specifies in the Parent Handbook. I also agree to discuss the child's responsibilities with my child.

I agree to pay a late fee of \$5.00 for every ten (10) minutes if I pick up my child after the YMCA program closes. I understand this fee is payable at the time of pick up.

I understand that a \$20.00 NSF fee will be added to all returned checks. I agree to pay this fee along with the amount of the returned check. I agree to pay the fee and check amount by money order, cash or credit card.

| Signature Parent/Guardian | Date |
|----------------------------------|------|
| Relationship to Child | |
| | |
| Child(ren)'s First and Last Name | |

Camper Connection Form (To be given to Counselors to help in understanding your child and making their experience the best it can be.)

At the Y we continue trying to build stronger relationships with our day campers. In order to do so we would like to ask you some questions regarding your child. Please take a few minutes to answer the following questions with your child. This will help our Camp Leaders get to know your child better Camper Name _____ Age ___ Birth Date ____ Parent email _____ Please circle sessions/weeks attending: 3-5 Year Olds: Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10 5-8 Year Olds: Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10 Week 11 9-12 Year Olds: Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10 **Summer 2019 Parent Code of Conduct** As a parent of _______, a camper, I will... Support and teach the YMCA values of Caring, Honest, Respect and Responsibility. Communicate questions or concerns to staff in a mature and private matter. Never discredit a staff member or another parent in front of a camper. Work with camp staff in a positive manner on all behavioral issues dealing with my child. Read the parent handbook so I am familiar with its information. Signature Parent/Guardian Date **2019 Camper's Creed**"During camp I pledge to do the best I can and to be the best I can be. I pledge to work as a team member and respect my fellow campers and all camp staff. I pledge to work to improve myself every day in spirit, mind and body." Camper Name _____ Camper Signature _____ Signature Parent/Guardian ______ Date _____ **Other Information** Is your camper on any behavior medications or taking a summer break from any medications? Yes No Explain Have any major life events occurred recently for your child? Yes No Explain Share your camper's previous camp experience _____ Does your camper have siblings at camp? Yes (name of sibling) ______ No What types of responsibilities does your camper have at home? _____ What are the names of your camper's pets, if any? What type of extracurricular activities does your camper participate in? ______

What else would you like us to know about your child?

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| Indicate your child's swimming abilities: |
|--|
| □ Beginning Swimmer □ Some Swimming Skills □ Average Swimmer □ Strong Swimming Skills |
| Note: All children must pass a swim test with the lifeguard to be able to swim in the deep water. This may be done at the beginning of each week. |
| Camper Completes |
| When I'm not a school I like to |
| My favorite thing about camp is |
| I'm excited about going to camp because |
| We are always trying to find new and interesting ways to help our YMCA Day Campers grow personally and learn about the world around them. If you or someone you know has a unique passion, interest, skill or vocation you think would be great to share with our campers, please let us know! We would love to try to find a way to incorporate the talents of our families and community members into our program. |
| Skill/Interest/Hobby for sharing |
| |
| Additional Contact Information |

CREDIT CARD/DEBIT CARD

The YMCA takes Credit and Debit Cards for payments. Come in to the front desk to make payment(s) or once paperwork is completed and turned in you may call and do Credit Card Payment over the telephone with the front desk staff, 217-245-2141.

2019 Bob Freesen YMCA Summer Day Camp Costs are as follows:

Registration charge per child due at time paperwork for registration in turned in: \$15 per child.

Bob Freesen YMCA Member \$100.00 per week Non-YMCA Member \$125.00 per week

Bob Freesen YMCA Member \$20.00 per day, with a minimum of two (2) days per week Non-YMCA Member \$25.00 per day, with a minimum of two (2) days per week

Please Note: \$20 deposit due with Registration

Fees include: Healthy snack, healthy lunch, field trips (unless otherwise notified) and daily activities

(Swim Lessons 2 days per week for the 3-5 year olds)

Half-Day Campers (must be picked up at noon)

Other Costs:

Optional Swim Lessons for 5-8 year olds and 9-12 year olds (for each 4-week session):

Members: \$20 (1 day per week); \$40 (2 days per week) Non-members: \$40 (1 day per week); \$80 (2 days per week)

Late Payments or returned check fee:

A late fee of \$5.00 will be assessed when payment is not received on time. After the third late payment, the fee will increase to \$15.00 per occurrence.

Late Pick-Up

Y childcare ends at 6:00 p.m. and our staff is scheduled to leave. If you are running late, please notify your camp director. A late pick up fee will be assessed after the program closes. There will be an additional charge of \$1.00 per child, per minute starting at 6:05 p.m. payable to the YMCA. You will receive a receipt for your payment.

Parents who have not notified the director they will be late can expect the following sequence of events to occur. These steps are necessary to ensure the safety of the child as well as Y staff members.

- <u>6:00 p.m.</u> Program closes. Staff member in charge begins calling parent work number to check for problems or miscommunications. If contact is not made, alternative contacts listed on the registration form will be called.
- <u>6:30 p.m.</u> Staff member in charge contacts team leader, program director, and local authorities to apprise them of the situation.
- <u>6:45 p.m.</u> If there is no contact from the parent and no other safe option, the child will be turned over to the city or county police department.

You risk dismissal from the program if:

- · You fail to pay the late fee.
- · You are late picking up your child three times within a 30-day period.

Parents must keep the Y office and staff notified of phone number changes for work, home, and emergency contacts at all times.

| How will you | pay for camp costs? | | |
|--------------|---------------------|---------|-------------|
| Weekly | Every 2 Weeks | Monthly | Full Summer |

(Please Note: All payments for camp must be made by the end of each month)

Summer Camp 2019

Week 1, June 10: Getting To Know You

Week 2, June 17: Getting to Know Nature

Week 3, June 24: Superhero Week

Week 4, July 1: Anything Goes

Week 5, July 8: Science Week

Week 6, July 15: Sports/Twisted Sports Week

Week 7, July 9: Craft Week

Week 8, July 29: Water Week

Week 9, Aug. 5: Cooking Week

Week 10, Aug. 12: So Long Summer, Kids Choice Week

Field Trips will be arranged and taken once per week for each camp.

Basic Day Camp Daily Schedules

(This is a <u>general</u> schedule and will be adjusted each week depending on special activities for each themed week – Library Reading program each week and other fun <u>new</u> activities.)

3-5 Year Olds (Field Trip Days Vary, Reading program at library)

7:00- 8:00 a.m. Arrival: Coloring and toys in the lobby

8:00- 9:00 a.m. Gym Time

9:00 a.m. Pledge of Allegiance, Prayer and Attendance

9:15 a.m. Walk the trail

10:00 a.m. Free Play and Snack

11:15 a.m. Swimming Lessons (Tuesdays, Thursdays)

Campers bring towels and swimming suit (goggles)

For longer hair please bring hair tie

11:30 a.m. Lunch (On Tues./Thurs. lunch is at 12:30 p.m.)

12:00 p.m. (noon) Organized Game/Arts and Crafts

1:00 - 3:00 p.m. Rest Time

3:00 - 4:00 p.m. Toys and Games

4:00 - 4:30 p.m. Snack 4:30 - 6:00 p.m. Free Play

(More to come soon on special programs)

5-8 Year Olds (Wednesday Field Trip, Reading time at library)

7:00- 8:00 a.m. Arrival: Coloring and toys in the lobby

8:00- 9:00 a.m. Gym Time

9:00 a.m. Pledge of Allegiance, Prayer and Attendance

9:15 a.m. Walk the trail

10:00 a.m. Free Play

11:30 a.m. Lunch

12:00 p.m. (noon) Organized Game/Gross Motor Skills

12:30 - 2:00 p.m. Arts and Crafts/Fine Motor Skills

2:00 - 4:00 p.m. Swimming

Campers bring towels and swimming suit (goggles)

For longer hair please bring hair tie

4:00 - 4:30 p.m. Snack

4:30 - 6:00 p.m. Free Play

(More to come soon on special programs)

9-12 Year Olds (Thursday Field Trip, Reading time at library)

7:00- 8:00 a.m. Arrival: Coloring and toys in the lobby

8:00- 9:00 a.m. Gym Time

9:00 a.m. Pledge of Allegiance, Prayer and Attendance

9:15 a.m. Walk the trail

10:00 a.m. Free Play

11:30 a.m. Organized Game/Gross Motor Skills

noon Lunch

12:30 - 2:00 p.m. Arts and Crafts/Fine Motor Skills

2:00 - 4:00 p.m. Swimming

Campers bring towels and swimming suit (goggles)

For longer hair please bring hair tie

4:00 - 4:30 p.m. Snack 4:30 - 6:00 p.m. Free Play

(More to come soon on special programs)