

# Southern Prairie YMCA Summer Day Camp Enrollment

## Return these pages to register your child. One set of forms per child

Today's Date \_\_\_\_\_ Child's Name \_\_\_\_\_

Child's Preferred Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Grade Entering \_\_\_\_\_ Birthdate \_\_\_\_\_ T-shirt size– Youth S M L or Adult S M L

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Business Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Business Number \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

In the Y Summer Day Camp program it is mandatory that the child is signed in and out each day. We do understand that it is not always possible for you as parents to be able to pick up your child. If someone else might pick up your child please list them below, otherwise we cannot release your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*If there is anyone who should **NOT** be picking up your child or removing him/her from the program please put name below and discuss with Jenn Queener the appropriate action to take. \_\_\_\_\_

### Registration

Date Received \_\_\_\_\_

Circle one: **3 Day Camp** (any three days within the week) or **5 Day Camp**

Circle one: **YMCA Member or Participant**

**Reminder: If you choose 3 Day Camp you will be charged for all 3 days and all 5 days for the 5 day camp**

**\$35** registration fee (per family)

\$ \_\_\_\_\_ deposit (1st week's payment)

\$ \_\_\_\_\_ Total

Do you have the following?

\_\_\_\_ immunizations record

\_\_\_\_ Completed forms

\_\_\_\_ Fee and Deposit paid

**Weeks planning to attend:**

6/1 \_\_\_\_\_ 6/5 \_\_\_\_\_ 6/12 \_\_\_\_\_ 6/19 \_\_\_\_\_ 6/26 \_\_\_\_\_ 7/3 \_\_\_\_\_ 7/10 \_\_\_\_\_ 7/17 \_\_\_\_\_ 7/24 \_\_\_\_\_ 7/31 \_\_\_\_\_ 8/7 \_\_\_\_\_ 8/14 \_\_\_\_\_ 8/21 \_\_\_\_\_

## INFORMATION ABOUT YOUR CHILD

At the YMCA, we believe your child is a unique individual. He/she has special abilities, interests, likes and dislikes and needs. Please help us get to know your child by giving us the following information. The YMCA staff will use it to help your child have a fun, rewarding experience in our program.

Is your child used to playing with (please circle) many children, a few close siblings/friends, alone

What are your child's interests, favorite sports? \_\_\_\_\_

Is there any information about your child's habits, moods, traits or experience that would be helpful to us to know?  
\_\_\_\_\_

What motivates your child to behave in a positive manner? \_\_\_\_\_  
\_\_\_\_\_

How easily does your child make friends? (circle)                      Very easily   5   4   3   2   1   With difficulty

How easily does your child relate to adults? (circle)                      Very easily   5   4   3   2   1   With difficulty

### MEDICAL INFORMATION (name, address, phone number)

Child's Doctor: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list any medical issues we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Food, swimming or activity restrictions: \_\_\_\_\_

### SPECIAL PERMISSIONS

**YES** \_\_\_ **NO** \_\_\_ In the event that my child is injured during any YMCA activity, I authorize the YMCA to call a physician or dentist for medical care for my child and admit my child to a hospital, if necessary. I understand that a concentrated effort will be made to contact me or another guardian, but if it is not possible to locate us, this expense will be accepted by us.

**YES** \_\_\_ **NO** \_\_\_ The YMCA has permission to photograph my child.

**YES** \_\_\_ **NO** \_\_\_ I give permission for my child to attend field trips with the YMCA Summer Day Camp program and to be transported by qualified YMCA staff which may include walking, bus or van.

**YES** \_\_\_ **NO** \_\_\_ I have read the parent packet and support the policies in it.

**YES** \_\_\_ **NO** \_\_\_ In consideration of my participation in the activities of the Southern Prairie YMCA, I do hereby agree to hold free any and all liability to the Southern Prairie YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in and transportation related to the activities of the Southern Prairie YMCA.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please return this sheet to the Program Director**

**I acknowledge that I have received and read the Southern Prairie YMCA Day Camp Parent Handbook. I also agree to accept the policies and guidelines as stated within and will abide by them as written. In addition, I have asked for clarification on any policy that I was unsure about. I understand that the Y is not responsible to provide medical insurance on my child.**

**Child's name** \_\_\_\_\_

**Parent's signature** \_\_\_\_\_

**Date** \_\_\_\_\_