

# 2019 CHARLESTON FAMILY YMCA SUMMER DAY CAMP ENROLLMENT PACKET

Camper's Full Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade Completed 2018-2019: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

- Confirm private funding or assisted (Connect)
  - Private funding :First week payment in full, weekly deposits (\$25 each)
  - Connect forms/deposits if necessary
- General information completed and emergency contacts
- Authorized pick up form and parental consent completed
- Medical information completed and signed by physician
- Immunization records completed and signed by physician
- Registration form completed
- Parent handbook acknowledgement page



**ALL PARTICIPANTS MUST HAVE COMPLETED KINDERGARTEN.**

**IF CHILD TURNS 13 OVER SUMMER, THEY WILL BE TRANSFERRED TO APPROPRIATE CAMP AS PER LICENSING.**

**Member \$115 per week / Non-Member \$150 per week**

**Please select which weeks your child will be joining us for the best summer yet!**

<p><b>___ Week 1: June 3-7 Planet Earth</b> Prepare for a journey through the earth, as we explore the amazing wildlife of our planet this week! Bring your best animal and bird calls as we appreciate the diversity of life on our planet with safari and jungle themed games, and animal arts and crafts! Keep your eyes peeled at camp this week! It's a jungle out there!</p>	<p><b>___ Week 6: July 8-12 Backyard Bash</b> Come join your friends as we enjoy the summer sun! We will have picnics at the park; take part in classic outdoor games; such as limbo, corn hole, Tug-of-War, sack races, relay races that you won't want to miss and much more. To finish out the week, we will have a BBQ cook-out on Friday!</p>
<p><b>___ Week 2: June 10-14 Creative Campers</b> Get ready to get messy this week! Explore your imagination and express yourself as you create with hands-on projects. Mold with clay, tie dye T-shirts or socks, make friendship bracelets, paint pet rocks, and more. Games include paint tag, living sculptures, and camp tie dye.</p>	<p><b>___ Week 7: July 15-19 Take Your Place in Outer Space</b> 5-4-3-2-1- Blast off! Let your astronaut explore space with us this week. They will explore space play dough, "moon sand", and make their own alien goo and space slime! Each day will be filled with fun games, crafts, and activities that help us explore space.</p>
<p><b>___ Week 3: June 17-21 Full STEAM Ahead</b> Interested in science, technology, engineering, arts and mathematics? This week's theme involves hands on and interactive activities. Learn how to build robots, perform a melon drop, boat competitions and more!</p>	<p><b>___ Week 8: July 22-26 Get Your Game On</b> Ready? Set...Go! Campers will use their skills to play hard and to go for the gold with some fun competition. A good mix between minute to win it games, sports and old school board games!</p>
<p><b>___ Week 4: June 24-28 Wet N Wild</b> Splash and explore this spectacular week while learning about the wonders of water and the creatures of the sea. Create splash artwork, water games, and bottle waves. Water relays, slip and slide, water balloon toss and more! Be ready to be splashed all week long!</p>	<p><b>___ Week 9: July 29-Aug 2 Around The World</b> Hello! Bonjour! Hola! Kon'nichiwa! This week we invite you to explore the cultures and sights of our miraculous planet! Get ready for activities and crafts celebrating our planet's wide cultures! This is one trip you're not going to want to miss!</p>
<p><b>___ Week 5: July 1-5 (No camp on July 4<sup>th</sup>!) Hip Hip Hooray, Independence Day!</b> Show your American pride and have fun participating in activities that celebrate our country and its traditions. Activities and games include Capture the Flag, watermelon eating contest, pie throwing contest, and patriotic themed crafts.</p>	<p><b>___ Week 10: Aug 5-9 Camp Rewind</b> What was your favorite experience of Summer 2019? Relive those moments as we enjoy the fan favorites of the past 9 weeks of activities and games as we say goodbye to summer and hello school! Join us for a family picnic and art show to showcase your child's projects this summer. We will be concluding with a slideshow from all 10 weeks!!</p>

**\*Themes, activities and field trips are subject to change\***



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Please return this form at time of registration. Please complete information so that staff can be aware of your needs. You must submit a copy of your child's most recent health assessment and immunization record before enrollment can be completed.

## PARTICIPANTS INFORMATION

Participant Name \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Gender  Male  Female      Birthday \_\_\_\_\_      Age at event \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ School Attended \_\_\_\_\_

Can your child swim  Yes  No      Comments \_\_\_\_\_

Child sign in and sign out PIN numbers:    \_ \_ \_ \_    \_ \_ \_ \_

### EMERGENCY MEDICAL TREATMENT AND TRANSPORTATION AUTHORIZATION

I give the YMCA Staff permission to transport my child, \_\_\_\_\_ to (hospital of choice) \_\_\_\_\_ for Emergency Medical Care, or to (dentist of choice) \_\_\_\_\_ for Emergency Dental Care or to the nearest source available.  
I grant YMCA Staff permission to take whatever steps necessary to obtain Emergency Medical Care, if warranted. I agree that the YMCA is released of liability in connection with medical treatment and unavoidable accidents.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL INFORMATION

Child's Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### PARENT / LEGAL GUARDIAN INFORMATION

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Second Parent / Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Email Address: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*These should be local persons who may be notified in case of emergency or illness when the parent/guardian is unavailable:*

Emergency Contact (1): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact (2): \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

**PICK-UP AUTHORIZATION LIST**

Only individuals listed on the Pick-up Authorization List below will be permitted to release your child from the YMCA. Photo identification will be required and matched to the registration form to insure authorization. If an individual does not appear on the Pick-up Authorization List below, the child will not be released until approval is obtained from a parent/guardian. **Biological/custodial parents must be given access to their children unless there is a court order preventing contact. A copy of the court order must be provided.**

1.	4.
2.	5.
3.	6.

**Insurance Information:** Is the participant covered by family/medical hospital insurance?  Yes  No  
If so, indicate carrier or plan name \_\_\_\_\_ Group \_\_\_\_\_  
Insurance Carrier Address \_\_\_\_\_ Phone \_\_\_\_\_

**Allergies:** List all known. Describe reaction and management of reaction.

Medication Allergies: \_\_\_\_\_  
Food Allergies: \_\_\_\_\_  
Other Allergies: \_\_\_\_\_

**GENERAL QUESTIONS:** Has / does the participant:

- 1. Had any recent injury, illness or infectious disease?  Yes  No
- 2. Ever been hospitalized?  Yes  No
- 3. Wear contacts  Yes  No
- 4. Have frequent headaches?  Yes  No
- 5. Have nose bleeds?  Yes  No
- 6. Have a chronic / recurring illness / condition?  Yes  No
- 7. Ever been knocked unconscious?  Yes  No
- 8. Ever had surgery?  Yes  No
- 9. Ever had a head injury?  Yes  No
- 10. Has a diagnosis of any kind?  Yes  No

If "yes" please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication Administration**

Prescription medications (ONLY) will be administered during summer camp by designated, trained personnel. If your child needs prescription medicine administered during his/her stay at camp, a meeting must be scheduled with Mandi Workman, Youth Development Director, PRIOR TO bringing medications to the YMCA facility. **NO OVER-THE-COUNTER MEDICATIONS WILL BE ADMINISTERED.**

PARTICIPANT NAME: \_\_\_\_\_

**PERMISSION TO APPLY SUNSCREEN (Select one)**

For purposes of remaining compliant with West Virginia Department of Health and Human Resources Child Care Center Licensing Regulations Title 78 Series 1, written permission is required to apply sunscreen. Charleston Family YMCA **DOES NOT** provide sunscreen. Please send sunscreen with your child daily and label the container with your child's name.

I do give permission to the Charleston Family YMCA staff to apply sunscreen to my child(ren)

I do not give permission to the Charleston Family YMCA staff to apply sunscreen to my child(ren)

Other/Special Instructions: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**PROGRAM AGREEMENT** Please initial each and sign below that you have read, understand and agree to the following statements.

\_\_\_\_\_ I hereby grant permission for my child to leave the YMCA premises as scheduled, under the proper supervision of YMCA staff members ,in an authorized YMCA vehicle for daily activities and field trips.

\_\_\_\_\_ I hereby grant permission for my child to use all play equipment and participate in all activities associated with the summer camp program.

\_\_\_\_\_ I understand that I must provide sunscreen for my child each and everyday to ensure proper sun safety for my child.

\_\_\_\_\_ I understand that my child must bring a swimsuit, towel, and change of clothes to camp each day.

\_\_\_\_\_ I understand that outside food and drink, with the exception of water, is not permitted at the YMCA. Children with special dietary needs will need written authorization from a certified physician.

\_\_\_\_\_ I understand that personal belongings including but not limited to toys, electronics, and money are not permitted at the YMCA without prior authorization from YMCA staff.

\_\_\_\_\_ I understand that the YMCA and its staff are not responsible for anything that may happen as a result of false or incomplete information given by a parent or legal guardian at time of enrollment or thereafter.

\_\_\_\_\_ I agree to sign my child in and out each day to ensure proper safety for my child, staff, and other youth.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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The YMCA or media outlets will, on occasion, take photographs and/or video with audio of the children participating in our programs. These images are used to publicize and promote the YMCA activities or events. Pictures may appear on / in local newspapers, program brochures, television, web sites, etc. No additional notice may be given of picture-taking sessions. Below is a parental permission form granting approval to take photographs or video of your child(ren). Please sign and date the form. No photos or videos will be taken of children whose parents do not grant permission.

**Permission to Photograph/Video (Select one)**

I do give permission for my child(ren) to be photographed and/or video recorded with audio while at the YMCA of Kanawha Valley or on YMCA of Kanawha Valley sponsored field trips for purposes of promoting the YMCA and its activities.

**OR**

I do not give permission for my child(ren) to be photographed and/or video recorded with audio while at the YMCA of Kanawha Valley or on YMCA of Kanawha Valley sponsored field trips for purposes of promoting the YMCA and its activities.

Name of Child(ren) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**CAMP FINANCIAL AGREEMENT**

**Summer Camp**

At the time of registration, the first week must be paid in full, and a \$25 non-refundable, non-transferable deposit is due on all other registered weeks of camp. YMCA Scholarship Participants pay the first week in full and a **\$5 nonrefundable, nontransferable deposit on all other weeks.** Connect and Link participants are required to pay \$25 deposit at time of registration for summer. Each week must be paid in full on the **Tuesday of the week** prior to attendance or registration will be cancelled and the slot will be filled with a camper from the waiting list. Cancellations must be given **in writing two weeks in advance** to the camp director or you will be held responsible for full payment. **The deposit of \$25 will not be refunded or transferred. No exceptions!**

**General Camp Payment Information**

- Deposits are non-refundable and non-transferable.
- Cancellations must be submitted in writing two (2) weeks in advance or you will be responsible to pay fees in full. **Deposit will not be refunded.**
- A fee of \$5 per 15 minutes will be assessed for late pickups after 6:00pm.
- A \$25 service fee will be assessed on all returned checks and returned bank drafts.
- Weekly fees are due in full regardless of the number of days your child attends. This reserves your child's place in our program.

By signing this agreement, I acknowledge I have read the Camp Financial Agreement and am in agreement.

Child's Name \_\_\_\_\_ Guardian's Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Fees are subject to change\*\***

## PARENT HANDBOOK ACKNOWLEDGEMENT PAGE

I, \_\_\_\_\_, parent of \_\_\_\_\_, received the parent handbook for School Age programs at the Charleston Family YMCA.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions or concerns with the handbook or any of our policies at the YMCA, please contact the Youth Development Director directly.

Contact information:

Mandi Workman  
304-340-3527 x 1122  
mworkman@ymcaofkv.org