



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Summer Camp/TOGA
Coonskin Day Camp
Tennis Day Camp

Summer Camp Registration 2018

FOR OFFICE ONLY

- CONFIRM PRIVATE FUNDING OR ASSISTED (Connect)
- CONNECT Certificate (if applicable)
- CONNECT Deposit (if applicable) \$25 per child—1 time (no second child discount)
- Community Assistance From (if applicable) \$5 per child per week (no second child discount)
- Financial Agreement Signed
- Pro Care Code
- Youth Programs Policy Form signed
- Behavior Expectations & Discipline Policy Form signed
- Orders for Medication signed (must be completed even for sunscreen)
- Copy of Child Immunization Record/Well Child Visit
- Registration Fee (Sports and Tennis Pay in Full)

***Please make sure all selections/lines are completed with signature before accepting registration packet.**

YMCA of Kanawha Valley
100 YMCA Drive
Charleston, WV 25311
Phone: 304.340.3527
Fax: 304.340.3528
www.ymcaofkv.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF KANAWHA VALLEY REGISTRATION AND HEALTH FORM

Please return this form at time of registration. Please complete information so that staff can be aware of your needs. Please don't forget to also bring

	DATES 9:00am-4:00pm		SUMMER DAY CAMP Members \$110 Non-\$145		TOGA CAMP Members \$125-Non-\$155		Coonskin Day Camp Members\$110 Non-\$145	PRE/ POST CAMP CARE
WK 1	June 4-8	<input type="checkbox"/>	Ignite your Summer	<input type="checkbox"/>	Ignite your Summer	<input type="checkbox"/>	Nature/Science	<input type="checkbox"/>
WK 2	June 11-15	<input type="checkbox"/>	Fear Factor	<input type="checkbox"/>	Fear Factor	<input type="checkbox"/>	Nature/Science	<input type="checkbox"/>
WK 3	June 18-22	<input type="checkbox"/>	Water Everywhere	<input type="checkbox"/>	Water Everywhere	<input type="checkbox"/>	Nature/Science	<input type="checkbox"/>
WK 4	June 25-29	<input type="checkbox"/>	Mad Science (STEM)	<input type="checkbox"/>	(STEM)	<input type="checkbox"/>	Nature/Science	<input type="checkbox"/>
						<input type="checkbox"/>		<input type="checkbox"/>
WK 5	**July-2-6					<input type="checkbox"/>	Nature/Science	<input type="checkbox"/>
	**July-2-6	<input type="checkbox"/>	Messy Olympics	<input type="checkbox"/>	Party in the USA	<input type="checkbox"/>	Nature/Science	<input type="checkbox"/>
WK 6	July 9-13	<input type="checkbox"/>	The Great Outdoors	<input type="checkbox"/>	The Great Outdoors	<input type="checkbox"/>	Nature/Science	<input type="checkbox"/>
WK 7	July 16-20	<input type="checkbox"/>	Wacky World of Sports	<input type="checkbox"/>	Wacky World of Sports	<input type="checkbox"/>	OFF	<input type="checkbox"/>
WK 8	July 23-27	<input type="checkbox"/>	Carnival	<input type="checkbox"/>	Carnival	<input type="checkbox"/>	OFF	<input type="checkbox"/>
WK 9	July3—Aug3		Art & Music		Art & Music			
WK 10	Aug 6-10	<input type="checkbox"/>	Peace Out	<input type="checkbox"/>	Peace Out	<input type="checkbox"/>	OFF	<input type="checkbox"/>

YMCA 2018 Tennis Camps (Ages 6 to 15)

WK 1	June 4-7	WK 7	July 23-26	Time: 1:00-4:00pm Monday –Thursday
WK 2	June 11-14	WK 8	July 30-Aug. 2	Cost : Camp Only \$80 members/non-members \$100
WK 3	June18-21	WK 9	Aug. 6-9	Camp Aftercare: \$110members/non-members \$145
WK 4	June 25-28	WK 10	Aug 13-16	Contact : 304-340-3533
WK 5	July 9-12			
WK 6	July 16-19			

PARTICIPANT INFORMATION

Participant Name _____

(Last) (First) (Middle)

Home Address _____

(Street) (City) (State) (Zip)

Preferred method of non-emergency communication _____

Email Address _____

Phone _____ Gender Male Female Birthday _____ Age at event _____

Physician: _____ Address _____ Phone _____

Last Grade completed _____ School Attended _____

T-shirt Size Youth S M L Adult S M L XL
1 shirt per summer

PARENT / LEGAL GUARDIAN INFORMATION

Participant's Name _____

Parent/Guardian _____ Relationship _____

Home Address _____

(Street) _____ (City) _____ (State) (Zip) _____

Home Phone _____ Work Phone _____ Other _____

Second Parent / Guardian _____ Relationship _____

Home Address _____

(Street) _____ (City) _____ (State) (Zip) _____

Home Phone _____ Work Phone _____ Other _____

If neither of the above are available in an emergency, notify _____

Home Phone _____ Work Phone _____ Other _____

Emergency contact (2) : _____ Phone: _____

Address: _____

EMERGENCY AUTHORIZATION

I give the YMCA Staff permission to transport my child, _____ to _____
 _____ hospital for Emergency Medical Care, or to (dentist of choice)
 _____ for Emergency Dental Care or to the nearest source available. I grant YMCA Staff permis-
 sion 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: _____ Date: _____

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.

1.	2.
3.	4.

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 Allergy	Food Allergies	Other allergies include insect stings, hay fever, animal dander, etc

GENERAL QUESTIONS: Explain "yes" answers below. Has / does the participant:

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

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 Cindy Hemsworth, PRIOR TO bringing medications to the YMCA facility. **NO OVER-THE-COUNTER MEDICATIONS WILL BE ADMINISTERED. NO EXCEPTIONS!**

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. The Y staff members are unable to apply sunscreen to campers over the age of 6. The Y staff is able to assist in the application of sunscreen to campers ages 5 and under only to the camper's face, arms, back, and legs. The YMCA of Kanawha Valley staff is not able to provide sunscreen for registered participants in any camp; campers are able to provide and apply their own sunscreen.

I do give permission to my child(ren) to bring and apply their own sunscreen.

OR

I do not give permission to my child(ren) to bring and apply their own sunscreen.

Name of Child(ren) _____ Date _____

Parent/Guardian Signature _____

PROGRAM AGREEMENT FORM

I hereby grant permission for my child to leave the YMCA premises as scheduled under the proper supervision of staff members in an authorized YMCA vehicle. I hereby grant permission for my child to be included in evaluations and pictures connected with the YMCA and its programs. I understand that the YMCA and its staff are not responsible for anything that may happen as a result of false information given by a parent or legal guardian at time of enrollment.

Parent/Guardian Signature _____ Date _____

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. (This does not include Sports & Tennis Camps, which must be paid in full at time of registration). Community Assistance Participants pay the first week in full and a **\$5 nonrefundable, nontransferable deposit on all other weeks**. Connect 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!** Community Service applications are due April 30, 2018.

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 \$10 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.

QUESTIONS? CONTACT Cindy Hemsworth AT 304-340-3527 ext. 1109 or email chemsworth@ymcaofkv.org

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

Child's Name _____ Program _____ Site _____

Guardian's Name (Please Print) _____ Parent/Guardian Signature _____

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

Dear Parent:

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 _____



WHAT TO BRING TO CAMP

- Wear comfortable shoes. Tennis shoes are recommended every day. Flip-flops and open back sandals are not recommended due to increased risk of injury during indoor and outdoor play.
- Swimsuit & towel. Please label all items for identification purposes.
- Sunscreen, extra t-shirt, hat, and sunglasses.
- Water shoes for locker room and swimming area.
- Lunch – it is required each day. Lunch can be brought from home or – see Lunch details below.
- Camp T-shirt will be provided and must be worn on field trip days.

LUNCH/SNACKS

The Y will provide a free box lunch for every camper at the Charleston Y location. Lunch WILL NOT BE PROVIDED AT COONSKIN CAMP. In order for your child(ren) to receive the free boxed lunch please fill out the YMCA Food Form in its entirety.

Summer Day Camp and Toga Camp participants have two alternatives for lunch. A non-perishable, nutritious lunch can be brought from home or a lunch may be provide by the YMCA. YMCA lunch forms are available in the East Gym at the sign-in desk for Day and Toga campers. Campers may bring drink or water will be supplied by YMCA. Snacks are provided by the YMCA.

CAMP SIGN-IN

Summer day campers and Toga campers are signed in at the Day Camp front desk located in the East Gym. Sport Camp participants arriving before 9:00 a.m. and Tennis Camp participants arriving prior to 1:00 p.m., are to be signed in by a parent and/or guardian in the East Gym. Prior to the start of Sport Camp and Tennis Camp, a designated counselor will escort children from the East Gym.

CAMP PAYMENT POLICY

Registration will be on a first come, first serve basis. As weeks become full, a waiting list will be established and notification will be made if spots become available. **THE FIRST WEEK OF CAMP MUST BE PAID IN FULL AT THE TIME OF REG ISTRATION AND ALL DEPOSIT FEES.**

Parents have the following payment options: A) Payment of each week in full at the time of registration. B) Payment of the first week in full, along with a \$25.00 deposit for each other week of camp selected. **Please note that the \$25.00 deposit is non-refundable and non-transferable.** The remaining balance is due the Tuesday prior to each camp week by 6:00 p.m., except for the first week which must be PAID IN FULL. Any unpaid balances prior to camp will result in removal from the roster and admittance to camp will not be permitted. Deposits will not be refunded or transferred.

CONNECT Recipients: A one-time deposit of \$25.00 must be paid at the time of registration. This payment will be applied to monies due until depleted.

SCHOLARSHIPS: The YMCA provides assistance and flexibility in fees to insure that those who cannot afford full costs may still participate. A Community Assistance form is available at the Membership Service Center. To insure participation in Week One, it is essential that all scholarship applications be completed and returned **NO LATER THAN APRIL 30th**. Community Assistance is available by contributions to the Spirit of the Valley.

CAMP STAFF – COUNSELORS: The YMCA employs qualified personnel that meet the requirements of the State of West Virginia rules and regulations for childcare centers. Each counselor is chosen from a large field of candidates who have educational background and training to work with large groups of youth. The priority is to provide a safe learning environment for all campers and staff. All camp counselors are trained in CPR, First Aid, Child Abuse Prevention & Recognition, and Behavioral Management.

Free and Reduced-Price Meal Household Application for 2017-2018 – West Virginia Dept. of Education
 USE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

1. Names of ALL Children in School, Center, or Camp

Last Name	First Name	MI	Date of Birth MM/DD/YY	Mark if Foster	Grade	School, Center, or Camp
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		

2. SNAP/TANF NUMBER

If any member of your household receives SNAP or TANF, indicate which program and provide the 10-digit case # (if any, SKIP TO PART 5)

SNAP TANF

3. HOMELESS, MIGRANT, RUNAWAY

If the child you are applying for is homeless, migrant, or runaway, check the appropriate box and call your county contact at _____ Homeless Migrant Runaway

4. HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH

List each person in the household. For each person who receives income, write the amount received and fill in how often it is received.

Name (Last, First) List everyone in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income	Check if no Income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

Total Number of Persons in Household _____ Total Monthly Income Before Deductions \$ _____

5. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school system may get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

Today's Date Last 4 Digits of Social Security Number

I do not have a Social Security Number

Signature _____

Printed Name _____

Home Phone Number _____

Work Phone Number _____

Mailing Address _____

City _____

State

ZIP Code _____

6. Children's Race and Ethnicity - (You do not have to complete this part to receive free and reduced price meals.)

Mark one or more racial identities from this group:

____ Asian _____ American Indian or Alaska Native _____ White

____ Black or African American _____ Native Hawaiian or Other Pacific Islander

And mark one ethnic identity from this group:

____ Hispanic or Latino _____ Not Hispanic or Latino

7. Other Benefits - (You do not have to complete this part to receive free and reduced price meals.)

____ Yes, school officials may use the information provided on this application to determine my child(ren)'s eligibility for free textbooks, workbooks, and other school supplies.

Do not fill out this part. This is for sponsor's use only. Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Categorically Eligibility: -Or- Income Eligibility: _____ Free Meals
 _____ Reduced Meals
 _____ Denied: Reason: _____

Signature/Stamp of Approving Official _____ Date Approved _____ Date Withdrawn _____

Verification: Confirming Official's Signature _____ Date _____

Follow-up Official's Signature _____ Date _____