



2019 South County Family YMCA Summer Camp Registration Form

CAMPER NAME:		12.3.18		Please X all your requested camps and camp dates															
Fun Club																			
Before and After camp care		Camp Cost		Ages		wk 1	wk 2	wk 3	wk 4	wk 5	wk 6	wk 7	wk 8	wk 9	wk 10	wk 11			
AM care	X-Xam	PM care	X-Xam	Full, Non Member		28-May	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	5-Aug			
Fun Club AM		\$20.00		5-14		x	x	x	x	x	x	x	x	x	x	x			
Fun Club PM		\$20.00		5-14		x	x	x	x	x	x	x	x	x	x	x			
Fun Club BOTH AM & PM		\$20.00		5-14		x	x	x	x	x	x	x	x	x	x	x			
Half Day Traditional Camp - Fun Club Not Available																			
9:00am - 12:00pm		Camp Cost		Ages		wk 1	wk 2	wk 3	wk 4	wk 5	wk 6	wk 7	wk 8	wk 9	wk 10	wk 11			
		Full, Non Member				28-May	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	5-Aug			
Summer Preschool		\$60/\$80		3-5			x	x	x	x		x	x	x	x				
Half Day Special Interest Camps - Fun Club Available																			
Specialty Half Day - check times in brochure		Camp Cost		Ages		wk 1	wk 2	wk 3	wk 4	wk 5	wk 6	wk 7	wk 8	wk 9	wk 10	wk 11			
		Full, Non Member				28-May	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	5-Aug			
Basketball Camp		\$90/\$100		6-15			x												
Track and Field Camp		\$68/\$78		6-15						x									
Volleyball Camp		\$68/\$78		6-15					x					x					
Tennis Camp		\$68/\$78		6-15				x				x							
Cavellero Baseball Camp		\$90/\$100		6-15						x									
Extended Camp (1/2 Day PM)		\$50		6-15			x	x	x	x		x		x					
Full Day Traditional and Special Interest - Fun Club Available																			
9:00AM - 4:00PM		Camp Cost		Ages		wk 1	wk 2	wk 3	wk 4	wk 5	wk 6	wk 7	wk 8	wk 9	wk 10	wk 11			
		Full, Non Member				28-May	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	5-Aug			
STEAM Camp		\$129/\$149		8-12									x		x				
Theatre Camp		\$129/\$149		8-12									x						
Creative Arts Camp		\$129/\$149		8-12										x					
Sr. Vet Camp		\$129/\$149		8-12								x							
TRADITIONAL: Thundemoon Explorers (5-8yrs)		\$129/\$149		5-8		x	x	x	x	x	x	x	x	x					
TRADITIONAL: Thundemoon Voyagers (9-12yrs)		\$129/\$149		9-12		x	x	x	x	x	x	x	x	x					
TRADITIONAL: ArtRageous Jr. (5-8yrs.)		\$129/\$149		5-8		x			x	x			x						
TRADITIONAL: ArtRageous Sr. (9-12yrs)		\$129/\$149		9-12		x			x	x			x						
TRADITIONAL: Super Science Camp		\$129/\$149		5-12			x				x	x							
AQUATICS: Water Fun		\$129/\$149		5-12						x	x	x		x	x				
AQUATICS: Beginner Swim		\$129/\$149		5-12			x	x											
AQUATICS: Babysitter's Camp		\$129/\$149		10-14					x										
AQUATICS: Water Park Hop		\$185/\$205		8-14									x						
GYMNASTICS: Gym and Swim		\$129/\$149		5-12		x		x			x		x						
GYMNASTICS: Gymnastics Camp		\$129/\$149		5-12			x		x			x							
GYMNASTICS: Cheer/Tumbling Camp		\$129/\$149		5-12						x				x					
GYMNASTICS: Hip Hop & Gymnastics		\$129/\$149		5-12											x				
SPORTS: Flag Football		\$129/\$149		5-12									x						
SPORTS: Soccer		\$129/\$149		5-12					x					x					
SPORTS: Dodge Ball		\$129/\$149		5-12			x								x				
SPORTS: Baseball/Softball		\$129/\$149		5-12				x											
SPORTS: Basketball		\$129/\$149		5-12						x									
SPORTS: Wide World of Sports		\$129/\$149		5-12		x					x								
SPORTS: Kickball		\$129/\$149		5-12								x							
FITNESS: FitTastic		\$129/\$149		10-13			x		x	x		x		x	x				
#BESTWEEKEVER:)		\$129/\$149		5-12												x			
Counselor In Training - CIT		Leadership Cost		Ages		29-May	4-Jun	11-Jun	18-Jun	25-Jun	2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug			
*Application/acceptance only. Minimum commitment of 4 weeks.		\$150.00		14-17		x	x	x	x	x	x	x	x	x	x	x			
Camp Fees		*subject to change																	
1st week of camp in full		\$				Deposit Payment (circle one of the following)				Online Bill Pay				EFT		Cash		Check	
\$20 per each additional week of camp (\$20 x # of x's)		\$				Deposit Policy: You must include the payment in full for the first week of selected camps, a minimum of \$20 for each additional week of camp and \$5 for each AM and PM Fun Club. Deposits are NON-REFUNDABLE and NON-TRANSFERABLE													
1st week of Fun Club in full (before/after care)		\$				Weekly Method of Payment (circle one of the following)				Online Bill Pay				EFT Card on File		Cash		Check	
\$5 per week of Fun Club		\$		=		Remaining Balance Policy: The balance of camp fees must be paid by the Wednesday, close of business, prior to the week of camp your child will be attending. Unpaid balances, including the late fees not paid by NOON on Friday will cause camp session to be dropped and spot offered to waiting list. Insufficient checks and credit card returns will receive a \$25 returned service fee.													
TOTAL DUE AT SIGN UP		\$																	
		Signature: _____ Date: _____																	
FOR YOUR PRIVACY:																			
Unless your registration and payments are being made at the Welcome Center, you will be contacted by the registrar to obtain credit number.																			
Camp Agreement																			
By signing this camp registration form, I understand that I have registered for the above camps, dates and times, I understand the YMCA camp payment policy, procedures and I am responsible for all the camp fees. I understand additional enrollment forms and review of the Family Handbook must be completed before camp attendance is permitted. I certify that all the information provided is complete and correct to the best of my knowledge and recognize failure to disclose, falsification or deliberate omission of my information will result in termination of services. Thank you for choosing the YMCA. We look forward to having your camper!																			
		Print Name: _____ Signature: _____ Date: _____																	
Office use only		Staff initials:				Date received:				Time received:									



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DAY CAMP REGISTRATION & ENROLLMENT FORM
This packet must be completed in full before any child may attend camp
2019

Child's Name	Gender	Age	Nickname	Birthdate (MM/DD/YYYY) / /
Child's Primary Home Address (Street, City, State, Zip)	Home Telephone ()		Guardian with whom child primarily resides	
Family Password:		Grade Entering in Fall:		
Parent/Guardian #1 Name		Cell Phone ()		
Home Address (if different) (Street, City, State, Zip)		Birthdate		
Employed by (or School Attending)	Business Phone with extension ()	E-mail address		
Parent/Guardian #2 Name		Cell Phone ()		
Home Address (if different) (Street, City, State, Zip)		Birthdate		
Employed by (or School Attending)	Business Phone with extension ()	E-mail Address		

Does your child have a Custodial Agreement/Parenting Plan _____ YES _____ NO
If Yes who has custody: _____
(Copy of Court Order-Legal Parenting Plan Must Be Attached)

AUTHORIZED PICK UP

List at least two contacts (not including parents or doctors) authorized to be contacted or to pick up your child if you cannot be reached in an emergency situation or if your child is left at the program beyond program hours.

Name of Contact	Relationship To Child	Address (Street, City, State, Zip)	Phone # (during program hours)
1.			
2.			
3.			

We strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program due to substitute staff situations. All individuals picking up a child from the site must present a current photo ID and provide the family password until staff is comfortable with recognizing them.

IMMUNIZATION RECORD

I/We certify that our child has received and is current on their immunization records. _____ YES _____ NO
(Campers must be current on their immunizations as stated by State of Missouri or Illinois regulations to attend camp)
Preschool-Age children MUST have a separate form completed by their physician on file if attending Preschool Summer Camp Adventure Program.



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HEALTH REPORT AND HISTORY

Check any or all that may apply:

Does your child have an Individual Education Plan (IEP)? ☐ YES* ☐ NO

Does your child have a Behavior Management Plan? ☐ YES* ☐ NO

Does your child have a 504 Student Accommodation Form? ☐ YES* ☐ NO

***A copy of a current IEP/BMP/504 Student Accommodation Plan must be turned in with the registration form and you must complete the Inclusion Information packet before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program. Forms can be found on the branch website .**

Has your child been diagnosed with the following:

<input type="checkbox"/> ADD	<input type="checkbox"/> ID	<input type="checkbox"/> Autism	<input type="checkbox"/> Down Syndrome
<input type="checkbox"/> ADHD	<input type="checkbox"/> ED	<input type="checkbox"/> Asperger's	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> DD	<input type="checkbox"/> ODD	<input type="checkbox"/> OCD	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Other _____			

Does your child have any chronic health condition or severe allergies? ☐ YES* ☐ NO

***Additional Forms are required for enrollment of children with chronic health conditions and severe allergies. Please contact your Child Care Program Director at the YMCA for these forms and procedures. Forms can be found on the branch website.**

List any allergies; special medical or physical conditions the YMCA should be aware of, including chronic health conditions:

List any special medications and/or restrictions for child's care below:

Medication: Only prescription medication (no over the counter medication) will be administered. If your child will need to take medication during program hours, a Medication Authorization form must be completed and returned to the staff along with the medication. Medication must be in the original container and labeled with your child's name, instructions (including times and amounts for dosage) and the physicians name. Forms can be found on the branch website .

EMERGENCY CARE AND TRANSPORTATION

I understand that every effort will be made to contact me in the case of illness or accident to my child. At that time, I will make arrangements for medical care of my child with the physician or hospital of my choice. I understand 911 may be called and my child may be transferred by ambulance to the nearest hospital if I cannot be reached.

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, and medical treatment is necessary, I authorize the Gateway Region YMCA to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

The YMCA does not provide accident insurance for your child. This will be the responsibility of the parent.



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Gateway Region YMCA Day Camp Acknowledgment Page
(please read carefully and sign below)

CHILD'S NAME: _____

- I understand I am electing for my child to participate in YMCA camp programs.
- I understand I am financially responsible for YMCA camp services.
- I understand all camp fees will be paid in full by close of business Wednesday, prior to attending camp. I understand if balance is not paid, including late fee, by noon Friday the YMCA reserves the right to discontinue service and place another camper off the waiting list in my child's spot.
- I understand a deposit per session, per camper will be due at the time of registration. I understand this deposit is nonrefundable and cannot be transferred to another camp.
- I understand a \$25 transfer fee will be charged for camp changes (changes are subject to camp availability). A change form must be completed and submitted to the registrar two weeks prior to the requested transfer.
- I understand if my child is not picked up on time at the end of the camp day, I will be charged a late fee. Fees must be paid in full before returning to camp.
- I understand when my child is ill he/she may not be accepted into camp.
- I understand my child will not be released to any person(s) not listed on the camp enrollment form.
- I understand my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
- I understand my child must be signed in and out daily by myself or my designee.
- I understand it is my child's responsibility to bring and apply his/her own sunscreen.
- If my child is experiencing problems or illness in the program, I may be required to retrieve my child early from camp. Pick up must be within one hour of call.
- Should my child be suspended or dismissed from camp due to behavioral issues, I understand the YMCA will not prorate the weekly camp balance and I will be responsible for the full amount due.
- I understand the YMCA Behavior Management Guidelines will be followed and enforced.
- The YMCA reserves the right to terminate services if it is determined that the placement is unsatisfactory.
- I understand the YMCA is an inclusive, family-friendly organization and the responsibilities as outlined.
- I understand if the YMCA is required to respond regarding legal issues and I may be responsible for payment of costs incurred by the YMCA as outlined.
- I understand and will abide by the Indemnity Agreement as outlined.
- The YMCA provides a recreational environment for children and teens with and without disabilities through added support staff when needed to facilitate successful participation into the programs when appropriate.
- I understand that photos, video by the YMCA and outside media may be taken throughout the camp day. These pictures may be displayed in YMCA brochures, YMCA website and promotional materials. If I do not want my child's picture taken, I understand it is my responsibility to notify the YMCA Director in writing of exclusions.
- I agree my child may take part in any special activity or trip with the YMCA. It is my understanding that advance notice will be given and that all activities will be supervised.
- I have read, understand and agree to abide by all the policies, procedures, fee requirements as outlined in the family handbook.
- I certify that I am at least 18 years of age and all information provided at the time of enrollment is complete and accurate. False or incomplete information may lead to termination of services.

Parent/Guardian Signature: _____ Date _____

(Attached Camp Registration Form must be completed in full w/deposits for processing)



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YOUR CHILD AND THE Y

ABSENCES

Please call a camp director if your child will be absent. There is no fee credit for absences or illnesses.

LATE PICK-UP

The regular Day Camp program ends at 4:00pm and extended care ends at 6:00pm. After these times a YMCA staff person will attempt to contact a parent or emergency contact person to pick up the child, and a late fee of \$15 will be charged from 4:20-4:30pm (if not attending after-care) or 6:00-6:15pm for the time that a YMCA staff person supervises your child. After 6:15pm, a late fee of \$1 per minute will be charged. **If no one can be contacted by 6:30pm, the local police may be contacted. DFS may also be notified about the situation.**

Late fees must be paid within one day of the late pick-up in order for the child to be re-admitted to camp. Fees must be paid by credit card, check, money order, or cashiers check made payable to the Edward Jones Family YMCA.

If police intervention is required, the child could be dismissed from the camp immediately without a refund being issued. Repeated late pick-ups can result in the child being dismissed from the association's Day Camp program. If the child is dismissed from camp a refund will not be issued.

PERSON'S AUTHORIZED TO PICK-UP

- The person signing your child out of the program must be 16 years of age and show a valid ID.
- A child will only be released to persons authorized by the custodial parent/s on the child's enrollment form. Anyone not on your list or who is not authorized in writing will not be allowed to pick up your child unless an emergency arises. In this situation a phone call will be accepted. You will be required to verify confidential information found on your child's enrollment form and the person picking up your child will be required to show a valid ID and know the Family Password.
- Staff will ask for ID or Family Password until familiar with person picking up your child.
- If the person who has arrived to pick-up the child is judged by the Y staff to be unsafe to drive a vehicle, the Y staff will offer to contact an alternate on the child's enrollment form. If the person becomes uncooperative, the Y staff will contact the police department to assist with the situation.

SIGN-IN/SIGN-OUT PROCEDURES

- Parents/guardians are required to escort your child into the program. On Monday, enter through the main foyer of the Edward Jones Family YMCA and head down to the Hub hallway for drop-off. Tuesday through Friday, curbside drop-off will be offered from the Marine entrance of the building. A staff member will greet you at your car window for you to sign your child into our care.
- Drop-off is between 8:20-8:40am. Campers may not be dropped off for camp until 8:20am. If dropped off earlier than this, an AM Fun Club fee will be incurred. If you arrive after 8:40am, please bring your child into the Y and sign him/her in at the camp desk in the main lobby. **Please note that campers arriving after 8:40am will stay with camp staff in the lobby until 9:15am when Opening Ceremony is finished.**
- Curbside pick-up will be offered Monday through Friday from the Marine entrance of the building, following the same process as drop-off. Be sure to have a photo ID ready to show our staff if necessary.
- Pick-up is between 4:00-4:20 pm. If you need to pick up before 3:00pm, please come into the Y and sign out your child with one of our camp staff. **Please note that a Freeze Time will occur between 3:00-4:00pm to ensure the safety of our campers during end of the day activities/transitions.** If a deviation from the camp day is needed, notify a camp director via email 24 hours in advance so we can make plans to accommodate you.
- It is required that the parent or an authorized person sign your child in and out every day with the correct date, time, and signature.
- Please notify a staff member when your child arrives or is leaving.
- Y Staff are not allowed to sign in/out children from program-(only exception would be attendance taken as children arrive to afternoon Fun Club programs).

By signing below I acknowledge that I have received a copy of the 2018 Summer Day Camp Family Handbook. The Handbook contains a description of the policies outlined on this form. I have been allowed the opportunity to seek clarification and know that I am expected to fully comply with the provisions therein.

Parent/Guardian Signature _____

Printed Name _____ Date _____

FREEZE TIME

The South County Family YMCA will begin to implement Freeze Time .

Every morning , all camps at the South County Family Y location will conduct what is called a “Freeze Time”.

At this designated time, campers will then be moving from fun club activities to camp activities in the morning.

We do not under any circumstance allow sign-ins at this time. This is not only to ensure the safety of all children, but to make sure the transition between A.M. Fun Club is a smooth one. Freeze times are between 9:00am—9:15am. The length of time will vary based on the accuracy of the head count. We ask that you please be patient and cooperate with us at this time. We understand time sensitivity, but no sacrifice is too great to ensure the safety of our children.

Should you arrive 9:00am—9:15am, please have a seat in the lobby. The Camp Directors will be there to check you in once we complete our head counts.



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Welcome to the South County Family YMCA 2019 Summer Camp Program!

(Hard copy of Parent Handbook is available at the Front Desk of the Y.)

If you completed registration at the front desk, please return the following:

- You have completed the enrollment paperwork process.

If you completed registration online, please return the following:

- Day Camp Parent Agreement Addendum

***This form must be completed and returned to us on file for your child to stay at camp.**

Your child will need to bring the following items:

(Please label child's name on everything!)

- Swimsuit and Towel on Swim Days
- Water bottle
- Back Pack
- Large Healthy Lunch no refrigeration is available
- 2 Snacks (one for AM and one for PM)
- Y T-shirt on Field Trip Days

(You will receive one your first week at camp) Full Day Camp Only

Dates to Know:

Thursday, February 21st 6pm-7:30pm Camp Open House

Thursday, March 14th 6pm-7:30pm Camp Open House

Saturday, April 27th 10am-12pm Healthy Kids Day

Thursday, May 9th 6:30pm-7:30pm Camp Meet N Greet

Forms Available Online: www.qwrymca.org

- Camp Enrollment Form
- Camp Family Handbook
- Day Camp Parent Agreement Addendum
- Chronic Health Form
- Medical Authorization Form

