



2019 CLINTON COUNTY YMCA Summer Camp Registration Form

Please X all your requested camps and camp dates

Traditional Camp 8:00 AM - 5:00PM	Camp Cost (2 price opt.) Member/Non Member	Ages	wk 1	wk 2	wk 3	wk 4	wk 5	wk 6	wk 7	wk 8	wk 9	wk 10	wk 11
			28-May	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	5-Aug
Week 1: The Summer Camp Adventure Begins **Prorate due to Memorial Day**	\$75/\$100	5-12											
Week 2: Prepare, Smell, Taste!!	\$95/\$125	5-12											
Week 3: Let's Be Explorers	\$95/\$125	5-12											
Week 4: Remarkable Races	\$95/\$125	5-12											
Week 5: Sports of all Sorts	\$95/\$125	5-12											
Week 6: Proud to be an American **Prorate due to 4th of July**	\$55/\$75	5-12											
Week 7: Creative Minds Think Alike	\$95/\$125	5-12											
Week 8: Water, Water, Everywhere	\$95/\$125	5-12											
Week 9: Spin to Win	\$95/\$125	5-12											
Week 10: Backyard Games	\$95/\$125	5-12											
Week 11: The Summer Adventure Ends	\$95/\$125	5-12											

Counselor In Training - CIT	Leadership Cost	Ages	26-May	1-Jun	8-Jun	15-Jun	22-Jun	29-Jun	6-Jul	13-Jul	20-Jul	27-Jul	3-Aug
*Application/acceptance only. Minimum commitment of 4 weeks.	\$150.00	14-17											

Camp Fees		*subject to change	+
1st week of camp in full	\$		
\$10 per each additional week of camp per camper	\$		
TOTAL DUE AT SIGN UP	\$		

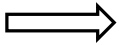
Deposit Payment
(circle one of the following)

Online Bill Pay EFT Cash Check

Deposit Policy: You must include the payment in full for the first week of selected camps, a deposit of \$10 for each additional week of camp per camper is due as well.
Deposits are NON-REFUNDABLE and NON-TRANSFERABLE

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.

Weekly Method of Payment	Please Circle One:	Online Bill Pay	EFT	Cash	Check
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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 and expiration date.

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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FOR SOCIAL RESPONSIBILITY

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 or contact Katie Kimmle at Katie.kimmle@gwrymca.org**

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 or contact Katie.kimmle@gwrymca.org**

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 & 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) & the physicians name. Forms can be found on the branch website or contact Katie Kimmle at Katie.kimmle@gwrymca.org

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)