



2016 CARONDELET PARK REC COMPLEX YMCA Summer Camp Registration

Name and Member #		FOR ALL YOUR REQUESTED CAMP WEEKS CIRCLE THE CAMP & WEEK												
Fun Club														
Before and After camp care	Camp Cost (2 price opt)	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 7-9am PM care 4-6pm	Full, Non Member		31-May	6-Jun	13-Jun	20-Jun	27-Jun	5-Jul	11-Jul	18-Jul	25-Jul	1-Aug	8-Aug	
Fun Club AM (7am-9am)	\$10/\$15	5-13	*	*	*	*	*	*	*	*	*	*	*	*
Fun Club PM (4pm-6pm)	\$10/\$15	5-13	*	*	*	*	*	*	*	*	*	*	*	*
Traditional Camp														
9:00 AM - 4:00PM	Camp Cost (2 price opt)	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		31-May	6-Jun	13-Jun	20-Jun	27-Jun	5-Jul	11-Jul	18-Jul	25-Jul	1-Aug	8-Aug	
Camp Discovery at Carondelet	\$99/\$119	5-13	*	*	*	*	*	*	*	*	*	*	*	*
Camp Cougar at Gotsch School in Affton	\$99/\$119	5-13		*	*	*	*	*	*	*	*	*	*	*
Special Interest Camps														
9:00AM - 4:00PM	Camp Cost (2 price opt)	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		31-May	6-Jun	13-Jun	20-Jun	27-Jun	5-Jul	11-Jul	18-Jul	25-Jul	1-Aug	8-Aug	
Art-Sculpture,Construction,Build, Improv	\$115/\$135	5-13		Sculpture			Construct				Building	Improv		
Science Camps: 8-13, Garden, 5-8yrs	\$115/\$135				8-13yrs	Garden				5-8yrs				
Boys will be Boys	\$115/\$135	5-13							5-13yrs					
Girls Rock	\$115/\$135	5-13							5-13yrs					
Moovin' and Groovin'	\$115/\$135	7-13									7-13yrs			
Basketball	\$115/\$135	5-13						5-8yrs		8-13yrs				
Fishing	\$115/\$135	8-13						8-13yrs						
Soccer	\$115/\$135			8-13yrs	5-8yrs									
Game On!	\$115/\$135	8-13										8-13yrs		
Junior Lifeguard	\$115/\$135	11-16							11-16yr					
H2O Madness	\$115/\$135	5-13			5-13yrs	5-13yrs								
Water Park Hop (48" Height Required)	\$142/\$182	6-13					6-13yrs				6-13yrs			
<i>All NPS camps include Fun Club</i>														
NPS Great Rivers Ramble	\$120/\$140	5-13			5-13yrs									
NPS Pollinators:Birds,Bees,Butterflies	\$120/\$140	5-13				5-13yrs								
NPS Legends of St. Louis	\$120/\$140	7-13					7-13yrs							
NPS Pedal the Parks	\$120/\$140	7-13						7-13yrs						
NPS Outdoor Survivors	\$120/\$140	7-13							7-13yrs					
NPS 100 Years of NPS	\$120/\$140	5-13									5-13yrs			
Counselor In Training - CIT	Leadership Cost	Ages	31-May	6-Jun	13-Jun	20-Jun	27-Jun	5-Jul	11-Jul	18-Jul	25-Jul	1-Aug	8-Aug	
Application/acceptance only. Minimum commitment of 4 weeks.	\$150.00	14-17	*	*	*	*	*	*	*	*	*	*	*	*
1st week of Fun Club in full (before/after care)	\$	+	Weekly Method of Payment (circle one of the following)				Online Bill Pay	EFT	Cash	Check				
\$ per Fun Club session (\$5 x # of X's in AM or PM) (\$10 x # of X's BOTH AMPM)	\$	=	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 Service 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: _____								



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

DAY CAMP HEALTH and PERMISSION FORM
This packet must be completed in full before any child may attend camp
2016

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:		
Mother's or Guardian's Name			Cell Phone ()		
Home Address (if different) (Street, City, State, Zip)			Mother's Birthdate		
Employed by (or School Attending)	Business Phone with extension ()		E-mail address		
Father's or Guardian's Name			Cell Phone ()		
Home Address (if different) (Street, City, State, Zip)			Father's Birthdate		
Employed by (or School Attending)	Business Phone with extension ()		E-mail Address		

Does your child have a Custodial Agreement/Parenting Plan _____YES _____NO
(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.



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 (insert branch specific info).**

Has your child been diagnosed with the following:

____ADD ____ID ____Autism ____Down Syndrome
____ADHD ____ED ____Asperger's ____Cerebral Palsy
____DD ____ODD ____OCD
____Other _____
____Not applicable

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 (insert branch specific info).**

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 or contact (insert branch specific info).

IMMUNIZATION RECORD

I/We certify that our child has received and is current on their immunization records. _____YES
(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.

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.



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

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.

INDEMNITY AGREEMENT

I agree to my child participating in the Gateway Region YMCA day camp programs and that he/she will comply with all rules and regulations. I also agree to abide by YMCA standards and guidelines.

I hereby waive any claim of liability and will hold harmless the YMCA, its officers, directors, trustees, agents and employees for any bodily injuries incurred by my child while participating in any day camp program or activity sponsored by the YMCA. I understand that no accident insurance is provided. In addition, I understand that the YMCA is not responsible for my child's personal property.

I verify to the best of my knowledge that everything I will disclose on the enrollment and health forms will be correct and the child herein is in good health. He/she has no physical ailments that will prevent normal participation unless specified on this form. I recognize failure to disclose, falsification or deliberate omission of information will result in termination of services.

I grant the Gateway Region YMCA, its agents, and the news media the right to photograph me and/or my family including children and to use the photograph for news publicity purposes.

I acknowledge that I am over the age of 18 and have carefully and completely read and understand the terms contained in this release waiver, legal liability, and voluntarily accept and agree to all such terms.

Parent or Legal Guardian Signature: _____

Date: _____



CHILD'S NAME: _____

Please read carefully and sign below.

- 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.
- The YMCA is an inclusive, family-friendly organization. We expect all our members, program participants and guests to model our four values - - caring, honesty, respect, responsibility - - in their conduct and language. The YMCA has the right to deny applications for individual or family memberships or participation in programs and to terminate or suspend existing individual or family memberships or participation in all YMCA programs or activities at our sole discretion if actions or behaviors are not deemed to be in the best interests of the organization. If a membership or program is terminated or suspended, all fees already paid will be forfeited. The YMCA has sole discretion to reinstate members and participation privileges in YMCA programs and activities.
- I understand if the YMCA is required to respond (whether to answer, modify, clarify or quash) to a third party subpoena (whether for testimony, documents, appearance, or any combination thereof) or other compulsory legal order or any other process as the result of any legal proceeding of which I or my child is a party or participant, I will be responsible for both promptly reimbursing the YMCA for its reasonable attorney's fees, and the cost of the YMCA's employees' and contractors' time and materials (including, but not limited to copying and document redaction costs) spent responding at the YMCA's then-current hourly rates. I further understand that failure to promptly reimburse the YMCA will result in suspension or termination of YMCA services under this YMCA Care Program Enrollment Agreement and could result in the YMCA pursuing a legal action against me for collection, and that I will be responsible for paying all costs, including reasonable attorney's fees, incurred by the YMCA for the filing of such action
- 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 and video 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 received, read and agree to abide by all the policies, procedures, and fee requirements as outlined in the parent handbook.
- 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 _____



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

Gateway Region YMCA Child Care Medical Procedures & Chronic Health Conditions

Health Condition: _____

Child's name: _____

Parents names and telephone numbers:

_____	(Work) _____	(Home) _____
	(Cell) _____	(Pager) _____
_____	(Work) _____	(Home) _____
	(Cell) _____	(Pager) _____

Physician's name and telephone number

1. Describe the child's symptoms including when they generally occur. What triggers an episode?

2. How are mild episodes treated?

3. How are serious episodes treated?

4. Is this child on daily medication, if so is the YMCA to administer any medication?
Give details on administration.

5. Are there any side effects of any medications child is currently taking - physical and/or behavioral?
If so, please explain.

6. Does physical activity seem to trigger episodes? _____
If so under which conditions should this child not participate in activities?

7. Do weather conditions affect the condition? _____
If so how?

8. Does the child understand their medical and treatment condition? _____
If yes does the child participate in the management of this condition?

By signing below I acknowledge that I have provided complete and accurate information regarding the health condition of _____ and any and all treatment which the YMCA may need to perform, along with any and all risks associated with the condition or treatment.

Physican/Specalist Signature

Date

GATEWAY YMCA DAY CAMP
(Required addendum for On-Line Enrollments)

CHILD'S NAME: _____

Please read carefully and sign below.

- 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.
- The YMCA is an inclusive, family-friendly organization. We expect all our members, program participants and guests to model our four values - - caring, honesty, respect, responsibility - - in their conduct and language. The YMCA has the right to deny applications for individual or family memberships or participation in programs and to terminate or suspend existing individual or family memberships or participation in all YMCA programs or activities at our sole discretion if actions or behaviors are not deemed to be in the best interests of the organization. If a membership or program is terminated or suspended, all fees already paid will be forfeited. The YMCA has sole discretion to reinstate members and participation privileges in YMCA programs and activities.
- I understand if the YMCA is required to respond (whether to answer, modify, clarify or quash) to a third party subpoena (whether for testimony, documents, appearance, or any combination thereof) or other compulsory legal order or any other process as the result of any legal proceeding of which I or my child is a party or participant, I will be responsible for both promptly reimbursing the YMCA for its reasonable attorney's fees, and the cost of the YMCA's employees' and contractors' time and materials (including, but not limited to copying and document redaction costs) spent responding at the YMCA's then-current hourly rates. I further understand that failure to promptly reimburse the YMCA will result in suspension or termination of YMCA services under this YMCA Care Program Enrollment Agreement and could result in the YMCA pursuing a legal action against me for collection, and that I will be responsible for paying all costs, including reasonable attorney's fees, incurred by the YMCA for the filing of such action
- 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 and video 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 received, read and agree to abide by all the policies, procedures, and fee requirements as outlined in the parent handbook.
- 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 _____