

Summer Day Camp 2021-Kiddie Camp

Parent/Guardian Contract

Please know that no matter which parent/guardian signs this form, all parents/guardians involved will be held to the same standard.

1. I understand I must follow all guidelines in the Summer Day Camp/Guardian Guide 2021. Failure to do so can result in my child's dismissal from the Summer Day Camp program.
2. I understand I must complete all forms needed for my child's care at the YMCA.
3. I understand payments are due every Friday. If I do not pay tuition when due, I may be charged a \$10 late fee per child per week. My child may not attend until all fees are paid.
4. I understand that there may be times when the Summer Day Camp program cannot meet the needs of my child. In such cases, the YMCA will release my child from the program.
5. I understand if I am called to pick up my child due to illness or behavior, I must do so in a timely manner. Failure to do so can result in immediate dismissal, and after one hour late pick-up fees apply.
6. I understand if my child is injured, and the injury can be fixed with a band-aid, I will not be called. For all other injuries, parent/guardian will be notified.
7. I understand that if my child is not picked up at the end of their camp day on time, my account will be charged a late fee in the amount of \$10 will be charged for pick-up later than 6 pm and an additional \$25 if picked-up after 6:15 pm. Habitual late pick-up will result in loss of care.
8. I understand that when my child is ill, he or she may not be accepted to camp.
9. I understand that my child will not be released to any person(s) not listed on the camp permission form.
10. I understand that my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
11. I understand that my child must be signed in and out daily by myself or my designee (as listed on the permission form.)
12. I understand the YMCA Behavior Management Guidelines will be followed and enforced.
13. The YMCA reserves the right to terminate services if it is determined that the placement is unsatisfactory.
14. The YMCA is an inclusive, family-friendly organization. We expect all our members, program participants and guest to model our four core values--Caring, Honesty, Respect, Responsibility--in their conduct and language. The Tri-County YMCA has the right to deny application, terminate or suspend for individual or family memberships or participation in all YMCA programs at our sole discretion if actions or behaviors are not deemed in the best interest of the organization. The Tri-County YMCA has sole discretion to reinstate members and participation privileges in YMCA programs and activities.

Child's Name

Parent or Guardian Signature

Date

WELCOME TO



Kiddie Camp

Thank you for choosing to send your child to Kiddie Camp!! Please be sure and follow the directions below to ensure proper registration. If you have any questions about this registration packet, please ask a YMCA staff member to assist you.

Directions for selecting your child's summer camp experience:

1. Review the camp brochure and select the weeks your child will attend camp. A \$10 per week/per family deposit is required at the time of registration. **All deposits are non-refundable and non-transferable.**
2. Check the box of camps and activities that your child will be participating in.
3. Choose the days your child will attend by circling the appropriate letter(s) on the weekly camp registration form. **There is a 3-day minimum.**
4. Fill out all the appropriate remaining permission forms and sign the waiver.

Camp Age Divisions

Kiddie Camp:

Children who are 4 years old by 7/1/21 through 5 years old and children who will be entering Kindergarten. All children must be fully potty trained.

***If camper is attending Kiddie Camp, we need a copy
Of their Birth Certificate.**

ALL CAMPERS ARE REQUIRED TO HAVE CURRENT SHOT RECORDS ON FILE.

PLEASE SEE BROCHURE FOR MORE DETAILED INFORMATION

The Tri-County YMCA operates on a nondiscriminatory basis with regard to race, religion, creed, ethnicity, gender, ability, or marital status of parents. We wish to extend an invitation to you and your child to learn, discover, and grow with us.

Tri-County YMCA Childcare Center Enrollment Form

Child's Name _____ Date of Birth _____ Sex _____ Grade _____

Child's Address _____ Phone Number _____

1. _____
Parent/Guardian Name _____ Relationship to Child _____

2. _____
Parent/Guardian Name _____ Relationship to Child _____

Address (if different from Child) _____ Home _____
Phone _____

Employer (of person on line #1) _____ Work Phone _____

Employer (of person on line #2) _____ Work Phone _____

If child does not reside with above, please describe arrangement _____

Who should be contacted first? _____

If there is a separation or divorce/custody problem of which childcare staff should be aware of, please explain _____

EMERGENCY INFORMATION

These should be local persons who may be notified in case of emergency or illness when the Parent/Guardian are unavailable.

1.

Name	Relationship to Child	Phone Number
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2.

Name	Relationship to Child	Phone Number
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3.

Name	Relationship to Child	Phone Number
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EMERGENCY INFORMATION CARD

Child name: Last	First	Middle	Birth Date
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Address	Home Phone
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Child's Physician	Physician's Address	Phone
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List any food or drug allergies:

List any medications that are currently being taken:

List any other conditions that may be important in an emergency:

In the event of an accident or serious illness, the center will attempt to contact the parent/guardian and any alternates in succession. If the center is unable to contact the person(s) on this card, the physician will be contacted and/or arrangements made for immediate treatment. Payment of fees will be assumed by the parent/guardian. I hereby certify that I have read, understand, and agree to the conditions outlined in the emergency information card.

My child may be released to:

- | | Name/Relationship | Address | Phone # |
|----|-------------------|---------|---------|
| 1. | <hr/> | | |
| 2. | <hr/> | | |
| 3. | <hr/> | | |

Signature of parent/guardian	Date
<hr/>	<hr/>

Tri-County Childcare Center
Release Form

Photograph, Video, Audio Release

I DO – I DO NOT (circle one) give permission to have my child appear in any media type coverage approved by the Tri-County YMCA.

Initial

Swimming Permission

I DO - I DO NOT (circle one) give permission for my child to participate in swimming activities planned by the Tri-County YMCA Childcare Center and Staff

Initial

Sunscreen Permission

I DO – I DO NOT (circle one) give permission to the Tri-County YMCA Childcare Center staff to apply sunscreen, which I provide for my child _____ as needed due to sun exposure.

Initial

We the parent(s) of _____, do hereby acknowledge that I/we have received, read and understand the Tri-County YMCA Childcare Center Parent Handbook. Furthermore, I/we agree to abide by the policies and procedures set forth therein and I/we understand that failure to adhere to them may result in our child being discharged from the program.

Parent/Guardian Signature Date

Preschool Director Signature Date

HEALTH FORM

This form will be presented upon admission for treatment

Insurance Information:

Is the participant covered by family medical/hospital insurance? ____ Yes ____ No

If so, indicate carrier or plan name: _____

Group Number: _____ ID Number: _____

Carrier Address: _____

Name of insured: _____ Relationship to participant: _____

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the Childcare Coordinator to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the program director to secure and administer treatment, including hospitalization for the name person. This complete form may be photocopied for trips from the Tri-County YMCA Child Care Center to any off-site location. I agree to pay the entire costs and fees contingent on an emergency medical care and/or treatment for my child as secured or authorized under this consent.

Signature of parent/guardian _____ Date _____

Witness _____ Date _____

Every effort will be made to notify parent/guardian immediately in case of emergency.

I DO NOT GIVE permission to provide necessary treatment or emergency care to my child:

Signature of parent/guardian _____ Date _____

If for any reason you do not give permission to provide necessary treatment or emergency care to your child, the following steps will be taken:

- 1) The YMCA will try to contact the parent/guardian at their contact phone numbers.
- 2) If a parent/guardian can not be reached, the YMCA will phone those listed on the Emergency Contact information list.
- 3) If neither a parent/guardian or emergency contact person can be reached, Tri-County YMCA will make the decision to provide treatment or call medical emergency personnel.

I hereby have read and understand the above policy concerning my refusal to give permission to provide necessary treatment or emergency care to my child. I understand if a parent/guardian or person listed on the Emergency Contact list cannot be reached, Tri-County YMCA will make the decision to provide treatment or call medical emergency personnel.

Signature of Parent/Guardian

Date