



School Age Services Day Camp Registration 2018
YMCA of Metropolitan Dallas

Day Camp 1:	Days of Care: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Day Camp 2:	Does your family have a YMCA Membership?
OFFICE USE ONLY:	
<input type="checkbox"/> wk 1 <input type="checkbox"/> wk 2 <input type="checkbox"/> wk 3 <input type="checkbox"/> wk 4 <input type="checkbox"/> wk 5 <input type="checkbox"/> wk 6 <input type="checkbox"/> wk 7 <input type="checkbox"/> wk 8 <input type="checkbox"/> wk 9 <input type="checkbox"/> wk 10 <input type="checkbox"/> wk 11	<input type="checkbox"/> YES <input type="checkbox"/> NO

Child's Name:	Date of Birth: __/__/____ Gender: Male or Female	Age:	Grade in Fall 2018:
Child's Address:	City/State/Zip:	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
How did you hear about the YMCA? <input type="checkbox"/> Afterschool Site <input type="checkbox"/> YMCA Flyer <input type="checkbox"/> YMCA Website <input type="checkbox"/> YMCA Email <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) <input type="checkbox"/> Attended Last Summer <input type="checkbox"/> Family/Friend Referral: _____			

Primary Parent/Guardian Contact Information MOTHER FATHER OTHER: _____

Primary Parent/Guardian Name:	Date of Birth: __/__/____ Gender: Male or Female	Cell#: Home#: Work#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	May the Y release to non-custodial Parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____
Email Address:	Driver's License#:	

Secondary Parent/Guardian Contact Information MOTHER FATHER OTHER: _____

Secondary Parent/Guardian Name:	Date of Birth: __/__/____ Gender: Male or Female	Cell#: Home#: Work#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
Email Address:	Driver's License#:	

REQUIRED: Emergency Contact/Authorized Pick Up (other than parents)

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	Driver's License #:

REQUIRED: Additional Authorized Pick Up (other than parents)

Name:	Phone#:	Driver's License#:
Name:	Phone#:	Driver's License#:
Name:	Phone#:	Driver's License#:



HEALTH HISTORY

<p><u>SEVERE/LIFE-THREATENING ALLERGIES</u> – Please list any food, environmental or other allergies which are severe, life-threatening or require emergency medication:</p> <p>_____</p> <p>_____</p> <p><u>SPECIAL CONSIDERATIONS/NEEDS</u> – Please list any SPECIAL CONSIDERATIONS relevant to your child, such as existing illnesses, previous serious illnesses, injuries or hospitalizations within the past 12 months, activity restrictions, developmental age, chronic health concerns, any medication prescribed for long-term continuous use and any other information which caregiver’s should be aware of:</p> <p>_____</p> <p>_____</p> <p><u>REQUIRED MEDICATIONS*</u> – Please list any prescription medications which require administration during program hours or during emergency situations:</p> <p>_____</p> <p>*PLEASE NOTE OUR MEDICATION POLICIES:</p> <ul style="list-style-type: none"> • Non-Prescription medications <u>REQUIRE WRITTEN NOTE AND INSTRUCTIONS</u> by a physician • We require a <u>MEDICATION FORM</u> signed by parent(s) for any medication. • Medication must be <u>CURRENT</u>. We will not accept or administer expired medications. 	<p>*PLEASE NOTE OUR MEDICATION POLICIES (continued):</p> <ul style="list-style-type: none"> • We require medication to be in its <u>ORIGINAL CONTAINER</u>. • We allow the self-carry of Emergency Medications <u>ONLY</u> for children diagnosed with asthma or anaphylaxis. Self-carry is only permitted with the <u>PRESCRIBING PHYSICIAN’S WRITTEN PERMISSION</u>. <p><u>AUTHORIZATION FOR MEDICAL TREATMENT</u> In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid/or transport to the nearest hospital or emergency care facility.</p> <p>Name of Licensed Physician & Emergency-Care Facility: _____ / _____</p> <p>Street Address: _____ / _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____ / _____</p> <p>I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA Day Camp Program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.</p> <p>Parent Signature: _____ Date: _____</p>
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ADMISSION AGREEMENT

INITIAL	<u>Transportation:</u> I give permission for my child to be transported in an authorized YMCA Vehicle for YMCA events, field trips or to the YMCA Day Camp Program location. Parent/Guardian will be informed of all planned field trips.
INITIAL	<u>Water Activities:</u> I give permission for my child to participate in water activities during program hours at predetermined time.
INITIAL	<u>Movies:</u> I give permission for my child to view a Director approved G movie, though it is not part of regularly scheduled lesson plans.
INITIAL	<u>Policies and Procedures:</u> I have received and have read a copy of the YMCA Day Camp Parent Handbook and understand all policies and procedures therein.
INITIAL	<u>Immunization Hearing & Vision Screening:</u> I certify that my child’s current immunization records and TB test (if applicable) are included with this form. I certify that my preschool age camper’s Hearing & Vision screening results are also included.
INITIAL	<u>Hours of Care:</u> I understand that I will be charged an additional \$1.00 every minute I am late after close of site. I further understand the YMCA reserves the right to cancel a registration with excessive tardiness of pick-up. In the event of excessive tardiness authorities may be notified. (page 18 of YMCA Handbook)
INITIAL	<u>Custody:</u> YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document. NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD WITHOUT A SIGNED AFFIDAVIT ON FILE.
INITIAL	<u>Photo Release:</u> The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.
INITIAL	<u>Behavior Policy:</u> I have read and understand the YMCA Day Camp Behavior Policy. (page 12 of YMCA Handbook)
INITIAL	<u>Hazardous Activities:</u> I give permission for my child to participate in supervised camp activities such as archery, bb’s, challenge courses, etc. (at select camp locations and weeks).

I have read the **Admissions Agreement** and fully agree to its terms. I have also read and accept the **policies and procedures** listed in the parent handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

Primary Parent/Guardian Signature: _____ Date: _____



**School Age Services Day Camp Registration 2018
YMCA of Metropolitan Dallas**

PAYMENT AGREEMENT

Camp Site:		Participant Name:
INITIAL	I understand that for the first week of camp the registration deadline in person is 5/30/2018 at my local YMCA Branch or I can register online through Sunday 6/3/2018. I also understand if I wait until this deadline, space is not guaranteed.	
INITIAL	I understand the registration deadline in person is the Wednesday prior to the week of camp at my local YMCA Branch or I can register online through the Sunday before camp. I also understand if I wait until this deadline, space is not guaranteed.	
INITIAL	I understand I must pay by draft and my account will be drafted on the Wednesday prior to the week my child will attend camp. If my payment is returned due to insufficient funds, I am responsible for all fees incurred and may owe a return fee of \$30.00 per returned charge to the YMCA. I understand that if I exit the program that my last draft will include all past due and remaining balances.	
INITIAL	I have reviewed the YMCA 2018 Draft Schedule and understand that I will be charged per the weeks I have selected for my child to attend Camp, regardless of absences or lapses in attendance.	
INITIAL	I understand the weekly fee is based on enrollment not attendance and the YMCA will not pro-rate regardless of absences or lapses in attendance.	
INITIAL	I understand if my draft returns, I have until Friday at 4pm to take care of my past due balance. If my account is not taken care of by then, my child's space at camp will be forfeited and I will need to re-enroll online.	
INITIAL	I agree to give the YMCA a two week notice by completing a change form or online cancellation, if I plan to exit the program or transfer to another week. I further understand I will be a charged a \$30.00 cancellation fee per child if I do not give a two-week notice as outlined in the 2018 Weekly Draft Schedule.	
INITIAL	I understand if I cancel the YMCA Summer Day Camp Program and my account has a past due balance, the balance will be drafted at the time of cancellation and the YMCA will continue to draft outstanding balances until the past due amount is paid in full.	
INITIAL	I understand Registration fees are non-refundable or transferable. The registration fee is only waived during the Super Sign up weekend on Friday March 16 th , Saturday March 17 th , Sunday March 18 th , and Monday March 19 th . I further understand that if I choose to register before or after the Super Sign Up weekend then I will have to pay the registration fee.	
INITIAL	I understand that space is limited and if I choose to not pre-register and decide to register in the middle of the week for the next week of camp, space is not guaranteed.	
INITIAL	I understand if I do not pre-register there will be a \$20 rate increase per week during the late registration period as outlined in the 2018 Weekly Draft Schedule.	

WEEKLY DRAFT ACCOUNT INFORMATION

CREDIT CARD/DEBIT CARD/PRE-PAID CARD DRAFT [NO CASH, CHECKS, MONEY ORDERS]				
Circle:	Visa	Master Card	American Express	Discover
Circle:	CREDIT CARD	DEBIT CARD	PRE-PAID CARD	
Circle:	Is this a Child Support or FSA card?	YES	NO	
Card Number:			Exp. Date: ____ / ____	
			3 OR 4 digit Security Code: ____	

Name on Card/Account: _____

Billing Address: _____

I have read and understand the YMCA Payment Agreement; I accept my payment plan and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program and that my YMCA of Metropolitan Dallas program privileges will also be suspended until my account is in good standing.

Primary Parent/Guardian Signature: _____ Date: _____



2018 WEEKLY DRAFT SCHEDULE

Camp Site:		Participant Name:			
Camp Weeks	(X) Indicates what week you are registering your child	Camp Name : (see below camps that end early)	Draft Date: (Wednesdays)	Late Registration Price (week increases by \$20) (Mondays)	Cancellation Fee (date charged without a 2 weeks' notice): (Mondays)
Week 1 June 4 th – June 8 th 2018	<input type="checkbox"/>		5/30/2018	5/21/2018	5/21/2018
Week 2**** June 11 th – June 15 th 2018	<input type="checkbox"/>		6/6/2018	5/28/2018	5/28/2018
Week 3 June 18 th – June 22 nd 2018	<input type="checkbox"/>		6/13/2018	6/4/2018	6/4/2018
Week 4 June 25 th – June 29 th 2018	<input type="checkbox"/>		6/20/2018	6/11/2018	6/11/2018
Week 5* July 2 nd – July 6 th 2018	<input type="checkbox"/>		6/27/2018	6/18/2018	6/18/2018
Week 6 July 9 th – July 13 th 2018	<input type="checkbox"/>		7/3/2018	6/25/2018	6/25/2018
Week 7 July 16 th – July 20 th 2018	<input type="checkbox"/>		7/11/2018	7/2/2018	7/2/2018
Week 8 July 23 rd – July 27 th 2018	<input type="checkbox"/>		7/18/2018	7/9/2018	7/9/2018
Week 9** July 30 th – August 3 rd 2018	<input type="checkbox"/>		7/25/2018	7/16/2018	7/16/2018
Week 10*** August 6 th – August 10 th 2018	<input type="checkbox"/>		8/1/2018	7/23/2018	7/23/2018
Week 11 August 13 th – August 16 th 2018	<input type="checkbox"/>		8/8/2018	7/30/2018	7/30/2018

***All YMCA Camps will be closed on Wednesday July 4th**

****Last week of Camp for:** Coppell Pre-school Camp Pee Wee, Frisco Camp Caddo, Moorland Camp Natayo, Oak Cliff Camp Wickiup

*****Last week of camp for:** Coppell Camp KannaWanna, Camp Kookaburra, Camp at the Ranch, Irving Camp Ohana, Lake Highlands Camp Maranatha, Park South Camp Oso, T. Boone Urban Adventure Camp **AND All YMCA Camps will be closed on Friday August 10th**

******First week of Camp for Camp Yipiyuk**

I understand my child will be registered for the weeks I have selected above, and my account will be set to draft as indicated by the due date. I further understand for me to receive a full refund for weeks my child will not attend, it is my responsibility to submit a change form or online cancellation two weeks prior to the draft date, per the YMCA Payment Agreement, to avoid being charged a \$30 cancellation fee.

Primary Parent/Guardian Signature: _____ Date: _____

Return completed forms:

To our Business Office by Email:

Email: SASBSERV@ymcadallas.org