



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2022-23
SCHOOL HOLIDAY
DAY CAMP REGISTRATION

Child's Name (first/last) _____ Birth date ____/____/____ Age ____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Gender _____ Grade _____

Estimated time of arrival: _____ Pick-up: _____ School _____

Child resides with (circle one) Both parents Mother Father Guardian/Other

Mother's/Guardian's name: _____

Work phone: _____ Cell: _____ Home: _____

Father's/Guardian's name: _____

Work phone: _____ Cell: _____ Home: _____

Contact email (required) _____

Request for Camp Dates

I would like to send my child(ren) on the following day(s).

_____ Monday, October 10 Columbus Day

_____ Friday, October 28 Mt. Vernon Conference

_____ Tuesday, November 8 Election Day

_____ Monday, January 16 Martin Luther King Day

_____ Monday, February 20 Presidents Day

Pick-Up Information List the people who may be picking up your child(ren). ID.s will be checked if we do not know the person.

1. _____ Relation to child: _____

2. _____ Relation to child: _____

3. _____ Relation to child: _____

Emergency Form First call goes to the parents. If parent's can't be reached then,

1st Emergency Contact Name: _____

Phone: _____ 2nd Phone _____ Relation to child: _____

2nd Emergency Contact Name: _____

Phone: _____ 2nd Phone _____ Relation to child: _____

Injury and Medical Information & Waivers

Name of Family Physician: _____ Phone: _____

Hospital Affiliation: _____

Insurance Carrier: _____

Dentist/Orthodontist _____ Phone: _____

Special Needs (Health, physical, diet, educational, or other): _____

Allergies: _____

Current Medications (prescription only): _____

Medication Authorization Form

Parent or legal guardian must complete and sign this form.

All medications must be given directly to the YMCA Child Care Coordinator for safe storage. Medications are not allowed to be kept or stored by a child.

YMCA staff will keep a record of the receipt and administration of any medication. Parents have access to these records upon request at any time. YMCA staff is not allowed to administer medication unless it is in its original container with all original labels attached.

Name of medication(s) taken:

(1) _____ at _____ am/pm

(2) _____ at _____ am/pm

Special Instructions: _____

Please sign in this box if my child **does not** require any type of medications or specific help.

Name _____

Date _____

Medication Authorization

I, _____, hereby give YMCA staff permission to administer the above-mentioned medications to my child at the designated time. I understand that if anything changes in regard to this medication, I am responsible for informing the YMCA staff in writing.

Emergency Medical Authorization

I hereby give permission to the medical personnel selected by the directors/coordinators to order x-rays, routine tests and treatment for my child. In the event I am not able to communicate or cannot be reached in an emergency, secure proper for and order injections and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if I am not covered by insurance. I give permission to program staff to administer immediate first aid to my child when needed.

Parent Signature: _____

Date: _____

Acknowledgements

Please initial each statement and sign below:

- I understand that the registration fee for child care must be paid in full before my child(ren) can attend. _____
- I understand that fees are only refundable with 7 days' notice. _____
- I understand that photographs of my child may be used for promotional purposes and give my permission. _____
- I acknowledge that I have read the Day Camp Character Code of Conduct with my child and agree to abide by the policies set therein. _____

Parent signature: _____ Date: _____

Please return this registration form with payment to the YMCA of Jefferson County, 2424 Broadway St.

YMCA Day Camp Character Code of Conduct Contract

The YMCA Day Camp strives to provide an environment in which children can develop meaningful relationships, acquire new skills, and be engaged in activities that improve their spiritual, physical, and mental well-being. The four pillars of YMCA Character Development are Respect, Responsibility, Caring and Honesty.

As staff demonstrate these characteristics, we ask that your child honor these important character traits as well by agreeing to the following Character Contract.

Please read through the Character Contract with your child and acknowledge your mutual agreement to the contents of the Character Contract during registration.

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Day Camp Character Code of Conduct Contract

My child(ren) and I agree to honor and support the attributes of good character while participating in YMCA Day Camp:

Speak with Respect

I will choose to speak respectfully to and about other campers and staff. I will not have harmful conversations about others, discuss inappropriate topics, or use inappropriate language or gestures.

Listen to Staff

I will honor staff's directions the first time I am asked or told to do something.

Play Fairly

I will play in all activities that I have been given permission to do so and will play fair, following instructions, and respecting others' rights to play. I will not physically hurt or act aggressively toward others. If I need help expressing my feelings with words, I will ask a camp counselor for help and will keep my hands and feet to myself.

Be Accountable

I will remain with my assigned group of fellow campers and counselors at all times to ensure my safety while at the YMCA Day Camp.

Be Caring

I will ask permission to use toys, games, and equipment. I will care for these items while I am enjoying them so that my fellow campers can have the same experience. I will help care for the YMCA property by cleaning up after myself and returning toys, games, and equipment to their proper place when I am done enjoying them.