



2019 PRESCHOOL SUMMER CAMP REGISTRATION

Grant County Family YMCA - 123 Sutter Way, Marion, IN 46952

INFORMATION— PLEASE PRINT ALL INFORMATION; COMPLETE ONE FORM PER CHILD

Child's Name: _____ Birth Date _____ Date of application _____

Name Child Goes by: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Home ph. _____ cell ph. _____ E-Mail: _____

M/F _____ Child's age: _____ Ethnicity: _____

Child's Shirt Size: Small _____ Medium _____ Large _____ X-large _____

Allergies:

Behavioral challenges: _____

Speech, language, hearing, vision: _____

Family Information—Please print all information

Mother/Guardian: _____ Same address as child

Date of birth: _____ **Drivers license/State I.D. #:** _____

Home Address: _____ home ph. _____ cell ph. _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

Place of Employment: _____ Work ph.: _____

Father/Guardian: _____ Same address as child

Date of birth: _____ **Drivers license/State I.D. #:** _____

Home Address: _____ home ph. _____ cell ph. _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

Place of Employment: _____ Work ph.: _____

Emergency Information

Person to be reached if parents or guardians cannot be reached:

Name: _____ (home #) _____ (other #) _____

Name: _____ (home #) _____ (other #) _____

Name: _____ (home #) _____ (other #) _____

Doctor's name: _____ (Phone #) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Child release for pick-up

Persons authorized to pick up:

Parents listed above

Emergency contacts listed above

Additional:

Name: _____

Name: _____

Persons NOT authorized to pick up:

Name _____

Name _____

Name _____

Name _____

Name _____

(A copy of a court order may be required for persons who are not authorized for pickup.)

YMCA OF GRANT COUNTY EMERGENCY INFORMATION, WAIVER, AND MEDICAL AUTHORIZATION

Print Parent/Guardian Name: _____ **Date:** _____

Child's Information: Complete one form for each child.

First Name: _____ **Last Name:** _____ **Age:** _____

Birth Date: _____ Male Female

Are immunizations current? No Yes

Has the child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?
 No Yes

Does he/she have any disability, special needs, chronic or recurring illness or conditions?
 No Yes

Does he/she have any physical problems, mental health disorders, or developmental disabilities?
 No Yes

Name current medication (s) and give instructions: _____

List allergies: _____

If you answered YES to any of the question above, please give details: _____

Health Insurance Information:

Physician's Name: _____ at (hospital/clinic/office): _____

Initial Emergency Contact:

Parent/Guardian to be contacted first: _____ **Phone:** _____

If the initial emergency contact cannot be reached, we will attempt to reach:

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Parent/Guardian Authorization:

I certify that in advance of participation in YMCA programs, I have received any and all information which I deem necessary or important in making an informed choice regarding my child/ward's participation in such activity or program. I acknowledge the risks inherent in my child's participation in activities. In consideration of the Grant County YMCA allowing my child/ward to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such program or activity.

IN EXCHANGE FOR ALLOWING MY CHILD TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES, I HEREBY RELEASE AND HOLD HARMLESS the YMCA, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the YMCA's facilities and my child's participation in YMCA programs, including claims arising out of negligence of the YMCA and its employees and volunteers. The use of all YMCA facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Indiana.

Authorization of Treatment:

I _____, Parent/legal guardian of the above said minor child, consent to medical treatment by authorized Y Summer Day Camp staff for my child, if necessary. I also release and hold harmless the Y Child Care and Grant County YMCA from any liabilities or claims arising from medical care provided.

Acknowledgement of Policies and Guidelines:

By signing below, I acknowledge that I have read the above information, and that I understand the policies of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Child Care Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

Signature of Parent/Guardian: _____ **Date:** _____

Sunscreen & Bug Spray Permission Form

No, Do NOT apply sunscreen

Yes, Apply Sunscreen (fill in blanks below)

I, _____ hereby grant my permission for employees of the YMCA to apply Sunscreen to my child, _____ as needed while in the care of the Preschool Summer Day Camp program. I understand that I am responsible for sending Sunscreen with my child each day to camp.

Parent Signature _____ Date _____

No, Do NOT apply Bug Spray

Yes, Apply Bug Spray (fill in blanks below)

I, _____ hereby grant my permission for employees of the YMCA to apply Bug Spray to my child, _____ as needed while in the care of the Preschool Summer Day Camp program. I understand that I am responsible for sending Bug Spray with my child each day to camp.

Parent Signature _____ Date _____

TRANSPORTATION AGREEMENT

By registering for the YMCA Preschool Summer Day Camp program, I give permission for my child to be transported by the YMCA. Transportation includes to and from the park and field trips. I understand that I will be informed of park trips and field trips in detail prior to the event. I understand that I also give permission for my child to take walking field trips with their counselor when weather is permitted.

CHILD NAME: _____

PARENT'S NAME: _____

DATE: _____

Photo Release Policy

By registering for the YMCA Preschool Summer Day Camp program, I acknowledge that I am giving the Grant County Family YMCA permission to take and publish photos on our website, social media, brochures and/or newsletters of my child. The photos will be used to aid visitors to help them get a visual depiction of the Preschool Summer Day Camp experience. I stipulate by signing below that the photos not be identified in any way with personal information other than first names. (i.e., last name, address, phone number or any other identifying information)

I understand and acknowledge this photo release policy.

CHILD'S NAME: _____

PARENT'S NAME: _____

DATE: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;

Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;

YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and

YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

CAMP SESSIONS

We have 10 spots available for our 2019 Preschool Summer Day Camp. Our camp is offered to children 3 and 4 year olds who are currently in Preschool. We will have 10 sessions of Day Camp this summer. A **NON-REFUNDABLE** deposit of **\$10 per child, per session** is required at the time of registration to hold your child's spot for that session. Registration and Deposits for all 10 sessions will end on May 17, 2019

Session 1:	May 28— May 31	Aloha Summer
Session 2:	June 3—7	Galactic Adventure
Session 3:	June 10—14	Science & Goey Things
Session 4:	June 17—21	Aquamania
Session 5:	June 24—28	Superheroes
Session 6:	July 1—5	Party In The USA
Session 7:	July 8—12	Spy Camp
Session 8:	July 15—19	World Of Colors
Session 9:	July 22—26	Lego Adventures
Session 10:	July 29—Aug 2	End Of Summer Spectacular

SESSION FEES

Members:

\$10 deposit per session

\$90 weekly

\$35 daily

Non-members:

\$10 deposit per session

\$110 weekly

\$40 daily

PRE-CAMP & POST-CAMP will be offered for any child enrolled in our day camp program for an additional fee.

Pre-camp hours: 6:30 am – 9:00 am

Post-camp hours: 4:00pm – 6:00 pm

Members: \$25 weekly

Non-members: \$35 weekly

- A NON-refundable deposit per child is required for each session that your child is registered in. All deposits must be made at the time of registration to hold your child's spot for each session they are enrolled in.
- There is no reduction of fees or credit given for days not attended within your day camp session.
- Cancellations must be made 2 weeks prior to the camp session starting. To cancel your day camp session, email the Child Care Director at stephanieh@gcymca.org Cancellations will not be accepted by staff at check-in or check-out.
- Parents/Guardians will be responsible to pay for any balance of camp fees for the current session, if a cancellation is made after Monday of that session. Failure to notify the main office of your cancellation will also result in a forfeit of your already paid camp fees.
- The parent/guardian who registers a child is responsible for payment of fees. If custodial payment agreements are legally in place, it is the responsibility of the parent who registers the child to see that these payment agreements are followed through upon, or must personally see that fees are paid in full the first day of the camp session.

I do hereby affirm that I have read and understand the Day Camp Payment Policy.

Parent/Guardian Signature

Date

Financial Assistance

The Grant County Family YMCA does not turn anyone away due to the inability to pay. Check at the front desk or with the Child Care Director for an application for financial assistance.