



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Summer Day Camp 2014

Registration & Emergency Contact Form

Entering Grades K-6th

Register right away to join us at the Y's Summer Day Camp. Discover all the SUMMER FUN that is about to begin!

WEEKLY ACTIVITIES:

YMCA Summer Day Camp is for children entering grades K- 6th in the Fall. Each exciting week is programmed with activities and field trips based on that particular theme. Kids will enjoy swimming, sports and crafts each week.

Summer Day Camp hours are from 7:00am-6:00pm. Drop off times are 7:00-8:30. Pick up times after 4:00pm on field trip days.

WEEK	START DATE	THEME
1.	June 30th*	Celebrate Our Independence
2.	July 7th	Aloha to Summer
3.	July 14th	Explore the Outdoors
4.	July 21st	Sports Theme
5.	July 28th	Ooey Gooey Science Fun
6.	Aug. 4th	Back to School Bash

*Summer Day Camp will be closed on July 4.
Our start date may change depending on the last day of summer school for the Dallas County R-1 School District.



DALLAS COUNTY AREA YMCA

FOR OFFICE USE ONLY

Date Starting _____
Receipt # _____ Received by _____ Date Pd _____ Amt _____
Child ID# _____ Copy made and sent to Child Care Coordinator _____
Original to Child Care Billing _____ Notes _____

YMCA SUMMER DAY CAMP 2014 REGISTRATION & EMERGENCY CONTACT FORM

Please complete a separate form for each child. Registration will not be complete until every line is filled out.

PARTICIPANT INFORMATION

ID number _____ Y Security Code _____
Child's Last Name _____ First Name _____
Grade Entering _____ Date of Birth ____/____/____ M ____ F ____ School attending in Fall _____

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian Last Name _____ First Name _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work phone _____
E-mail _____

2nd Parent/Guardian Last Name _____ First Name _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work phone _____
Email _____

YMCA Family Membership ☐ No ☐ Yes if yes Membership # _____

EMERGENCY CONTACT(S)

OTHER THAN PARENT/GUARDIAN(S) AUTHORIZED TO PICK UP CHILD (these individuals will be required to present identification):

Name _____ Relationship to child _____
Daytime phone _____ Cell phone _____ Evening phone _____
Name _____ Relationship to child _____
Daytime phone _____ Cell phone _____ Evening phone _____

PERMISSION IS GIVEN TO THE YMCA FOR THE FOLLOWING:

Check (X) each item indicating approval.

- ☐ My child may participate in field trips. I understand school bus, charter bus or walking may be used.
- ☐ In an emergency, I understand that I will be notified immediately in case of accident or illness to my child, and I will make arrangements for medical care with the physician or hospital of my choice. In a critical emergency if I, or the emergency contact listed above, cannot be reached, I hereby authorize the staff of Summer Day Camp to arrange for emergency medical care at my expense. My preferred hospital/physician/urgent care is: _____
- ☐ My child may be given medication. I understand the Medication Authorization Form must be complete prior to administering.
- ☐ If needed, the YMCA has my permission to help administer sunscreen.

SPECIAL NEEDS

- ☐ My Child is in Good Health, is able to participate in group care, has no special health or medical requirements.
- ☐ My Child is able to participate in group care, BUT has special health or medical requirements as listed below (such as allergies, special medications, asthma, seizures, behavioral disorders, special needs, etc.)

NOTE: All special needs cases requiring a one-on-one staff/child ratio must be approved by **Linzi Smith** prior to registration. Please contact them at **417.345.1116** or **lsmith@orymca.org**. **NOTE:** In order to have authority to enforce restraining orders or limited custody arrangements a copy of a divorce degree or restraining order must be on file with the Summer Day Camp Program.

RELEASE AND WAIVER OF LIABILITY

In consideration for Ozarks Regional YMCA (The YMCA) agreeing to allow me to use the facilities and services of the YMCA, I, agree to the following: I am fully aware of the risks inherent in the physical activities and programs at the YMCA, and I agree to only engage in and only permit my family members to engage in activities and programs at the YMCA which are appropriate for me and my family. I will indemnify, defend, and hold harmless the YMCA and its agents, officers, employees, and volunteers for any claims against them as a result of any use of the YMCA facilities and programs by me or my family. I consent to the YMCA using, for publicity and promotion purposes, the names of photographs of me and my children, participating in any YMCA program. The laws of the State of Missouri shall govern this Agreement. Jurisdiction and venue of any legal action regarding this Agreement shall be exclusively in the Circuit Court of Greene County, Missouri. If any provision of the Agreement is held to be unenforceable or void, the remaining provisions shall remain in force and effect.

I have read and understand the terms and conditions of the Agreement. I am above the age of 18 years.

Parent/Guardian Signature _____ Date _____

BILLING & FEES

Sign up for the whole summer or Pick a week or more. \$10 registration fee required at registration.

Full time Fee: Member \$70/ Non-member \$90per week **Part time Fee:** Member \$50/ Non-member \$75 per week

Please indicate billing party: ☐ 1st parent ☐ 2nd parent ☐ State of MO Childcare assistance ☐ Foster ☐ Adopt

If 3rd party, case worker name and phone number _____ **Phone:** _____

Payment may be made at any OZARKS REGIONAL YMCA location, or mail payment to OZARKS REGIONAL YMCA 417 S. Jefferson Springfield, Mo 65806, pay online (orymca.org), or sign up for the convenient automatic funds transfer, see reverse side of this page. Payment is due every Monday on the week of your child's attendance. The automatic funds transfer will occur on Friday in advance of your child's week of attendance. A late fee of \$10 will be applied to all payments on Tuesday.

REGISTRATION

Date Starting ____/____/____ Location: Dallas County Area YMCA

Status: ☐ Full Time (4-5 days/wk) ☐ Part Time (1-3 days/wk)

Weeks Attending:

☐ Week of June 30

☐ Week of July 21

☐ Week of July 7

☐ Week of July 28

☐ Week of July 14

☐ Week of Aug 4

NOTE: 14 Day written notice must be received in order to cancel any week. Last day of program is Aug. 8th. Program will be closed July 4th.

YMCA FINANCIAL ASSISTANCE

Program fee assistance is available to those who qualify. All of these requirements must be met:

1. Meet income guidelines.

2. Full-Time working (or student) parent/guardian(s).

3. Full-Time program participant.

4. Attach 2 pay stubs (or school schedule) for each adult in the home

☐ I am applying for the "Tuition Scholarship" and agree to pay the difference in the cost of full time child care if accepted.
You may contact the childcare billing department if you have questions.

Parent's Signature _____ **Date** _____

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 Parent/Guardian Guide 2013. 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, if I choose automatic funds transfer, I may only select up to two weeks of vacation taken M-F for which I will receive credit.
4. I understand tuition is due each week on Monday. If I do not pay tuition when due I will be charged a \$10 late fee per week per child. My child may not attend the program until all fees are paid.
5. I understand 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.
6. 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.
7. 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.
8. 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 \$1.00 per minute/per child based on the YMCA clock until my child is picked up.
9. I understand that when my child is ill, he or she may not be accepted to camp.
10. I understand that my child will not be released to any person(s) not listed on the camp permission form.
11. I understand that my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
12. I understand that my child must be signed in and out daily by myself or my designee (as listed on the permission form).
13. I understand the YMCA Behavior Management Guidelines will be followed and enforced.
14. The YMCA reserves the right to terminate services if it is determined that the placement is unsatisfactory.
15. 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 application for individual family or memberships or participation in programs and to terminate or suspend existing individual or family memberships or participation in all YMCA program or activities at our sole discretion if actions or behaviors are not deemed to be in the best interest 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.
16. I understand should my child be suspended/dismissed from camp due to behavioral issues, the YMCA will not prorate the weekly camp balance and I will be responsible for the full amount.

Sign your contract and set up a convenient weekly automatic funds transfer on the reverse side of this form!

WEEKLY AUTOMATIC FUNDS TRANSFER INFORMATION

This service is offered for payments for our Summer Day Camp. To enroll your family in the YMCA's automatic funds transfer system, please complete this authorization form.

DRAFT & PAYMENT DATES

The YMCA will deduct our posted program fee from your bank account/credit card on Friday in advance of your child's week of attendance.

STARTING DATE FOR YOUR FIRST AUTOMATIC FUND TRANSFER

It takes the YMCA two weeks to activate your automatic payment transfer. Please prepay for your first two weeks of care at the YMCA.

CANCELLATION & CHANGES

The YMCA needs two weeks (14 days) written notice before the automatic funds transfer date to alter or cancel your scheduled auto payment. Any program changes that affect our weekly fees also require 14 days notice in writing. **Changes and cancellations cannot be made by telephone.**

WEEKLY AUTOMATIC FUNDS TRANSFER AUTHORIZATION FORM

I authorize my financial institution to honor pre-authorized debit entries initiated by the YMCA on my account for child care payments. It is understood that my child care automatic funds transfer will end 14 days after written notification has been received by the YMCA. When my financial institution honors the automatic funds transfer by debiting my account, such transaction constitutes my receipt for payment. Should any automatic funds transfer not be honored by said financial institution when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus service fee. Such Non Sufficient Funds (NSF) fees will be the maximum amount allowed by law, will include any applicable taxes, and will be automatically debited from my account. If at any time there is a charge, deletion, or cancellation of my child care program, it is to be submitted in writing to the YMCA branch where the child care is provided 14 days prior to the day the automatic funds are to be debited to my account. Failure to do so may make the subsequent transfer non-refundable. Changes or cancellations cannot be made by telephone. The YMCA will notify me, in advance, of any increase in my weekly child care amount.

Automatic fund transfer is to be debited to my (initial one type of account.) ☐ Checking ☐ Savings ☐ Credit Card

The automatic funds transfer will occur Friday in advance of your child's week of attendance.

Child's First Name _____ Child's Last Name _____

BANK DRAFT: Name on Account _____ ☐ Checking ☐ Savings

Routing number _____ Account number _____

CREDIT CARD: Name on card, print please _____

☐ Visa ☐ MC ☐ AmEx ☐ Discover Account Number _____ Exp. date _____

Credit card billing address _____ City _____ State _____ Zip _____

Signature of account/card Holder _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

A VOIDED CHECK OR CREDIT CARD NUMBER WITH EXPIRATION DATE AND SIGNATURE IS REQUIRED WITH ALL AUTOMATIC FUNDS TRANSFER APPLICATIONS.

PARENT/GUARDIAN CONTRACT SIGNATURES

(These signatures apply to the information at the bottom of the previous page)

Child Name / Summer Day Camp Site

Parent/Guardian Name

Parent/Guardian Signature

Date