



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA Summer Day Camp 2012

Registration & Emergency Contact Form

Entering Grades K-5th

Make this a fun summer for your child! Join us all summer long or pick a special week or two, but join us now because summer is coming and the FUN is about to begin! Each day camper will receive a drawstring backpack!

WEEKLY ACTIVITIES:

YMCA Summer Day Camp is for children entering grades K- 5th in the Fall. Each exciting week is programmed with activities and field trips based on that particular theme. Kids will get to enjoy indoor /outdoor swimming and skating each week.



WEEK	DATES	THEME	THEMED ACTIVITY/TRIP
Week 1+	May 29-June 1	Camp Jumpstart	Jump Rope Competition at Skateland
Week 2	June 4-8	Stars & Stripes	Air & Military Museum
Week 3	June 11-15	Down on the Farm	Farm Trip
Week 4	June 18-22	Summer Olympics	Olympic Day at site & Incredible Pizza
Week 5*	June 25-29	Where the Wild Things Are	Dickerson Park Zoo
Week 6	July 2-6 (4th Wed.)	Camp Fun	Camp Wakonda
Week 7	July 9-13	Super Science Fun	Quirkles
Week 8	July 16-20	LOL	Skinny Improv Show
Week 9	July 23-27	Hollywood Premiere Week	Campbell Theatre (G rated movie)
Week 10**	July 30-Aug 3	Rock N Bowl	Bowling
Week 11**	Aug 6-10	Super Hero Adventures	Service Project

*All sites closed on May 28 and July 4, 2012

+ Our start date may change depending on the last day of school for SPS

** Weeks 10 & 11 are only available at Downtown and Jones Sites

CHILD CARE BRANCH

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 2012 REGISTRATION & EMERGENCY CONTACT FORM

Please complete a separate form for each child.

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 # _____

REGISTRATION Date Starting _____ Option 1 Option 2

Location: Disney Mann Delaware Jones Y Ward Y

Status: Full Time (4-5 days/wk) Part Time (1-3 days/wk) Summer School Weeks Only

Weeks Attending:

Week of May 29

Week of June 25

Week of July 23

NOTE: 14 Day written notice must be received in order to cancel any week. Last day of program is Aug. 10th. Program will be closed May 28 and July 4th.

Week of June 4

Week of July 2

Week of July 30*

Week of June 11

Week of July 9

Week of Aug. 6*

Week of June 18

Week of July 16

*Which branch would you like your child to be transferred to Jones Y Ward Y NA
.....

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.
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SPECIAL NEEDS

Are there any special medical conditions, special needs, or restrictions to be aware of? Please list: _____

NOTE: All special needs cases requesting a one-on-one staff/child ratio must be approved by Dana Rust prior to registration. Please contact her at 417-862-8962 x 142. NOTE: In order to have authority to enforce restraining orders or limited custody arrangements a copy of a divorce decree or restraining order must be on file with the Summer Day Camp program.

BILLING

OPTION 1 - Sign up for the whole summer!

\$20 registration fee required at registration.
Full time Fee: Member \$80/ Non-member \$100 per week
Part time Fee: Member \$60/ Non-member \$80 per week
Summer school Full Time Member \$70/ Non-member \$90 per week - Available at Delaware and Mann locations
Summer school Part Time Member \$50/ Non-member \$70 per week - Available at Delaware and Mann locations

OPTION 2 - Pick a week or two

Payment is due in full at the time of registration.
Member \$100/Non-member \$120

Please indicate billing party: 1st parent 2nd parent DFS 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 electronic funds transfer, see reverse side of this page. Payment is due every Monday on the week of your child’s attendance. The electronic funds transfer will occur Thursday in advance of your child’s week of attendance.

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 _____

SOCIAL SECURITY NUMBER _____

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 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 _____

Set up a convenient weekly electronic funds transfer; See reverse side of this form!

billing notes

WEEKLY ELECTRONIC FUNDS TRANSFER INFORMATION

This service is offered for payments for our Summer Day Camp. To enroll your family in the YMCA's electronic 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 Thursday in advance of your child's week of attendance.

STARTING DATE FOR YOUR FIRST ELECTRONIC FUND TRANSFER

It takes the YMCA two weeks to activate your electronic funds transfer. As a result, it may be necessary for you to prepay for one or two weeks of care before your electronic fund transfer begins. Please completely fill out and return the Electronic Funds Transfer Authorization Form.

CANCELLATION & CHANGES

The YMCA needs two weeks (14 days) written notice before the electronic funds transfer date to alter or cancel your scheduled funds transfer. Any program changes that affect our monthly fees also require 14 days notice in writing. **Changes and cancellations cannot be made by telephone.** If we do not hear from you in time to cancel or change your electronic funds transfer, the subsequent payment will be non-refundable. The YMCA will notify you in advance if any increase in your monthly electronic funds transfer is necessary due to program changes or fee increases.

WEEKLY ELECTRONIC 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 electronic funds transfer will end 14 days after written notification has been received by the YMCA. When my financial institution honors the electronic funds transfer by debiting my account, such transaction constitutes my receipt for payment. Should any electronic 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 electronically 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 electronic 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 monthly child care amount.

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

The electronic funds transfer will occur Thursday 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 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 ELECTRONIC FUNDS TRANSFER APPLICATIONS.