



Y'S KIDS SUMMER ENRICHMENT: Registration Form 2019

June 17 - August 23: Grades 1-6

Child's Name: _____ M F Birthdate: ___/___/___ Grade in Fall: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Child Resides with: Mother & Father Mother & Mother Father & Father Mother Father Shared Legal Guardian
 Email: _____ T-shirt (circle one): YS YM YL AS AM AL

Parent/Guardian #1

Name: _____
 Home/Cell Phone: _____
 Work Phone: _____
 Employer: _____
 Responsible for Payment: Yes No

Parent/Guardian #2

Name: _____
 Home/Cell Phone: _____
 Work Phone: _____
 Employer: _____
 Responsible for Payment: Yes No

SCHEDULING & FEES

\$100 per child reg. fee / \$25 per child reg. fee for 3rd party subsidy families (DSHS, DCFS, etc) IN-PERSON only, not available online

Full-Time (5 days/week)
 Jun \$400 / Jul \$880 / Aug \$680

Part-Time (3 days/week)
 Jun \$300 / Jul \$650 / Aug \$500

If Part-Time, please indicate days attending:

Mon Tues Wed Thurs Fri

AGE GROUPS

(Carl Cozier Elementary)

Inventors (1st & 2nd Grades)

Engineers (3rd - 6th Grades)

Variable schedules not available. Complimentary Youth Membership included. Pro-rating not available. Vacation credit not available.
*** The Annual Registration Fee is a one time charge, valid from September 2017-August 2018.**

EMERGENCY MEDICAL INFORMATION

Physician: _____ Phone: _____ Date of Last Physical Exam: _____
 Address: _____ Immunizations Current (please circle): Yes No On file at: _____
 Dentist: _____ Phone: _____ Date of Last Dental Exam: _____
 Address: _____
 Insurance Co: _____ Policy #: _____ Policy Holder: _____

ALLERGIES: 1. _____ Reaction: _____
 2. _____ Reaction: _____

OTHER MEDICAL CONDITIONS OR SPECIAL NEEDS: (please describe)

If special needs exist, please meet with Camp Director before finalizing registration.

Does your child have an IEP or 504 plan? Yes No
 Does your child require an aide or participate in specialized instruction in the classroom? Yes No

EMERGENCY PICK-UP & SIGN OUT AUTHORIZATION: The following adults 16 years of age or older have my permission to sign out the above named child from the YMCA and should be contacted in an emergency when I cannot be reached. I accept responsibility for informing the YMCA when the below information changes. **AT LEAST TWO NAMES ARE REQUIRED!**

1. Name: _____ 2. Name: _____ 3. Name: _____

Relationship to child: _____ Relationship to child: _____ Relationship to child: _____

Home/Cell Phone: _____ Home/Cell Phone: _____ Home/Cell Phone: _____

Work Phone: _____ Work Phone: _____ Work Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

For Office Use Only: ___ IMM ___ DSHS ___ MR ___ SITE ___ COMP ___ ADJ ___ Reg. Fee



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PLEASE CHECK EACH BOX BELOW

- I, the below signed person, having legal custody/guardianship of said minor, give permission for said minor to attend any YMCA program activities supervised by authorized YMCA staff.
- PHOTO RELEASE:** I do hereby grant permission for the YMCA (local, national, and international) to use, without limitation or obligation, photographs or other media that may include my child's image or voice to promote or interpret YMCA programs.
- I have read the Parent Handbook and understand all policies and procedures set forth by the YMCA. I shall abide by said policies/procedures and will review these with my child.
- I have enclosed the appropriate registration fee. I understand that these are both **NON-REFUNDABLE AND NON-TRANSFERABLE**. I understand that final payment is due according to the Parent Handbook and that failure to pay balances by the due date may result in the cancellation of this registration. **I understand that vacation credit is not available.**
- MEDICAL AUTHORIZATION & LIABILITY RELEASE:** As a parent/legal guardian, I hereby agree to hold harmless the YMCA staff, directors, and volunteers from liability for any accidents resulting from participation. I consent to the YMCA to secure emergency care as needed or prescribed at my expense for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. I also give permission to the YMCA to provide transportation as needed for my child in case of an emergency, at my expense. I understand that it is my responsibility to inform the YMCA of any changes to my child's health.
- SWIMMING ABILITY:** I understand that on my child's first visit to YMCA pools, my child will participate in a swim test. He/she will be placed into the appropriate swim level according to the lifeguard's evaluation as described in the parent handbook.
- CLIMBING WALL RELEASE:** In consideration of the YMCA allowing my child to use the Climbing Wall, I the undersigned user, agree to indemnify and hold harmless the YMCA, its officers, directors, agents and employees, from all causes of action, claims, demands, losses & consequence of the neglect of the YMCA in safeguarding my use of the Climbing Wall, or because of any act, neglect or misconduct of the YMCA, its officers, agents and employees.
- TRANSPORTATION / FIELD TRIPS:** I understand that field trips are part of the summer camp/enrichment experience. I agree to allow my child to attend all field trips and to having my child transported via YMCA vehicles (owned or rented), WTA bus, or walking.
- STAFF BABY SITTING:** I understand that it is a YMCA policy to not allow staff to care for my child outside the YMCA camp day. I agree not to approach staff to baby-sit my child.
- SUNSCREEN AUTHORIZATION:** As the parent/legal guardian of the above named child, I understand & agree to the following: I am responsible for providing labeled 30 SPF sunscreen everyday. My child may apply sunscreen to him/herself under the direct supervision of a staff person or a staff person may help my child apply sunscreen. If I do not bring sunscreen, my child's activities may be limited.

Parent/Legal Guardian Signature: _____ Date: _____

CHILD'S GRADE INFORMATION: Please fill out to the best of your ability and knowledge. If able, please refer to your child's most recent report card.

	1 = below standard	2 = approaching standard	3 = meeting standard	4 = above standard
Overall Reading (please circle one):	1	2	3	4
Overall Mathematics (please circle one):	1	2	3	4
Overall Writing/Literacy (please circle one):	1	2	3	4

Are there any concerns we need to be aware of regarding the above areas? _____

