

2017 CAMP IROQUOIS REGISTRATION FORM

Please complete all information legibly. Incomplete forms will be returned for completion.

In order to register your child for Camp, the following information needs to be submitted or your registration will not be processed:

- Registration Form (double sided)** **Immunization Records** **\$50 Deposit per Camper per Session**

Child's Full Name _____ Previous Camper Here? Yes No

Address _____ City _____ State _____ Zip _____

Home Phone _____ Birthdate _____

Gender (Check One) Male Female Grade (Completed as of 6/23/17) _____ Current YMCA Member? Yes No Camper Tshirt Size: _____ Youth Adult

First Parent's/Guardian's Full Name _____ Daytime Phone _____ Cell Phone _____

Second Parent's/Guardian's Full Name _____ Daytime Phone _____ Cell Phone _____

Primary E-mail Address _____

Marital Status Married Single Divorced Separated Spouse Deceased

Any parental custody arrangements we should be aware of? _____

Date of Child's Last Physical (must be within 24 months of start of camp) _____ Doctor's Name _____

Doctor's Address and Phone _____

Emergency Contacts/Authorized Pick Ups (Other than Parent/Guardian):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Check the appropriate unit and session(s):

UNIT: **AM BRAVES** (3 yrs - Pre K 9:00AM-12:00PM only)
Full Day Braves option for 4-5 year olds will be considered. Please contact the Camp Director. **PM BRAVES** (3 yrs - Pre K 1:00PM-4:00PM only) **TONAWEH** (Completed Grades K - 1) **OYANEH** (Completed Grades 2 - 3) **SACHEM** (Completed Grades 4 - 6) **TIOGA** (Completed Grades 7 - 8)

SESSIONS: **1** (6/26 - 7/7) **2** (7/10 - 7/21) **3** (7/24 - 8/4) **4** (8/7 - 8/18)

If desired, list ONE friend your child would like to be placed with (must be same sex, same unit, and by mutual request): _____

Check the appropriate before and after camp procedures (MUST check one for AM and one for PM):

BUSING AM Stop # _____ PM Stop # _____
Transportation is limited and offered on a first come, first served basis

EXTENDED CARE AM Care 7:00AM-9:00AM (\$25/session) PM Care 4:00PM-6:00PM (\$30/session)
Please note there is no multi-child discount given on extended care fees

DROP OFF & PICK UP AM Parent Drop Off (8:45AM-9:00AM) PM Parent Pick Up (4:15PM-4:35PM)
 Braves Parent Pick Up (12:00PM-12:15PM OR 4:00PM-4:15PM)

Must complete Medical History on reverse side.

FOR OFFICE USE ONLY			
Member	Non-Member	Extended Care	Total
<input type="checkbox"/> 1st Child Rate (\$376)	<input type="checkbox"/> 1st Child Rate (\$431)	<input type="checkbox"/> AM Care (\$25/session)	\$ _____ /session
<input type="checkbox"/> 2nd Child Rate (\$319.60)	<input type="checkbox"/> 2nd Child Rate (\$366.35)	<input type="checkbox"/> PM Care (\$30/session)	- \$ _____ deposit/session
<input type="checkbox"/> Braves ½ Day (\$204)	<input type="checkbox"/> Braves ½ Day (\$234)		
<input type="checkbox"/> Braves 2nd Child (\$173.40)	<input type="checkbox"/> Braves 2nd Child (\$198.90)		
<input type="checkbox"/> Braves Full Day (\$398)	<input type="checkbox"/> Braves Full Day (\$458)		
<input type="checkbox"/> Braves 2nd Child (\$338.30)	<input type="checkbox"/> Braves 2nd Child (\$389.30)		\$ _____ /session

Medical History • Required by New York State Department of Health

An attached copy of the child's immunization record from his/her doctor is required at time of registration.

The YMCA complies with applicable federal and state disability discrimination laws and will consider reasonable accommodations and/or modifications to its policies and procedures to allow children with disabilities an equal opportunity to participate in this program. Please contact the Inclusion Director, at 315.637.2025 x211 if your child requires accommodations. If you feel that an accommodation and/or enrollment request has been wrongfully denied based on disability, you may contact the YMCA's Executive Director, Chris Iven, at 315.637.2025 x205 to further discuss the matter.

Recent Surgery or Serious Injury (type & date) _____

Chronic or Recurring Illness, Allergies, Other Conditions or Details or Special Diet _____

Recommendations and Restrictions while at Camp:

WILL YOUR CHILD BE BRINGING ANY MEDICATION TO CAMP? YES NO

If yes, Medication* Name _____ **Dose & Times** _____

**If your child will need medicine administered at camp please refer to page 7 of the parent handbook for our medication policy.*

Have any significant events occurred in your family within the last few years? _____

Does your child have any serious fears? If so, please explain. _____

Does your child have any kind of physical limitations/handicaps? _____

Does your child have special needs, including behavioral or emotional? _____

Is your child capable of independent toileting? Yes No

Is your child able to successfully participate in a program with 1 adult per group of 12 children (Braves Unit: 1 adult per group of 6 children)? Yes No

Does your child require access to any special equipment? Yes No Equipment: _____

Does your child receive Special Education or Health Care Services at school? Yes No _____

If you are interested in more information about Support Services or would like your child with special needs to have 1:1 or shared support at camp, contact Morgan Ruggeri, Inclusion Director, at 315.637.2025, x211.

Parent Agreement - Please initial each statement

_____ I hereby enroll my child in the YMCA Camp Iroquois day camp program. I have read and agree to all terms in the Parent Handbook and this brochure including but not limited to payment procedures, deadlines, refund policy, camp hours and operation and behavior guidelines.

_____ The YMCA provides liability insurance for all of its programs. I understand that I must provide my own accident insurance. In the event of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.

_____ This health form is correct as far as I know and the person described has permission to engage in all camp activities except as noted by me and his/her physician.

_____ I have provided the staff with any pertinent information which may assist the YMCA in caring for my child including, but not limited to allergies, previous or existing illness or condition, sunburn sensitivity, diet requirements, long-term medications, disability or limiting conditions, or emotional, developmental, or behavioral challenges. I agree to notify the YMCA staff immediately in writing of any changes in address, phone numbers, places of employment, emergency contacts, etc. I understand that not providing the above may put my child's health and safety at risk.

_____ OPTIONAL: I give consent for the YMCA to use any photographs or video of my child for promotional or public relations purposes, including web site material and camp advertising.

_____ TIOGA UNIT ONLY: I give consent for my child to take part in field trips or excursions off camp property under proper supervision.

Parent/Guardian Agreement

I hereby register my child for the designated session(s) of YMCA Camp Iroquois. I understand that the New York State Department of Health requires my child to have completed health information (including immunization dates) to attend camp. I further understand that I must give the camp office a two week written notice to make any cancellations to this registration and if I fail to supply two week written notice I will be responsible for the full payment of the session.

Signature of Parent/Guardian

Date

**COMPLETED REGISTRATIONS WITH IMMUNIZATIONS & DEPOSITS SHOULD BE MAILED TO
EAST AREA FAMILY YMCA • 200 TOWNE DRIVE • FAYETTEVILLE, NY 13066**