

PARTICIPANT PROFILE:

Child's Full Name _____ □ Male □ Female D.O.B. ____/____/____ Grade Completed in 06/18 _____
Address _____ Zip _____
Parent/Guardian #1 _____ Relationship _____ Email _____
Employer _____ Phone 1 _____ Phone 2 _____
Parent/Guardian #2 _____ Relationship _____ Email _____
Employer _____ Phone 1 _____ Phone 2 _____

EMERGENCY INFORMATION:

In the event of an emergency, YMCA staff will make every attempt to reach a parent/guardian. In the event that a parent/guardian cannot be reached, I authorize the following people to be contacted and act on my behalf:
Emergency Contact #1 _____ Relationship _____
Address _____ Phone 1 _____ Phone 2 _____
Emergency Contact #2 _____ Relationship _____
Address _____ Phone 1 _____ Phone 2 _____

The following people are authorized to pick up my child (other than parents and emergency contacts):

1. _____ 2. _____

The following are not authorized to pick up my child □N/A Name: _____ Relationship _____

*Court Orders must be provided to the Camp Office to legally prevent a parent from having access to and/or picking up a child.

MEDICAL INFORMATION: (NYS Licensing regulations require the full name, address, & phone # for doctor. Hospital information is optional.)

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 School Age Child Care & Camp Director at (315) 303-5966 ext. 210 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 Executive Director at (315) 303-5966 ext. 205 to further discuss the matter.

Physician _____ Address _____ Ph _____

Preferred Hospital (We will request the EMTs take your child here whenever possible.) _____

Medication child is presently taking _____ Dosage _____ Time of Administration _____ □am □pm

Additional Medication _____ Dosage _____ Time of Administration _____ □am □pm

* If medication is required during program hours, you must complete a NYS mandated Written Medication Consent form.

Please list any allergies (Medication must be provided for all life threatening allergies.) _____

If exposed to this known allergen, what action should be taken? _____

Does your child have any special academic, emotional, or behavioral needs? If yes, please explain: _____

Does your child have any physical limitations? If yes, please explain: _____

For the safety of your child and others, the YMCA requires all participants to be capable of independent toileting on a regular basis.

Is your child capable of this? □Yes □No

Is your child able to successfully participate in a program with 1 adult per group of 12 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 _____

* Please attach a copy of your child's IEP at the time of registration. Failure to include may delay enrollment.

Please list any additional behaviors, fears, and/or special circumstances we should be aware of: _____

AGREEMENTS:

- 1. I consent to the enrollment of the child listed above and give permission for my child to participate in all activities planned & conducted by the YMCA. I have received a copy of the YMCA Camp Horizon Parent Handbook containing the policies regarding the administration of medication, fees/payment schedule, transportation services, and all other services provided by the facility. I understand and accept all of the program terms of enrollment/payment as stated in the handbook. I will also discuss these policies with my child.
2. NEW: All withdrawal or transfer requests must be submitted in writing by June 25, 2018. A minimum 2-week written notice must be received for weeks 1 and 2 of camp. Parents/guardians will be responsible for full payment of all weeks scheduled, even if the child does not attend. As a courtesy, please continue to notify the office in writing if your camper will not be attending a week, even if a decision is made after June 25th.
3. 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 & well-being of my child.
4. I have provided information on my child's special needs (allergies, diet, and/or medical) to the provider, as may be necessary to assist the facility in properly caring for my child in the case of an emergency. All information received by the YMCA will be treated as confidential.
5. I give consent for my child to carry and use the sunscreen & insect repellent that I will provide. I also consent for YMCA staff to assist my child with the application of the products as necessary. I understand that the provided products must be approved by the FDA for OTC use. Insect repellent must have EPA approval number on the packaging.
6. I give consent for the School Age Administration Team at the Northwest Family YMCA to release personal healthcare information to program staff and/or medical professionals, when necessary, so that they may provide quality treatment and/or services for my child.
7. I give consent for photographs and video footage of the above named child to be used to promote the YMCA Summer Camp programs. Such promotional efforts may include brochures, posters, flyers, showing a video tape of a camp event, etc. In addition, I give consent for photographs to be displayed on the YMCA Lobby PowerPoint, YMCA Website, YMCA Facebook page, and YMCA Twitter. Please strike out any social media that you do not agree to.

Parent/Guardian Name: _____ Signature: _____ Date: _____

CAMP HORIZON 2018

CHILD'S FULL NAME: _____

FINANCIAL ASSISTANCE:

As a licensed child care provider, the YMCA of Greater Syracuse accepts financial assistance provided by the Department of Social Services. If you do not qualify for financial support through DSS, you may apply for a YMCA Scholarship.

These two forms of assistance may not be used in conjunction with one another.

Are you applying for financial support in the form of DSS? Yes No
Please attach a letter of verification from DSS. Include a \$50 deposit per family.

Are you applying for financial support in the form of a YMCA Scholarship? There is a limit of 1-2 Weeks at YMCA of Greater Syracuse summer camps per family. Yes No
Please attach the completed Y Scholarship application & 2017 Tax Returns. Include a \$50 deposit per child.

- ◆ If you have more than 1 child from your family attending camp during the same week, you receive 15% off the fees for each additional child.
- ◆ You must provide a copy of your child's immunization record by June 1st.
- ◆ Registrations without payment will not be processed nor will a spot be held.
- ◆ Please mail, email or bring this form, with payment, to:
Northwest Family YMCA, 8040 River Rd, Baldwinsville, NY 13027 / jmueller@syracuseymca.org

CAMP LOCATION: Elden Elementary, 29 East Oneida Street, Baldwinsville, NY

CAMP HOURS: M-F, 8:00am - 4:00pm

FEES: \$165.00/week Family Member or B/A School Participant \$140.25/week (Member Additional Child)
 \$185.00/week Youth or Non-Member \$157.25/week (Non-Member Additional Child)

Week 1: June 25-29

INTO THE WILD

Field Trip: Beaver Lake

Week 2: July 2-6
(No camp 7/4)

STARS & STRIPES

Special Event: Parade & Picnic

Week 3: July 9-13

CAMP CLUE

Walking Field Trip: Walk to our local Police Station

Week 4: July 16-20

BE REAL

Special Event: Survivor Trail Challenge

Week 5: July 23-27

WET N' WILD

Special Event: Inflatable Water Slide

Week 6: July 30- Aug 3

LAB RATS

Special Event: Rocket Exploration

Week 7: Aug 6-10

LET'S CREATE

Special Event: Featured artist from our YMCA Art Studio

Week 8: Aug 13-17

WIZARD CAMP

Special Event: Magician

Need to make a schedule change?

E-mail Jodi Mueller at jmueller@syracuseymca.org with the week you need to remove.

All schedule changes for the summer must be received by June 25, 2018.

Withdrawals for weeks 1 & 2 must be received in writing with at least 2-weeks notice.

Your \$20 deposit for that week is non-refundable, but can be transferred to a different week of Camp Horizon.