



# YMCA CAMP SOUTHWEST 2018 REGISTRATION

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Entering in the Fall: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

In the case of an emergency, whom should be contacted first? \_\_\_\_\_

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

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## EMERGENCY INFORMATION

In the event of an emergency and the parent/guardian(s) cannot be contacted, I authorize the following people to be contacted and act on my behalf:

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

## MEDICAL INFORMATION

**\*NYS Licensing regulations require all campers to have immunizations on file before the first day of camp.** We also require the full name, address, and phone number for the 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 Director of Child Care Services at (315)498-2893 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 Associate Executive Director at (315)498-2312 to further discuss the matter.

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital (We will request the EMTs to take our child here): \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Administration: \_\_\_\_\_

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

Please list any allergies (Emergency medication must be provided if necessary):

\_\_\_\_\_

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

\_\_\_\_\_

Is your child capable of independent toileting? **Yes No**

Does your child receive Special Education or Health Care Services at school? \_\_\_\_\_

**\*If yes, please attach a copy of your child's IEP at the time of registration. Failure to include may delay enrollment.**

Is there anything that we need to know in order to make your child successful at Camp?

\_\_\_\_\_

## 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 through our Y Cares Program. Application deadline is May 1<sup>st</sup>. These two forms of assistance may not be used in conjunction with one another.

Membership Type: **YMCA Family Member**      **YMCA Youth Member**      **Non-member**

Schedule	Member	Non-Member
<input type="checkbox"/> 5 Days	\$165/Week	\$185/Week
<input type="checkbox"/> 4 Days	\$140/Week	\$160/Week
<input type="checkbox"/> 3 Days	\$110/Week	\$130/Week

\*The ability to purchase individual days will only be available 2 weeks prior to the start of the session and will only be available based on limited space.

	Session	AM (\$10) 7a-9a	PM (\$10) 4p-6p	AM+ PM (\$15)	Schedule 9am-4pm						Weekly Fee
1	6/25-6/29				All	Mon	Tues	Wed	Thurs	Fri	
2	7/2-7/6*				All	Mon	Tues		Thurs	Fri	
3	7/9-7/13				All	Mon	Tues	Wed	Thurs	Fri	
4	7/16-7/20				All	Mon	Tues	Wed	Thurs	Fri	
5	7/23-7/27				All	Mon	Tues	Wed	Thurs	Fri	
6	7/30-8/3				All	Mon	Tues	Wed	Thurs	Fri	
7	8/6-8/10				All	Mon	Tues	Wed	Thurs	Fri	
8	8/13-8/17				All	Mon	Tues	Wed	Thurs	Fri	

\*20% off if registered for ALL for this week only

**Total Fees (\$20 and AM/PM Fees due when registering):**

Is this registration for the 1<sup>st</sup> child or an additional child?       1<sup>st</sup> Child       Additional Child

**\*Additional Children receive a 15% discount on Camp. Registrations without payment will not be processed and your spot will not be reserved.**

Check (Please make checks payable to: YMCA)       Automatic Payment Plan:

I hereby authorize the YMCA of Greater Syracuse, Inc. to charge the account listed below for my weekly camp tuition and deposit:

Type of Card:       MasterCard       Visa       Discover       American Express      Expiration Date: \_\_\_\_ / \_\_\_\_

Account Number: \_\_\_\_\_ CV: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_

## AGREEMENTS

- 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 Southwest 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.
- 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.
- 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.
- I give consent for the Camp Administration Team at the Southwest 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.
- I give consent for photographs and video footage of the above named child to be used to promote YMCA Summer Camp programs. Such promotional efforts may include, but are not limited to, brochures, posters, flyers, showing a video tape of a camp event, YMCA official social media, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_