



Summer Camp 2017

The Family YMCA of Southeast Mississippi

MEMBER # _____

FAMILY YMCA

PETAL YMCA

NON-MEMBER

PLEASE NOTE: Registration fee & 1st week's payment MUST accompany this form.

CHILD'S INFORMATION – PLEASE PRINT

LAST: _____ FIRST: _____ MIDDLE: _____ GENDER: MALE FEMALE

PREFERRED NAME: _____ DATE OF BIRTH: _____ AGE: _____

HOME ADDRESS: _____ GRADE COMPLETED IN MAY 2017: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

PARENT(S)/GUARDIAN(S) INFORMATION – PLEASE PRINT

GUARDIAN #1 NAME: _____ ADDRESS: _____

EMPLOYER: _____ WORK PH: _____ D.O.B.: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

GUARDIAN #2 NAME: _____ ADDRESS: _____

EMPLOYER: _____ WORK PH: _____ D.O.B. : _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

CONTACTS IN CASE OF AN EMERGENCY IF PARENT CANNOT BE LOCATED

NAME:	PHONE:	RELATIONSHIP:
1. _____	_____	_____
2. _____	_____	_____

PARENTS PLUS OTHERS AUTHORIZED TO PICK UP/BRING YOUR CHILD TO CAMP:
Must be prepared to show picture ID. See Handbook, page 4, Section 5.

NAME:	PHONE:	RELATIONSHIP:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PARENT OR GUARDIAN'S SIGNATURE: _____ DATE: _____

My child has special needs: Yes No If Yes, list:

PARENT or GUARDIAN'S SIGNATURE: _____ Date: _____

Permission For Enrollment and Release of The Family YMCA of Southeast Mississippi, Inc., from Liability: I am an adult over 18 years of age and wish to participate in **The Family YMCA of Southeast Mississippi Inc.**, activities and/or I give my children permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury loss or damage connected in any way whatsoever to my (or my children's) participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release.

Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT

PLEASE NOTE: In case of emergency, if your child is transported to a medical facility, The Family Y/Petal Family Y will not assume responsibility for medical costs incurred. You will be responsible for these costs. We expect you to have personal medical insurance to respond to your child's sickness or injury. If you are unable to afford personal insurance, you will be expected to carry "CHIP" Children's Health Insurance Program, from the State of Mississippi. Insurance carried by The Family Y/Petal Family Y is designed to be secondary to personal insurance. In the event the secondary insurance from The Family Y/Petal Family Y is utilized, you will be responsible for the \$100 deductible per injury.

The Family Y has permission to obtain emergency medical treatment for my child.

CHILD'S NAME: _____ DATE: _____

CHILD'S PHYSICIAN: _____ ADDRESS: _____ CITY: _____

PHONE: _____ LIST ALLERGIES YOUR CHILD MAY HAVE: _____

SIGNATURE: _____ WITNESS: _____

INSURANCE COMPANY: _____ POLICY ID#: _____ GROUP# _____

I RECEIVED A CHIP APPLICATION (if needed): SIGNATURE _____ WITNESS: _____

PHOTOGRAPHY/VIDEO PERMISSION

I **DO** **DO NOT** give my permission for my child to be photographed or videotaped at The Family Y/Petal Y and use the resulting photographs for any purpose The Family Y deems proper and I relinquish all rights, title and interest in the finished photographs and negatives.

CHILD'S NAME: _____

SIGNATURE: (Parent or Guardian) _____ DATE: _____

FIELD TRIP/TRANSPORTATION PERMISSION

My child **DOES** **DOES NOT** have permission to participate in field trips and special activities at The Family Y/Petal Y. I understand that I will receive additional information before each individual trip/activity and will make arrangements with the center if I do not wish for my child to participate.

CHILD'S NAME: _____

SIGNATURE: (Parent or Guardian) _____ DATE: _____

PARENT/GUARDIAN AGREEMENT AND DISCLAIMER

The undersigned does hereby acknowledge that he/she has received a copy of the Parent Handbook, which includes a summary of Mississippi standards for childcare centers, child abuse laws, and communicable disease regulations. That he/she has read and understands its contents, and that all policies aforesaid will be complied with by the undersigned. The undersigned hereby certifies to comply with the terms and conditions concerning fee payment and medical requirements concerning his/her child.

SIGNATURE: (Parent or Guardian) _____ DATE: _____ WITNESS: _____

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REGISTRATION PAYMENT SHEET

To Be Completed By YMCA Staff

Child's First Name: _____ Last Name: _____

Location: The Family YMCA Petal Family YMCA

Payment Plan: Full Time Drop-In

➤ Child's Name: _____

YMCA Member Number _____

Program Member Number _____

Scholarship Amount to Pay _____

➤ Group Assignment _____

Registration, Field Trips:

(No scholarships/discounts) NON- REFUNDABLE

Full time - \$75.00 per child _____

Part time - \$50.00 per child _____

FIRST WEEK:

1ST CHILD: _____

2ND CHILD - \$5 DISCOUNT _____

3RD CHILD - \$5 DISCOUNT _____

Total Due: _____

Parent/Guardian Signature: _____ Date: _____ Staff: _____

CHECK LIST

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YMCA Personnel: Use this form to check each area of the application for completion. All sections must be completed and payment received to finalize registration.

_____ 1. Application

_____ Parent/Guardian Information with Date of Birth

_____ Emergency Contact (other than parent or guardian, over age 18).

_____ Parental authorization (signed and dated) for people authorized to pick-up and drop off child.

_____ Special Needs (signed and dated)

_____ YMCA Permission for Enrollment and Release

_____ Parent/Guardian authorization (signed and dated) for emergency medical treatment.
This must include insurance information.

_____ Parent/Guardian authorization (signed and dated) for any photography/video of participant.

_____ Parent/Guardian authorization (signed and dated) for field trips/transportation.

_____ 2. Enrollment/Payment Policy (signed and dated)

_____ 3. Copy of Payment Policy/Schedule of Payments given to parent/guardian

_____ 4. Registration Payment Sheet (for staff)

_____ 5. Copy of Camp Policies and Procedures (given to parent/guardian), which includes Mississippi Child Abuse Law and Child Care Regulation Summary for Parents

All information above is complete as initialed.

Date Completed: _____

Signature of Staff: _____

Information Updated Date: _____ **Staff:** _____

YMCA Full Time Enrollment/Payment Policy – Summer 2017

Child's First Name: _____ Last Name: _____ Group: _____

FULL SUMMER CAMP:

- I commit to pay the rates listed below for a minimum of 9 weeks of summer camp from May 24, 2017 until August 4, 2017, regardless of attendance.
- The 2 additional weeks of camp will be billed at the same rate based on attendance.
- Weekly payments are due by Thursday of the week prior to service
- All weekly fees must be PAID IN ADVANCE to reserve a space for the upcoming week.
- Children will not be allowed to attend unless payment has been received.
- Failure to fulfill 9 week commitment will result in the weekly rate being back dated and charged at the Drop-In rate based on attendance.
- A \$5 second child discount will apply.

Signature: (Parent/Guardian) _____

Date: _____

Registration fee: \$75, non-refundable, required with application

YMCA Member Rate: \$75 per week (commit to pay for a minimum of 9 weeks)

Non-Member Rate: \$95 per week (commit to pay for a minimum of 9 weeks)

The weeks my child will not attend camp: _____ & _____.

Please mark the calendar to indicate any dates your child will not attend camp.

MAY						
SUN	MON	TUES	WED	THUR	FRI	SAT
				18	19	20
21	22	23	24 <small>1st day of camp!</small>	25	26	27
28	29 <small>NO CAMP</small>	30	30			

JUNE						
SUN	MON	TUES	WED	THUR	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

JULY						
SUN	MON	TUES	WED	THUR	FRI	SAT
						1
2	3	4 <small>NO CAMP</small>	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST						
SUN	MON	TUES	WED	THUR	FRI	SAT
		1	2	3	4 <small>Last day of camp</small>	5
6	7	1 st week of school – must be registered in Afterschool to attend any days.				12

YMCA Drop-In Enrollment/Payment Policy – Summer 2017

Child's First Name: _____ Last Name: _____ Group: _____

DROP-IN SUMMER CAMP: (fees based on attendance)

- I understand I will be charged based on attendance according to the rates below.
- **Payment is due no later than Thursday of the week prior to service in order to reserve a space for my child.**
- Children will not be allowed to attend unless payment has been received.
- A \$5 second child discount will only apply if both children attend/pay full week rate.

Signature: (Parent/Guardian) _____

Date: _____

Registration fee: \$50, non-refundable, required with application

YMCA Member Rate: \$30 per day or \$95 for 3 or more days in a calendar week

Non-Member Rate: \$35 per day or \$115 for 3 or more days in a calendar week

Please mark the calendar for days your child will attend camp.

MAY						
SUN	MON	TUES	WED	THUR	FRI	SAT
				18	19	20
21	22	23	24 1st day of camp!	25	26	27
28	29 NO CAMP	30	30			

JULY						
SUN	MON	TUES	WED	THUR	FRI	SAT
						1
2	3	4 NO CAMP	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE						
SUN	MON	TUES	WED	THUR	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

AUGUST						
SUN	MON	TUES	WED	THUR	FRI	SAT
		1	2	3	4 Last day of camp	5
6	7	1 st week of school – must be registered in Afterschool to attend any days.				