2011 Morris Summer Day Camp Registration Form

Morris Family YMCA • 749 Houbolt Rd, Joliet IL 60431 • 815-729-9622 • fax: 815-729-9628

Registration is available in person, by mail with payment, or online at www.jolietymca.org

Child's Information: Please print clearly with complete information.

Child's Name:_____ ❑ Male ❑ Female Date of Birth:_____

Address: _____ **GRADE FALL '11:** _____ **SCHOOL:**_____

City:_____State:_____Zip:_____ Home Phone:_____

Does your child take any medication? ❑ Yes ❑ No Please list:_____

Does your child have any allergies, including food? ❑ Yes ❑ No Please list:_____

Please describe any current health conditions requiring medical attention, treatment, or special consideration (including water activities):_____

_____

_____

I certify the applicant is capable of participating in this program. I understand that YMCA Staff are trained in the basics of first aid and CPR and give consent to have my child receive first aid from YMCA Staff. I authorize the Greater Joliet Area YMCA to secure emergency medical treatment for my child, if necessary, provided that every effort to reach me is made as the nature of the emergency permits. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child. I also agree to waive any claims against the YMCA, its members, staff, and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA Programs. I understand the YMCA does not cover health and medical expenses and I agree to pay any that may occur.

Parent/Guardian Signature_____**Date**_____

SUMMER DAY CAMP FOR ONLY $90 PER WEEK!

Send a child to camp

Your gift makes a difference by helping children go to camp regardless of financial circumstances.

❑ I wish to make a single gift of $_____ ❑ I am unable to make a gift at this time.

❑ Please bankdraft $_____ total over _____months.

Camp Registration

Branch: 6

Camp Hours (9 am-4:30 pm)	All 9 Weeks June 6 - Aug 5	Week 1 June 6-10	Week 2 June 13-17	Week 3 June 20-24	Week 4 June 27-Jul 1	Week 5 July 5-8	Week 6 July 11-15	Week 7 July 18-22	Week 8 July 25-29	Week 9 Aug 1-5	*Week 10 Aug 8-12	* Week 11 Aug 16-20
Morris	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	■	■
Extended Care												
Extended AM and PM(*7-9 am / 4:30-6 pm*)	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	■	■
Extended AM only (*7-9 am*)	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	■	■
Extended PM only (*4:30-6 pm*)	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	■	■

* Week 10 & 11 will be at Galowich Family YMCA

Total Due Upon Registration

Reg. Fee	$30.00
Deposit +	$
Total	$

Staff will complete information below. Please continue to the backside and fill out completely.

Payment Information

Select Payment Plan:

❑ Paid in full $810

❑ Draft $405 on 6/15 & 7/15 *(must have existing bank draft agreement with the YMCA)*

❑ Weekly rate $90-$115
Registration Fee $30
Total =_____of weeks X $25 dep/wk
Balance due on Friday of previous week

Select Method:

❑ Check *Make checks payable to the YMCA*

❑ Debit/Credit Card *Visa, MC and Discover accepted*

❑ DHS/Child Care Resource & Referral:
Include your DHS approval with this form.
Co-Pay Amount: $_____ + $30 Reg. Fee
due at registration

Comments/Notes:

Parent/Family Information

Child's Name_____ Grade Fall _____

Parent/Guardian Name:_____ Day Phone:_____ Cell Phone:_____

Address:_____ Evening Phone:_____ Email Address:_____

Employer:_____ Preferred method of contact: ❑ day ❑ cell ❑ evening ❑ email

Parent/Guardian Name:_____ Day Phone:_____ Cell Phone:_____

Address:_____ Evening Phone:_____ Email Address:_____

Employer:_____ Preferred method of contact: ❑ day ❑ cell ❑ evening ❑ email

Child(ren) lives with: ❑ Both ❑ Other_____ Payment/Enrollment Contact:_____

Is either Parent/Guardian a Greater Joliet Area YMCA staff member? ❑ Yes ❑ No ❑ Full-time ❑ Part-time

Emergency Contact & Release (other than parent/guardian)

Please list the full name, complete address, and phone number(s) of those to whom the Greater Joliet Area YMCA may release your child(ren) for pick up and emergency purposes.
You must list at least two (2) contacts. Please include any friends who may be used in a carpool situation and babysitters/nannies who may pick up.

Name:_____ Relationship:_____

Address:_____ Home Phone:_____ Cell Phone:_____

Name:_____ Relationship:_____

Address:_____ Home Phone:_____ Cell Phone:_____

Name:_____ Relationship:_____

Address:_____ Home Phone:_____ Cell Phone:_____

The following can NOT pick up my child(ren):

Name:_____ Relationship:_____ Name:_____ Relationship:_____

Address: _____ Address:_____

I authorize the Greater Joliet Area YMCA to release my child(ren) to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child(ren) that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. I understand that YMCA staff and volunteers are not allowed to babysit children at any time outside of the YMCA Program or transport children in their own vehicles. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

Parent/Guardian Signature_____**Date**_____

Parent Statement of Understanding

I, _____, have read & understand the policies listed below:

- I understand that when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a YMCA Staff Person.
- I grant permission for my child(ren) to participate in all planned program activities including, trips by motor vehicle, away from the YMCA program site.
- I give permission to photocopy all forms.
- I also give my permission to the YMCA to use all photos, videos, voice, and images taken of the applicant for purposes, which the YMCA may deem appropriate.
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)'s participation in the program.
- I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged, or stolen articles.
- I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party, or disruptive behavior can not be made up, credited or refunded. (see the program brochure for the complete refund policy)

Parent/Guardian Signature_____**Date**_____