



Morris Summer Day Camp Registration Form

Camp registration begins March 10, 2009.
Please use a separate registration form for each camper.

Personal and Family Information

Camper's Name: _____ Male Female Date of Birth: _____

Address: _____ Grade in Fall of 2009: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____

Is child registered for any other programs during Day Camp hours? Yes No

Please list programs and dates _____

Who may we contact regarding payment and enrollment issues? _____

Is either Parent/Guardian a Greater Joliet Area YMCA staff member? No Yes Full-time Yes Part-time (Circle one)

Camp Registration	Week 1	Week 2	Week 3	Week 4	# of weeks	Week 5	Week 6	Week 7	Week 8	# of Weeks	@	Week 9	Week 10	Week 11	# of Weeks
	June 8-12	June 15-19	June 22-26	June 29-Jul 3		July 6-10	July 13-17	July 20-24	July 27-31			Aug 3-7	Aug 10-14	Aug 17-21	
Joydaka Discoverers (Grades 1-4) (9 am-4:30 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145
Joydaka Explorers (Grades 5-6) (9 am-4:30 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145
Joydaka Challengers (Grades 7-8) (9 am-4:30 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145
Extended AM only (7 am-9 am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$145
Extended PM only (4:30 pm-6 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$15	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$15
Both AM and PM (7-9 am & 4:30-6 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$15	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$15
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$25	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$15
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$25	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___X \$25
	Total for June (add all # of weeks totals)					Total for July (add all # of weeks totals)					Total for Aug. (add all # of weeks totals)				
	Less Deposit (\$25/wk)					Less Deposit (\$25/wk)					Less Deposit (\$25/wk)				
	BALANCE DUE					BALANCE DUE					BALANCE DUE				
	BY MAY 30: _____					BY JUNE 30: _____					BY JULY 30: _____				
TOTAL DUE UPON REGISTRATION:															
										Registration fee: \$ 30.00					
Deposit for _____ weeks of camp (from above):										\$ _____					
										Total: \$ _____					

On Site at Saratoga Elementary School

Payment Options

Check Please make checks payable to: Galowich Family YMCA.

Visa MC Discover Credit Card Acct. #: _____ Exp. Date: _____

DHS/Child Care Resource & Referral Co-Pay Amount* \$ _____

(Please include your DHS approval with this form.)

I understand that the deposit is not refundable or transferable. I understand that no refunds are given if a child leaves early because of disruptive behavior as determined by the Program Director. Failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of a divorce, the custodial parent is responsible for all payments.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Date _____ Deposit _____ Staff Initials _____ Discount _____ Wait List _____ Last Updated March 11, 2009



Camper Information Form

This form must be completed and returned with the summer day camp registration form. The information requested helps staff to provide the best possible summer day camp experience. Your answers are confidential and only reviewed by YMCA administrative staff and your child's counselor(s). Please use a separate form for each child, and print clearly.

Camper's Name: _____ Age: _____ Grade in Fall 2009: _____

Emergency Contact and Release Information

Please list the full name, complete address, and phone number(s) of those to whom the Greater Joliet Area YMCA may release your child 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. Parents/legal guardians do not need to be listed.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

The following can NOT pick up my child:

Name: _____ Relationship _____ Name: _____ Relationship _____

Address: _____ Address: _____

I authorize the Greater Joliet Area YMCA to release my child 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 will not be allowed to leave the program with an unauthorized person. Any person picking up my child must have been authorized by a parent/guardian and must present a valid picture I.D. Should an authorized person arrive to pick up my child 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 baby-sit children at any time outside of the YMCA program. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

Parent/Guardian Signature _____

Date _____

Health History

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 while at camp : _____

I certify the applicant is capable of such an experience 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 from other persons including participants in YMCA programs. I understand the YMCA does not cover camper health and medical expenses and I agree to pay any that may occur.

Parent/Guardian Signature _____

Date _____

Parent Statement of Understanding

I, _____, have read & understand the policies listed below: _____ Signature of parent/guardian

- I understand that when my child arrives in the morning, I may not leave my child at the program site unless I have signed in with a YMCA staff person.
- I grant permission for my child 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 for field trips.
- 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'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.