



GALOWICH FAMILY YMCA 2018 SUMMER DAY CAMP REGISTRATION FORM

Day Camp Counselor in Training (CIT)

Camper Information: Please print clearly with complete information

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

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

Home Telephone: _____ Grade (Fall 2018): _____ School: _____

Parent Information:

Parent 1 Name: _____ Male Female Preferred Method of Contact: _____

E-mail Address: _____ Cell Phone: _____ Work Phone: _____

Parent 2 Name: _____ Male Female Preferred Method of Contact: _____

E-mail Address: _____ Cell Phone: _____ Work Phone: _____

Child resides with: Both Parent 1 Parent 2 Guardian Other _____

Emergency Contacts & Release:

Name(s) and Phone Number(s) of person(s) OTHER THAN PARENTS, over 16 years of age, allowed to pick up your child:
(Please note: Only individuals listed on this form may pick up your camper.)

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Additional Camper Information: Please print clearly with complete information

Please rank your child's swimming ability:

_____ Non-Swimmer _____ Beginner _____ Intermediate _____ Advanced
(Independently swim 30 ft.) (Independently swim 75 ft.) (Independently swim 150 ft.)

Please let us know of any other information that would allow us to better serve your child and enhance his/her camp experience:

Camper Name: _____

Camper Medical Information:

Please print clearly with complete information

The YMCA takes your child's safety very seriously. All medical information must be completed and no line is to be left blank.

Please let us know of any important medical information that will allow us to better serve your child:

Will your child need to take any prescription medications while at camp? Yes No

If yes, please request a medical authorization form. Please return the form and medication in its original prescribed container with your child's name on it on the first day that they attend camp.

Allergies:

Please put N/A if your child does not have any allergies

Food/Medication/Other: _____

Does your child require an Epi-pen? Yes No

If yes, you must provide the Y with an Epi-pen to be kept at camp during your child's enrollment. The Epi-pen must be accompanied by a current prescription and a doctor's note.

Specific activities that are restricted for health reasons: _____

Parent Statement of Understanding:

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

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 an 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 health and medical expenses and I agree to pay any that may occur.

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.

- I have received a copy of the camp manual, and I agree to all the terms and conditions.
- 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 cannot be made up, credited or refunded. (see the program brochure for the complete refund policy)

Parent/Guardian Signature: _____ **Date:** _____

Camper Name: _____

Camp Registration: Please check the appropriate square(s). (Grade as of Fall 2018)

| CAMP HOURS: 7 a.m.-6 p.m. *No camp on July 4 (This week will be pro-rated) | All Weeks June 4- August 10 | Week 1 June 4-8 | Week 2 June 11-15 | Week 3 June 18-22 | Week 4 June 25-29 | Week 5* July 2-6 | Week 6 July 9-13 | Week 7 July 16-20 | Week 8 July 23-27 | Week 9 July 30- Aug. 3 | Week 10 Aug. 6-10 |
|--|-----------------------------------|-----------------------|-------------------------|-------------------------|-------------------------|------------------------|------------------------|-------------------------|-------------------------|------------------------------|-------------------------|
| Grades K-4 | | | | | | | | | | | |
| Grades 5-6 | | | | | | | | | | | |
| Grades 7-8 | | | | | | | | | | | |

Please select your child's t-shirt size: YOUTH Small (6-8) Medium (10-12) Large (14-16) ADULT Small Medium Large X-Large

CHANGE THEIR FUTURE

One in four children are able to attend summer camp at the YMCA because of the support of donors like you. Tax-deductible gifts to the YMCA Scholarship Fund help ensure that every child has a chance to learn, grow and thrive at the YMCA. A day of summer camp costs approximately \$30.

- I wish to make a gift of _____ days of camp x \$30, for a total gift of \$_____.
- I wish to help send a kid to camp with a contribution at a different level. Please accept my gift of \$_____.
- I will make this contribution today by:
- Payment method on file
 - Check payable to the Greater Joliet Area YMCA
 - Cash
- I am unable to make a gift at this time.

Payment Options

Weekly Camp Rates

Facility Member: \$190
 Community Member: \$215
 Registration Fee: \$45 (per family)

Balance due will be scheduled to draft on the Friday prior to the week of camp purchased.

- Include your DHS approval with this form. Co-payment amount \$ ___ + \$45 Registration Fee (Due at registration)

Special Payment Instructions: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUMMER DAY CAMP ELECTRONIC DRAFT AUTHORIZATION

Participant Name(s) (Please Print): _____

Draft my camp fees from account ending in: _____

First Day of Camp: ___/___/18 **\$45 Reg Fee (due at Registration):** ___ Paid ___ Waived (promo)

Section 1

| Pre Camp Days | Draft Date | Amount | Post Camp Days | Draft Date | Amount |
|------------------------------|------------|----------|-----------------------------|------------|----------|
| (Circle) May 29 30 31 June 1 | / | \$ _____ | (Circle) Aug 13 14 15 16 17 | / | \$ _____ |

(CCAP recipients skip to Section 2)

Weekly Draft: ___ Drafting on Due Dates (Friday before camp week) ___ Other, see schedule below

| Camp Week | Draft Date | Amount | Camp Week | Draft Date | Amount |
|-----------------------------|------------|----------|---------------|------------|----------|
| June 4-8 | | \$ _____ | July 9-13 | | \$ _____ |
| June 11-15 | | \$ _____ | July 16-20 | | \$ _____ |
| June 18-22 | | \$ _____ | July 23-27 | | \$ _____ |
| June 25-29 | | \$ _____ | July 30-Aug 3 | | \$ _____ |
| July 2-6 *no camp July 4 | | \$ _____ | Aug 6-10 | | \$ _____ |

Section 2

DHS STATUS: (CCAP Recipients only) (proof of status required – alert on account counts as proof)

- Approved with \$ _____ Co-pay for _____ days with _____ as the provider
- Pending COP – Date submitted to CCR&R: ___ / ___ /18
- Pending REDO – Date submitted to CCR&R: ___ / ___ /18
- Pending NEW – Date submitted to CCR&R: ___ / ___ /18
- Denied – Date of Denial: ___ / ___ /18

DHS Co-Pay Draft: ___ First Friday of Each Month (6/1, 7/6, 8/3) ___ Other, see schedule below

| Camp Month | Draft Date | Amount |
|------------|------------|----------|
| June | | \$ _____ |
| July | | \$ _____ |
| Aug | | \$ _____ |

| | |
|--|---|
| <p><u>Director Use Only</u></p> <p>\$ _____ Assumed Co-pay</p> <p>_____ % Y Scholarship</p> <p>Awarded</p> | <p><u>Office Use Only</u></p> <p><input type="checkbox"/> Drafts Set</p> <p>Date: ___ - ___ - ___</p> <p>Staff Initials _____</p> |
|--|---|

- Any cancellations or changes to the program require ten (10) days written notice. Written notification can be submitted via email to Brooke Hall at bhall@jolietymca.org, via fax at 815-726-3968, via U.S. mail or in person by writing a cancellation/change letter. These 10 days are included as part of your program enrollment days and are calculated as part of your program cost. Cancellation of a program draft does not automatically cancel membership. Request both if desired.
- If you should have an NSF (non-sufficient funds) return on your account, your draft will be re-drafted up to a maximum of two times within the next 30 days and you will be charged a \$25 return fee. If the fees have not been electronically collected after 30 days, your fees will be payable at the branch. If not paid, participation in the program may be suspended or terminated.
- I have read and understand the Electronic Draft Agreement guidelines listed above.

Parent/Guardian Name: (Please Print): _____ Unit ID #: _____

Parent/Guardian Signature: _____ Date: _____

Staff: _____ Date: _____