



# SMITH FAMILY YMCA 2019 SUMMER DAY CAMP REGISTRATION FORM

Day Camp  Counselor in Training (CIT) - Application process required

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## CHILD'S INFORMATION

Please print clearly with complete information.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Grade (Fall 2019) \_\_\_\_\_ School \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent /Guardian 1 Name \_\_\_\_\_  Male  Female Preferred Method of Contact \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent /Guardian 2 Name \_\_\_\_\_  Male  Female Preferred Method of Contact \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child resides with:  Both Parents  Parent 1  Parent 2  Guardian  Other \_\_\_\_\_

## EMERGENCY CONTACTS & RELEASE

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

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

## ADDITIONAL CAMPER INFORMATION

Please print clearly with complete information.

### SWIMMING ABILITY:

Please rank your child's swimming ability.

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

### SPECIAL ACCOMMODATIONS:

Does your child have any special needs or require special accommodations that you would like to discuss with the Camp Director?  Yes  No

If yes, please complete an Accommodation Request Form. A member of our Camp Leadership Team will contact you within 2 business days, from the date the form is received, to discuss your concerns.

Camper Name: \_\_\_\_\_

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Does your child require an inhaler?  Yes  No

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

**Restrictions:** Specific activities that are restricted for health reasons. Please put N/A if your child does not have any restrictions.

\_\_\_\_\_  
\_\_\_\_\_

Will your child need to take any prescription medications while at Camp?

Yes  No

**Allergies:** Does your child have any allergies?  Yes  No

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

Food/Medication/Other \_\_\_\_\_

\_\_\_\_\_

If you answered yes to any questions in this section, please complete a Medical Authorization Form. Please return the completed form and medication in its original prescribed container with your child's name on it on the first day that he/she attends Camp.

**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 Parent Handbook, 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** \_\_\_\_\_

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Camper Name: \_\_\_\_\_

**CAMPER REGISTRATION** Please check the appropriate square(s). (Grade as of Fall 2019)

<b>CAMP HOURS:</b> 7 a.m.-6 p.m. *No camp July 4 (this week is prorated)	<b>All Weeks</b> June 10- Aug. 16	<b>Week 1</b> June 10-14	<b>Week 2</b> June 17-21	<b>Week 3</b> June 24-28	<b>Week 4*</b> July 1-5	<b>Week 5</b> July 8-12	<b>Week 6</b> July 15-19	<b>Week 7</b> July 22-26	<b>Week 8</b> July 29- Aug. 2	<b>Week 9</b> Aug. 5-9	<b>Week 10</b> Aug. 12-16
<b>Grades K-4</b>											
<b>Grades 5-6</b>											
<b>Grades 7-8</b>											
Please select your child's t-shirt size: <b>YOUTH</b> <input type="radio"/> Small (6-8) <input type="radio"/> Medium (10-12) <input type="radio"/> Large (14-16) <b>ADULT</b> <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> X-Large											

Children attending camp at Fairmont Elementary will be bussed to the Smith Family YMCA once a week for swimming. Transportation provided by the Y.

## 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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# ACCOMMODATION REQUEST FORM

## Greater Joliet Area YMCA



The Greater Joliet Area YMCA will make every attempt to make reasonable accommodations for members and program participants requesting special assistance. If you have an accommodation request, please complete the Accommodation Request Form below and email it to your Program Director or Executive Director. A Y staff team member will be in contact with you within 2 business days to discuss the request.

In order to reasonably access and benefit from the Greater Joliet Area YMCA's programs, services and activities, please complete the information below to request an accommodation, including requesting alternative formats/communications and modifications of policies and procedures.

\*The Americans with Disabilities Act (ADA) does not require the YMCA to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial hardship.

Date \_\_\_\_\_ YMCA Camp Location/School Site \_\_\_\_\_

Please specify the program/service/activity for which you seek accommodation (e.g. Before School Care, After School Care, Day Camp, Day Off School, etc.) and why the accommodation is needed to participate/attend (please be as specific as possible):

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Contact Information for the person making the accommodation request:

Name \_\_\_\_\_ Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Date this form is completed: \_\_\_\_\_

Please check one:  Current Y Member  Current Y Participant  Potential Y Member or Participant

**Thank you. Your request will be reviewed and you will hear from Y staff within 2 business days from date received to YMCA staff (not date listed above). Again, thank you.**

YMCA In-Office

Program Director/Executive Director Response/Action:

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# MEDICATION AUTHORIZATION FORM

## Greater Joliet Area YMCA



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

I give permission for the Greater Joliet Area YMCA Youth and Family Department program staff to administer the following prescribed medication for a period of \_\_\_\_\_.

Medication	Dosage	Time to be given
_____	_____	_____
_____	_____	_____
_____	_____	_____

Possible Side Effects \_\_\_\_\_

I understand that:

- YMCA staff may dispense ONLY MEDICATION WITH A PRESCRIPTION LABEL (you can ask any pharmacist to put a pharmacy label on over the counter medication). Any medication dispensed to a child at the program site must be in its original container with the child's name on it.
- Please note that the YMCA staff are NOT allowed to give the first dosage of any medication. YMCA staff are not permitted to give medication to control or contain fever. If your child refuses medication, we will contact you for further instructions.
- YMCA staff may only dispense medication on this form.

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

Site Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY YMCA STAFF**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Date					
Time					
Medication					
Dose					
Initials					
<hr/>					
Date					
Time					
Medication					
Dose					
Initials					
<hr/>					
Date					
Time					
Medication					
Dose					
Initials					



# BEHAVIOR GUIDANCE POLICY

## Greater Joliet Area YMCA



Our top priority is to provide a safe and enriching experience for all children. To do this, we must work together to develop the best plan for each individual child. In order to ensure this positive environment, we may not be able to serve children who repeatedly display disruptive behavior. Disruptive behavior is defined as verbal or physical conduct which requires constant attention from the staff including, but is not limited to: hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child or staff member, and attempting to leave the program space.

### In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprivation of food or other basic needs
- Humiliation or isolation

### In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity

### YMCA Program Expectations

- Speak for yourself
- Listen to others
- Use put-ups; not put-downs
- Care for others, the property, and yourself
- Be honest
- Show respect for all
- Be responsible for yourself
- Do unto others as you would have them do unto you

Our goal is to work together with the child and family, as well as the school personnel when deemed necessary, to address and modify any behavior concerns; however, if a child cannot display appropriate behavior, then he/she may be removed from the program. A child may receive up to three written behavior reports; after a third written report is received, the child may be removed from the program until a parent conference is held. The parent conference may include the parent/guardian, program director, site staff and the child. The child may be allowed to return to the program after the parent conference and a behavior guidance plan is developed. If a child receives a fourth written warning we may ask the family to make alternative child care arrangements for the remainder of the current school year or camp season. Please note that all behavior management plans are based on the individual child and situation and we reserve the right to adapt procedures accordingly.

Occasionally, despite program modifications and efforts to accommodate children, it may be determined that YMCA programs are unable to meet the needs of a child. If a child's participation poses a significant risk to the health or safety of self or others, which CANNOT be lessened by modifications in policies, practices or procedures or the provision of services, a child may be removed from the program.

As a parent/guardian, you may have some concerns or wish to offer suggestions on the lines below. If so, we may modify the plan below with agreed upon suggestions. (Please attach more documentation if needed)

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/Program/Camp Attending: \_\_\_\_\_

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





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:** \_\_\_/\_\_\_/19      **\$45 Reg Fee (due at Registration):** \_\_\_ Paid \_\_\_ Waived (promo)

## Section 1

Pre Camp Days	Draft Date	Amount	Post Camp Days	Draft Date	Amount
(Circle) June 3 4 5 6 7	/	\$ _____	(Circle) Aug 19 20	/	\$ _____

(CCAP recipients can skip to Section 2)

### Weekly Draft Options:

- Drafting \$ \_\_\_\_\_ on Due Dates: each Friday prior to camp week
- Select alternate draft dates, see schedule below

Camp Week	Draft Date	Amount	Camp Week	Draft Date	Amount
June 10-14		\$ _____	July 15-19		\$ _____
June 17-21		\$ _____	July 22-26		\$ _____
June 24-28		\$ _____	July 29-Aug 2		\$ _____
July 1-5 <small>*no camp July 4</small>		\$ _____	Aug 5-9		\$ _____
July 8-12		\$ _____	Aug 12-16		\$ _____

## Section 2

**DHS STATUS:** (CCAP Recipients only) (proof of CCAP 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: \_\_\_/\_\_\_/19
- Pending REDO – Date submitted to CCR&R: \_\_\_/\_\_\_/19
- Pending NEW – Date submitted to CCR&R: \_\_\_/\_\_\_/19
- Denied – Date of Denial: \_\_\_/\_\_\_/19

### DHS Co-Pay Draft Options:

- Drafting \$ \_\_\_\_\_ on First Friday of Each Month (6/7, 7/5, 8/2)
- Select alternate draft dates, see schedule below

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

<p><i>Director Use Only</i></p> <p>\$ _____ Assumed Co-pay _____ % Y Scholarship Awarded</p>	<p><i>Office Use Only</i></p> <p><input type="checkbox"/> Drafts Set Date: ___/___/19 Staff Initials _____</p>
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- > **Any cancellations or changes to the program require ten (10) days written notice.** Written notification can be submitted via email to Membership Manager, Aracely Rubio at [arubio@jolietymca.org](mailto:arubio@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 or declined payment on your account, an attempt will be made to redraft your payment within 24 hours. If we fail to collect your payment after the second attempt, you will be charged a \$25 return fee. If payment is not paid by the Sunday prior to the registered week of camp, 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): \_\_\_\_\_ Member ID#: \_\_\_\_\_

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

Staff: \_\_\_\_\_ Date: \_\_\_\_\_