



YMCA of Kingston & Ulster County – 507 Broadway, Kingston, NY 12401
2018 Camp Financial Assistance Application

Form and Paperwork will only be accepted between 3/1/2018 and 3/31/2018.

The YMCA is committed to serving families regardless of their economic status.

I'm interest in Financial Assistance with the following Camp Program: _____

Child's Name: _____ Parent/Guardian's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (H) _____ (W) _____ (C) _____

E-Mail: _____

List all members of the household with ages: _____

Are 1 or more parents incarcerated? Circle One Yes/No

Please identify your current living situation:

Circle what applies to you – Single Parent Home/Shelter/Foster/Homeless/Other – please specify _____

Household Income: Total Annual Income - \$ _____

Please provide **two (2) current consecutive pay stubs** and **proof of all items indicated below** for all adult members of the household.

Please enter the annual amount:

Wage \$ _____
 Child Support \$ _____
 Alimony \$ _____
 Pension \$ _____
 Public Assistance \$ _____
 Rent Subsidy \$ _____
 Food Stamps \$ _____
 Worker's Comp \$ _____
 Disability \$ _____
 Other (describe below) \$ _____

Special Financial Circumstances: Please use this area to tell us about any special financial circumstances such as loss of job, death of a spouse, medical illness, etc. that have had a negative impact on your financial situation. Use another sheet of paper if necessary.

I certify that the information provided here is accurate and complete to the best of my knowledge and that I have provided all available documentation as requested.

 Signature of Parent/Guardian

 Date

Office Use:

Date/Time Received: _____ Staff Initials: _____ Processed: _____
 Annual Income: \$ _____ Household Members: _____ Award: _____

YMCA CAMP STARFISH REGISTRATION 2018



CHECK SESSION:

Session 1 – July 2 nd – July 6 th <small>(no camp July 4th)</small>	\$122	<input type="checkbox"/>
Session 2 – July 9 th – July 13 th	\$151	<input type="checkbox"/>
Session 3 – July 16 th – July 20 th	\$151	<input type="checkbox"/>
Session 4 – July 23 rd – July 27 th	\$151	<input type="checkbox"/>
Session 5 – July 30 th – Aug. 3 rd	\$151	<input type="checkbox"/>
Session 6 – Aug. 6 th – Aug. 10 th	\$151	<input type="checkbox"/>

Registrations and full payments must be received by 5/31/18!
After May 31, 2018 a \$10 fee will be added per session, per camper

Camper's Group

(please check your child's age group)

- Yellow Guppies (entering K & 1st)
- Green Eels (entering 2nd & 3rd)
- Blue Sharks (entering 4th & 5th)

Camper Information:

Camper Name (First, Middle, Last) _____
 Home Phone _____ Date of Birth _____ Gender (please circle) **M** **F**
 Address _____ City _____ State _____ Zip _____
 Age @ camp _____ School currently attending _____

Family Information

(These names will be called 1st in emergencies):

Guardian Name One _____ Cell Phone _____ Work Phone _____
 Guardian Name Two _____ Cell Phone _____ Work Phone _____

*Family E-Mail _____ **Please list one email for the family--FOR CAMP INFO/RECEIPTS ONLY!*

Camper lives with: Parents Guardian Foster **Family Status:** Together Separated Divorced Deceased

Emergency Numbers

(must be different than above numbers & must be local):

1. Name _____ Day Phone # _____ Relationship to child _____
 2. Name _____ Day Phone # _____ Relationship to child _____

Getting to Know You: Fears _____ Likes _____
 Dislikes _____ Comments/Special Needs _____

If your child requires any special consideration, such as a disability, special needs or any other circumstances that you wish to bring to the camp's attention, please check this box and proceed to fill out the "Getting To Know You Form" found at www.ymcaulster.org on the Camp Starfish webpage. This form can be emailed at the parent/guardian's request.

Please list full names of anyone allowed to pick up your camper. If there is anyone **NOT** allowed to pick up your camper please notify the Camp Registrar. Camp Office must have a copy of any legal documentation, such as Orders of Protection in order to adhere to it.

<p>Reading Grade Level _____</p> <p>Height _____ Weight _____</p> <p>The above information is strictly confidential and will be used solely for internal YMCA purposes of measuring program quality and securing funds and grants.</p>	<p>Please indicate your child's swim level:</p> <p>Non-swimmer _____</p> <p>Beginner _____</p> <p>Intermediate _____</p> <p>Expert _____</p>	<p>Summer School Transportation:</p> <p>_____ My child will get the bus from _____ school **</p> <p>_____ My child will not be taking the bus; I will provide transportation.</p> <p>**KCS D Summer School Transportation</p>
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Optional & Confidential Camper's Ethnicity (please mark as many as apply)
 _____ Asian _____ Latino _____ African American _____ Native American _____ Caucasian _____ Other

Medical Information: A current Immunization Record must be submitted with Registration.

Insurance Carrier _____ Policy Number _____

Hospital Preference _____ Does your child have any allergies? _____

Physician Name, Address, and Phone Number _____

Medications taken at camp (circle one): YES _____ NO _____
 Current Medications: _____ Daily: _____ Time: _____ Dsg: _____
 For what condition? _____

A separate medical release form (available within this packet) must be signed by the parent/guardian AND physician for medication to be administered at camp.

I, _____, give permission for my child, _____ to receive emergency medical treatment in the event of injury or illness while attending the YMCA Camping programs. Including transportation by ambulance or camp vehicle to the hospital when planned or needed. I take will take full responsibility for any financial consequences of this medical treatment. Accidents and injuries sometimes occur during camp activities. Our YMCA cannot be held responsible for injuries occurring during these activities, nor can we be held responsible for medical expenses due to injuries caused during these activities.

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

CAMP CONTRACT/ POLICIES/ FEES

1. A **non-refundable/non-transferable** \$25.00 deposit per child/per session must be submitted with application. This payment will be applied to the total camp fee.
2. **ALL FEES ARE DUE BY 5/31/18.** Unpaid balances will result in a \$10.00 late fee per session, per camper and possible loss of placement. **Camp balance must be PAID IN FULL for camper to attend session.**
3. A **NEW, CURRENT & UPDATED** copy of your **immunization record or waiver** must accompany the application.
4. I UNDERSTAND THAT MY CAMPER MAY NOT BE REGISTERED UNTIL THE APPLICATION, IMMUNIZATION RECORD AND BEHAVIOR CONTRACT ARE TURNED IN.
5. I understand the **Refund Policy**: full refunds, minus the deposit are granted prior to May 31st. After June 1st refunds are not available (except for documented medical emergencies, see above.) All deposits are non-refundable.
6. The YMCA reserves the right to use any photographs/camper videos for promotional use. **Please notify the camp director if you do not authorize this for your child.**
7. The YMCA reserves the right to refuse any applicant, and to cancel any application for behavioral problems or inappropriate behavior, without refund.
8. The YMCA is **not responsible for lost items** such as clothing, shoes, electronics, cell phones, trading cards, etc. A lost and found will be available on-site.
9. **I understand that I will be responsible for payment, even if my camper is absent from camp. This includes any fees not covered by scholarships.**

I understand and agree to the above camp contract, policies and fees.

X Parent/Guardian Signature: _____ Date: _____
 Parent/Guardian (Print Name): _____

Each camper will receive one camp t-shirt! Please indicate the camper's t-shirt size below:

T-Shirt Size (please circle): YS YM YL AS AM AL AXL A2XL

Extra t-shirts are an additional fee of \$10 each

Payment information

Deposit: \$25.00 per session Deposit Total: _____ #Sessions x \$25: \$ _____
Extra T-Shirts: (\$10.00 per shirt) # of Extra T-Shirts _____ x \$10 \$ _____
Strong Kids Donation: (tax deductible) **Donation:** \$ _____
 Total Amount Enclosed: \$ _____



Camp Medication Permission Request Form

In accordance with NYS law, this camp requires that all campers who need medication **during camp hours** must do the following:

1. Present a written consent form signed by the health care provider stating what medication is needed, the dosage and when the medication is to be given.
2. Present written consent from parent for student to receive medication as prescribed by the health care provider.
3. Bring the medication in the original container, with pharmacy/ package label, to the health office personnel.

Name of Camper: _____ Date of Birth: _____

To be completed by the Health Care Provider:

Name of Medication: _____

Dosage: _____

Specific times to be given: _____

Length of time: _____

Are there any restrictions? _____ YES _____ NO

If YES, what are they and for how long? _____

Printed Name of Provider

Signature of Provider

Address

Provider Phone Number

To be completed by Parent/Guardian:

I, _____, give permission for my child to receive the above medication as directed.

Parent/ Guardian Signature: _____ Date: _____

YMCA Youth Program Parent/Guardian Contract & Statement of Understanding

- 1) I have read, understand and signed the YMCA Youth Program Behavior Policy (on back of this contract).
- 2) I understand that if a participant violates the behavior policy, and is asked to not participate for a set amount of time, I will not be refunded for the time during the temporary suspension.
- 3) I understand that YMCA staff and volunteers are not allowed to transport children at any time outside of the YMCA Program. The YMCA is not responsible for any contact between its staff and program campers outside of the YMCA program hours.
- 4) I understand that I am not to leave my child at the YMCA program site unless a YMCA staff person is there to receive and supervise my child.
- 5) I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on registration form, or other arrangements must be made in writing or by calling the YMCA office and speaking directly to the Administrative Staff to make change known. If the YMCA staff does not recognize an authorized individual, they must be prepared to present a photo I.D. to properly identify themselves. The YMCA reserves the right to deny release of any participant if proper identification cannot be provided.
- 6) I understand that should any person who arrives to pick up my child that appears to be under the influence of drugs or alcohol, staff may choose to not release the child and to call the police for assistance.
- 7) I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. I understand that the definition of "neglect" includes not providing reliable emergency pick-up information, non-treatment of recurring medical/health problems, failure to send child with food and proper clothing, refusing to pick-up a child if requested by YMCA Staff and repeated tardiness when picking up child.
- 8) I understand that at drop off and pick up times, the safety of YMCA children is of utmost importance and that drivers should proceed with precaution and according to the procedures as directed by staff.
- 9) I understand that if I am late in picking up my child and cannot make other arrangements for another authorized adult to pick them up, I am to call the YMCA as soon as possible to inform them of my situation, and that **I will be subject to a late fee. This fee is incurred if lateness occurs at the bus stop or the YMCA Post Care Program.** I also understand that if lateness occurs more than three times, the YMCA can suspend my child's registration until other suitable arrangements are made.
- 10) I understand that it is my responsibility to read the Parent/Guardian Registration Packet and other publications sent home for basic program information.
- 11) I understand that it is my responsibility to know the YMCA emergency contact numbers and procedures as stated in the Registration Packet.
- 12) I understand that if I have a concern or comment regarding YMCA programs, I agree to maintain a courteous and civil manner when addressing staff, and that the YMCA Staff will do the same.
- 13) I understand that the YMCA has the right to terminate a child's enrollment for parents/guardians who disregard these statements.
- 14) I give the YMCA permission to use any photographs taken of my child in promotional material for the YMCA.
- 15) I have provided the YMCA Staff with complete and correct information so that they may best provide a safe, happy environment.
- 16) I understand that the above statements pertain to any and all family members and friends who may drop off or pick up my child.

Signature: _____ Date: _____

Child's Name: _____ Relationship to child: _____

This form must be signed on both sides and returned to the YMCA office before registration can be completed.