

# YMCA CAMP STARFISH REGISTRATION 2019



### CHECK SESSION:

<b>Session 1</b> – July 1 <sup>st</sup> – July 5 <sup>th</sup>	\$130	<input type="checkbox"/>
(no camp July 4 <sup>th</sup> )		
<b>Session 2</b> – July 8 <sup>th</sup> – July 12 <sup>th</sup>	\$162	<input type="checkbox"/>
<b>Session 3</b> – July 15 <sup>th</sup> – July 19 <sup>th</sup>	\$162	<input type="checkbox"/>
<b>Session 4</b> – July 22 <sup>nd</sup> – July 26 <sup>th</sup>	\$162	<input type="checkbox"/>
<b>Session 5</b> – July 29 <sup>th</sup> – Aug. 2 <sup>nd</sup>	\$162	<input type="checkbox"/>
<b>Session 6</b> – Aug. 5 <sup>th</sup> – Aug. 9 <sup>th</sup>	\$162	<input type="checkbox"/>

**Registrations and full payments must be received by 5/31/19!**  
 After May 31, 2019 a \$10 fee will be added per session, per camper

### Camper's Group

(please check your child's age group)

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

*\*Must provide report card for proof of grade*  
*\*For entering K: birth certificate*

### 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 1<sup>st</sup> 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](http://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><b>Reading Grade Level</b> _____  <b>Height</b> _____ <b>Weight</b> _____</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><b>Please indicate your child's swim level:</b></p> <p><b>Non-swimmer</b> _____  <b>Beginner</b> _____  <b>Intermediate</b> _____  <b>Expert</b> _____</p>	<p><b>Summer School Transportation:</b></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><b>**KCS D Summer School Transportation</b></p>
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## 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: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

## 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.**