

# CAMP INFORMATION

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Child's Name: \_\_\_\_\_ Grade (Fall 2018): \_\_\_\_\_

Below is a list of prices and dates for our summer camp program. All camps are based on the grade your child is entering effective September 2018.

Camp	Entering Grades	Week 1 6/25- 6/29	Week 2 7/2- 7/6	Week 3 7/9- 7/13	Week 4 7/16- 7/20	Week 5 7/23- 7/27	Week 6 7/30- 8/3	Week 7 8/6- 8/10	Week 8 8/13- 8/17	Week 9 8/20- 8/24	Week 10 8/27- 8/31
Traditional Camps (8:30am-5:00pm) weekly fee Full Member: \$151 Basic Member: \$161											
Discovery	K & 1										
Explorer	2 & 3										
Adventure	4 & 5										
Pioneer	6-8										
Additional Options *Sports camp is an additional \$50.00 for each week											
Pre Camp 7-8:30am	All	\$25	\$20	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Post Camp 5-6:30pm	All	\$25	\$20	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Pre & Post Camp	All	\$45	\$40	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Specialty Sports Camp				\$50*						\$50*	
Weekly Trip	K-8		\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	



THE ELIZABETH BRANCH  
**2018 SUMMER CAMP  
REGISTRATION FORM**  
PLEASE PRINT CLEARLY

SUMMER CAMP REGISTRATION FORM

**CIRCLE CAMP ATTENDING:** Discovery Explorer Adventure Pioneer

Child's Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_ (Fall 2018) Home Phone# \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Parent 1: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Co: \_\_\_\_\_ Address: \_\_\_\_\_

Business Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Additional #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Co: \_\_\_\_\_ Address: \_\_\_\_\_

Business Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Additional #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**LIST ALL PERSONS OVER THE AGE OF 18 AUTHORIZED TO PICK UP YOUR CHILD**

(Child will not be released to anyone else without written permission)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**LOCAL PERSONS TO BE CONTACTED IN AN EMERGENCY IF PARENTS CANNOT BE REACHED.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

# MEDICAL HISTORY FORM

Child's Name \_\_\_\_\_

Camp \_\_\_\_\_

## Immunization History

Please record the date (month & year) of the basic immunizations and the most recent booster. If you have any questions, please consult with your doctor.

DPT Booster \_\_\_\_\_ HBV \_\_\_\_\_ Polio OPV (sabin) \_\_\_\_\_

MMR \_\_\_\_\_ Pertussis \_\_\_\_\_ Tetanus Booster \_\_\_\_\_

HIB \_\_\_\_\_ Varicella \_\_\_\_\_ Tuberculin Test \_\_\_\_\_ Result \_\_\_\_\_

Date of last medical examination \_\_\_\_\_

## Health History

Has your child had any of the following? If so, at what age?

### Allergies

Hay Fever \_\_\_\_\_

Ivy Poisoning \_\_\_\_\_

Insect Stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Sun Screen \_\_\_\_\_

Bug Spray \_\_\_\_\_

### Conditions

Ear Infections \_\_\_\_\_

Heart Defect/Disease \_\_\_\_\_

Convulsions \_\_\_\_\_

Bleeding Disorders \_\_\_\_\_

Asthma/Reactive Airway \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Does your child carry an asthma inhaler? \_\_\_\_\_ Does your child carry an EpiPen? \_\_\_\_\_

Has your child had any operations or serious injuries? \_\_\_\_\_ At what age? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ Under what circumstances? \_\_\_\_\_

Does your child have any chronic or recurring illness including seizures: \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have emotional or behavioral problems? \_\_\_\_\_

Please list any additional health history information we should be aware of: \_\_\_\_\_

Does your child have any limitations to physical activity? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

### IMPORTANT: PLEASE NOTIFY THE CAMP IF THIS CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE.

This health history is correct as far as I know, and the person herein described is in \_\_\_\_\_ condition and has permission to engage in all in all usual activities except as noted above by me.

Parent or Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for emergency treatment:** In order to meet all legal requirements, I hereby authorize representatives of The Gateway Family YMCA to give consent for any and all necessary emergency medical care for my child while he/she attends The Gateway Family YMCA camp program.

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

## Parent Agreement

- I have received The Gateway Family YMCA Parent Handbook, and I will review the camp safety and behavioral guidelines with my child. I understand my communication will support my child in having a safe, happy, and memorable camp experience.
- I understand the importance of completing all registration materials prior to enrolling my child in camp. The registration materials support the YMCA in meeting licensing standards and are therefore a requirement.
- I understand that full payment is needed prior to my child's participation in camp.
- To ensure the safety of all campers, I understand that a child may be suspended or terminated from the program, at the discretion of the Camp Director, for behaviors that violate YMCA rules and procedures. I also understand that there are no refunds for suspensions or terminations.
- I understand that The Gateway Family YMCA is not responsible for lost or damage belongings, and that a lost and found is provided throughout the camp season..

## Parental Authorization and Consent

I hereby enroll my child, \_\_\_\_\_, in The Gateway Family YMCA Summer Camp, and I:

- Give permission for my child to participate in walking trips within the YMCA neighborhood. I understand these walks do not involve entrance into any facility and the route of any walk involves no safety hazards.
- Give consent for my child to take part in all field trips or excursions under proper supervision. I also give my consent for my child to be transported to and from field trips/excursions.
- Give consent for my child's picture to be taken by childcare staff or area media personnel to be used for promotional purposes as deemed appropriate.
- Give permission for my child to participate in all Healthy U activities and I give The Gateway Family YMCA permission to fitness test my child in cooperation with the Healthy U-CATCH initiative.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Inquiring YMCA staff are eager to know...

### How did you hear about us?

\_\_\_ Previous Camper    \_\_\_ Direct Mail/Brochure

\_\_\_ Website    \_\_\_ Friend

\_\_\_ School    \_\_\_ YMCA Employee

Other \_\_\_\_\_

Please list any siblings that will be attending either summer camp or our child care program.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_