



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Day Camp 2018 Registration

OLYMPIC PENINSULA YMCA, YMCA of JEFFERSON COUNTY

YMCA OF JEFFERSON COUNTY | SUMMER CAMP REGISTRATION FORM

It is critical that the entire registration packet, front and back of each page, be completed. If an item does not apply, please fill in the space with N/A. Do not leave any spaces blank.

GENERAL INFORMATION	
Child's First Name	Child's Last Name
School Attending	First Day of Care Needed (Date)

Important Notes:

- Summer Day Camp site is at Mountain View Commons; entry off the playground
- Site phone is 360-477-0761
- Camp hours are Monday through Friday from 9:00am-12:00pm and 1:00pm-4:00pm
- We will be closed on Independence Day
- Weekly Summer Day Camp rates **do not** include wrap care. For \$40/week wrap care is 8-9am and/or 4-5:30pm
- Snacks are provided at 10am & 3pm and free lunch, open to the community, is served between camps (12-1pm)
- Weekly fees are due by the Wednesday prior to the start of each camp week and subject to late fees
- We do not supply sunscreen; if you decide to send sunscreen with your child, our staff will apply
- You may provide your own snacks/lunch if desired; please note that we are a **NUT FREE** facility
- Our curriculum is based on the four core values of the YMCA: Honesty, Caring, Respect, Responsibility

BILLING CATEGORIES			
Youth Membership (Due Annually) <input type="checkbox"/> \$72 per Youth	Morning Camp Camp dates and descriptions on the next page <input type="checkbox"/> \$85/week Member <input type="checkbox"/> \$95/week Non-Member	Afternoon Camp Camp dates and descriptions on the next page <input type="checkbox"/> \$85/week Member <input type="checkbox"/> \$95/week Non-Member	Morning and Afternoon <input type="checkbox"/> \$170/week Member <input type="checkbox"/> \$190/week Non-Member
Sibling Discount <input type="checkbox"/> \$10 per week	Wrap Care <input type="checkbox"/> \$40 per week	Y Financial Assistance* <input type="checkbox"/> _____% Award Date: _____	

*The YMCA is a non-profit agency supported in part by United Good Neighbors and generous donations from community members. We are proud to offer financial assistance to those in need. If you are seeking financial assistance, please contact the Y office for more information at 360-385-5811.

FOR OFFICE USE ONLY		
Date Accepted	By: Staff Name	<input type="checkbox"/> Add Youth Programs Interest in Unit
Date entered in Daxko	By: Staff Name	Copied for Site: <input type="checkbox"/> Yes <input type="checkbox"/> No



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AM CAMP WEEKS 9am-12pm

Options: AM Day Camp \$85 or \$95/Week

Week 1 (6/18-6/22)	Due date 6/13/18	<input type="checkbox"/> AM – Ye Ole Vikings
Week 2 (6/25-6/29)	Due date 6/20/18	<input type="checkbox"/> AM – Sci-Fi Madness
Week 3 (7/02-7/06)	Due date 6/27/18	<input type="checkbox"/> AM – Nautical Nonsense
Week 4 (7/09-7/13)	Due date 7/04/18	<input type="checkbox"/> AM – Fairytale Fantasy
Week 5 (7/16-7/20)	Due date 7/11/18	<input type="checkbox"/> AM – Poetry Slam
Week 6 (7/23-7/27)	Due date 7/18/18	<input type="checkbox"/> AM – Time Warp
Week 7 (7/30-8/03)	Due date 7/25/18	<input type="checkbox"/> AM – Roxaboxen
Week 8 (8/06-8/10)	Due date 8/01/18	<input type="checkbox"/> AM – Comic Book Creations
Week 9 (8/13-8/17)	Due date 8/08/18	<input type="checkbox"/> AM – Super Heroes
Week 10 (8/20-8/24)	Due date 8/15/18	<input type="checkbox"/> AM – Greek Mythology
Week 11 (8/27-8/31)	Due date 8/22/18	<input type="checkbox"/> AM – Musical Masters

PM CAMP WEEKS 1pm-4pm

Options: PM Day Camp \$85 or \$95/Week (Choose 1 option)

Week 1 (6/18-6/22)	Due date 6/13/18	<input type="checkbox"/> PM – Outdoor Carnival	<input type="checkbox"/> PM – Master Chef
Week 2 (6/25-6/29)	Due date 6/20/18	<input type="checkbox"/> PM – Tides & Trails	<input type="checkbox"/> PM – D & D
Week 3 (7/02-7/06)	Due date 6/27/18	<input type="checkbox"/> PM – Artrageous	<input type="checkbox"/> PM – Outdoor Explorers
Week 4 (7/09-7/13)	Due date 7/04/18	<input type="checkbox"/> PM – Animation	<input type="checkbox"/> PM – Ninja Warrior
Week 5 (7/16-7/20)	Due date 7/11/18	<input type="checkbox"/> PM – Sports Sampler	<input type="checkbox"/> PM – Printmaking
Week 6 (7/23-7/27)	Due date 7/18/18	<input type="checkbox"/> PM – Y Bakers	<input type="checkbox"/> PM – Dragonology
Week 7 (7/30-8/03)	Due date 7/25/18	<input type="checkbox"/> PM – Artrageous	<input type="checkbox"/> PM – Outdoor Carnival
Week 8 (8/06-8/10)	Due date 8/01/18	<input type="checkbox"/> PM – Frisbee Golf	<input type="checkbox"/> PM – Stitch it Up
Week 9 (8/13-8/17)	Due date 8/08/18	<input type="checkbox"/> PM – Jr. Architects	<input type="checkbox"/> PM – Outdoor Explorers
Week 10 (8/20-8/24)	Due date 8/15/18	<input type="checkbox"/> PM – Wizarding 101	<input type="checkbox"/> PM – Ceramics
Week 11 (8/27-8/31)	Due date 8/22/18	<input type="checkbox"/> PM – Kite Making	<input type="checkbox"/> PM – Wet N Wild

WRAP CARE

Wrap Care is an option to families who need to drop off before camp begins (8am-9am) and/or pick up after camp ends (4pm-5:30pm.) This option is available for an additional \$40 per week and may not be pro-rated. By checking below, you agree to wrap care fees for the camps indicated above.

YES NO



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CHILD'S INFORMATION (One form per child)			
Child's First Name		Child's Last Name	
Date of Birth	Age	Grade (Fall 2017)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Height	Weight	Eye Color	Hair Color
Operations/Chronic Illnesses			
Allergies to Food or Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes: List allergies and supply any necessary medical information			
Dietary Modifications <input type="checkbox"/> No <input type="checkbox"/> Yes: List dietary modifications and supply any necessary medical information			
Physical, Emotional, Psychological, or Behavioral Needs/Considerations <input type="checkbox"/> No <input type="checkbox"/> Yes: List needs/considerations and supply any necessary medical information			
Does your child take any medications on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes: List medications and dosages			
Will staff need to administer any medications daily? <input type="checkbox"/> No <input type="checkbox"/> Yes: Fill out medical authorization form and turn in with medication in original prescription container			
Does your child have an IEP or 504 plan at school? <input type="checkbox"/> No <input type="checkbox"/> Yes: Explain how can we help your child be more comfortable and successful at the Y?			
What activities does your child do in his/her spare time?			
What special characteristics (fears, problems, concerns) should we be aware of with your child?			
Does your child make friends easily? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does your child tend to run away when frustrated or over-stimulated? <input type="checkbox"/> No <input type="checkbox"/> Yes: Explain situations and solutions			
Any additional remarks, suggestions or comments as to how we can best help your child have a good experience in Y's Kids this year?			



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PARENT/GUARDIAN INFORMATION			
Parent/Guardian Full Name		Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City	State Zip
Home Phone	Cell Phone	Work Phone	
Email		Relationship to Child	

Parent/Guardian Full Name		Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City	State Zip
Home Phone	Cell Phone	Work Phone	
Email		Relationship to Child	
If applicable, who is custodial parent/guardian?			
If Applicable, who is NOT authorized to pick up child? (Must provide legal documentation with Registration Packet.)			

EMERGENCY CONTACTS/AUTHORIZED PICK UP			
(Local contacts only, must be different than parent/guardians listed above. Minimum of two emergency contacts required. Child will not be released unless they are listed below. Contacts must be at least 14 years old and must be able to provide photo identification.)			
Contact Full Name		Relationship to Child	
Address		City	State Zip
Home Phone	Cell Phone	Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Full Name		Relationship to Child	
Address		City	State Zip
Home Phone	Cell Phone	Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Full Name		Relationship to Child	
Address		City	State Zip
Home Phone	Cell Phone	Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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CHILD'S NAME	
Child's First Name	Child's Last Name

Completion of registration packet and the registration fee/full payment for the week officially enrolls your child in Summer Day Camp. Your child may begin camp the following business day after registration and payment processing. It is your responsibility to update all information in this registration as needed. The Y is open to all, regardless of gender, race, age, background, income, or physical or mental ability. Financial Assistance is available to those who qualify.

STATEMENT OF UNDERSTANDING, PERMISSION AND COMPLIANCE

READ AND INITIAL EACH STATEMENT	
<input type="text" value="INITIAL"/>	My child has permission to participate in field trips planned by Y's Kids Staff, given that licensed and insured Y Staff drivers operate all YMCA (not personal) vehicles driven for transportation and that the children will be seat belted.
<input type="text" value="INITIAL"/>	Y Staff have my permission to assist in the application of sunscreen supplied by parent/guardian.
<input type="text" value="INITIAL"/>	I am aware and I approve of my child having an opportunity to participate in program activities which may involve a degree of risk and I hereby release the Jefferson County branch of the Olympic Peninsula Family YMCA from any and all responsibility and liability of any nature resulting from my child's participation in Y activities and transportation as required.
<input type="text" value="INITIAL"/>	In the event that my child is injured, I give YMCA First-Aid and CPR-certified staff the authority to provide basic first-aid and CPR as the situation requires including splinter removal, if necessary, and/or if they become seriously ill or injured and I cannot be reached.
<input type="text" value="INITIAL"/>	I authorize any emergency transportation, hospitalization, x-ray, medical, dental and/or emergency surgical treatment advisable by the circumstances by any member of the medical staff of the medical facility.
<input type="text" value="INITIAL"/>	I grant permission for photographs/videos which include my child to be used at the Summer Camp site for safety reasons, visual displays, photo albums and art projects. These photos will stay at the Summer Camp site only.
<input type="text" value="INITIAL"/>	I grant permission for photographs/videos which include my child in YMCA records, program projects, marketing and public relations to be used in media releases and social media to advertise the YMCA's programs.
With my signature below, I agree to the policies outlined in this form and the 2016-17 Parent/Guardian Handbook information, including inclement weather policies and cancellations due to unpaid tuition, behavior and the refund policies.	

Parent/Guardian Signature	Date
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PARENT/GUARDIAN GUIDE ACKNOWLEDGEMENT

READ AND INITIAL EACH STATEMENT	
<input type="text" value="INITIAL"/>	I understand that I can find the 2016-17 Parent/Guardian Handbook and Disaster Plan in a binder at the parent station in the classroom and that I am responsible for reading it.
<input type="text" value="INITIAL"/>	I understand that I may request a hard copy of the 2016-17 Parent/Guardian Handbook at any time from the Youth Development Director.
<input type="text" value="INITIAL"/>	I recognize participants are expected to follow all safety instructions, remain in areas designated by staff, and refrain from behavior harmful to oneself or others. I understand that failure to adhere to program and behavior policies could be cause for participant dismissal without refund of program fees. Please refer to 2016-17 Parent/Guardian Handbook for clarification.
With my signature below, I understand and accept my responsibility to read and follow the procedures and policies stated in the 2016-17 Parent/Guardian Handbook.	

Parent/Guardian Signature	Date
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PAYMENT POLICIES AND PROCEDURE

READ AND INITIAL EACH STATEMENT

- I understand that payments for services are required in advance, and further understand that there are two options to pay: automatic payment via bank account/debit card/credit card or paying at time of registration. Parents scheduling automatic payments, must pay in full for one week to secure their child's camp spot.
- I understand that if I am using camp on a drop-in basis I will need to pre-pay for intended drop-ins and have an Authorization for Automated Payments form on file.
- I understand that weekly rates are not pro-rated and that fees are calculated to ensure a consistent weekly charge. I further understand there are no pro-rates for inclement weather and that some rates are subject to change with prior notification.
- I understand that payments are due by the Wednesday prior to each week of camp.
- I understand that a **\$10 late fee** will be added to my account if payment is between 1 and 5 days late. After the 5th day, if payment has still not been received or scheduled, the Y reserves the right to discontinue services for my child/ren until the account is up to date.
- I understand if there is a secondary responsible party, it is my responsibility to have this form duplicated and submitted to that party for their acceptance of payment policies and procedures. I understand the late payment policy is enforced regardless of who is responsible for the late payment.
- I understand that weekly invoices are not mailed/mailed. If my payment is late, an invoice will be available in my child's folder.
- I understand that if I **am over 5 minutes late to pick up my child I will be charged \$1 per minute.**
- I understand I must provide a **one-week advance written request** for refunds due to vacation, cancellation, schedule change, or bank account information change. I further understand that the YMCA does not provide a refund if my child is suspended for any reason. **Refunds will be less a \$10 processing fee.**
- I understand there is a **\$15 fee charged** for each returned check or credit/debit card payment.

Parent/Guardian Signature	Date
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Primary person responsible for payments (Authorization for Automated Payments form must be completed)

Name (First) _____ (Last) _____

Secondary person responsible for payments (Additional Authorization for Automated Payments form must be completed)

Name (First) _____ (Last) _____

Child's Ethnicity/Race (Please select from the choices below)

Asian/Pacific Islander Native American African-American Hispanic Caucasian Other _____

Military Information

Is your child a military dependent? Yes No

Do you have a military affiliation? Active Duty Military Retired/Veteran No military affiliation

Branch of Military: N/A Army Air Force Navy Marines Coast Guard National Guard DOD Civilian

Child is a first-time YMCA participant Yes No

How did you hear about our program? (Check all that apply)

Website School _____ YMCA participant Friend YMCA Branch Direct Mail Other _____



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Authorization for Automated Payments

Child/ren Served: _____ Member ID: _____

Guardian Name: _____

Draft Date: 1st of the month or indicate date(s): _____ Draft Approval Until: _____

I hereby authorize my financial institution to honor pre-authorized drafts/charges drawn by the YMCA on my account for Summer Camp payments and when my financial institution honors such drafts/charges by charging my account this shall constitute my receipt for payment. I further stipulate to the following conditions:

(Intl.) I understand and have read all payment policies and procedures, chosen my payment method, and agree to abide by all policies in place. I understand failure to uphold my payment arrangements will result in a **\$10 late fee** as well as suspension from the program.

(Intl.) I understand that I must give the YMCA five business days' notice prior to the draft/charge date to reschedule a payment or program registration and that I may be subject to a **\$10 late fee**.

(Intl.) I understand that fees deducted are for the current week/month if draft is set up for the due date. If I choose a different date, my draft must occur the week/month prior to the service week/month.

(Intl.) I understand I am personally responsible for any payments or other fees not honored by my financial institution for any reason and agree to pay a **\$15 service charge** on ALL returned drafts/charges. I understand that program participation will be inactive until draft/charge amount and service fee is received.

(Intl.) I understand that the YMCA may increase program fees and will notify me in advance of any increases to my draft amount.

(Intl.) I understand that non-attendance of camp does not count as cancellation and that, should I wish to cancel my automatic payment or program registration, I must notify the main YMCA office to report my cancellation in writing via letter or email, and that a **\$10 processing fee** will be deducted from the refund.

Automatic Payment from: Checking Savings Visa MC Discover

Financial Institution Name

Bank Transit/Routing Number

Name on Account ***PLEASE PRINT LEGIBLY**

Bank Account or Debit/Credit Card Number

Signature of **Signer** on Bank Account or Debit/Credit Card

Expiration Date (Debit/Credit Only)

*If you do not choose a payment schedule, your drafts will occur on the 1st of each month.

A VOIDED check is required with all bank draft applications.