


# 2022 Sealed Air YMCA Day Camp

CHILD'S NAME \_\_\_\_\_  
 Name of school your child attends: \_\_\_\_\_  
 Grade Completed: \_\_\_\_\_ First Day of Attendance: \_\_\_\_\_  
 Shirt Size \_\_\_\_\_

 <p><b>FOR YOUTH DEVELOPMENT®          FOR HEALTHY LIVING          FOR SOCIAL RESPONSIBILITY</b></p>	<p><b>*Note:</b> (Field trip schedule may change without notice.)</p>	<p><b>Weekly Rates</b>  <b>5-12 year olds (weekly rate)</b>                  4-5 day rate:                  M: \$195; GP: \$225                  1-3 day rate:                  M: \$175; GP: \$195</p>	<p><b>EXTENDED CARE (INCLUDED)</b>                  AM: 7-8:30                  PM: 4:30-5:30</p>	<p><b>Attendance</b>                  Your child's anticipated hours attending camp: (Ex. 7:30am-4:45pm)</p>
				<p><b>Photo Release</b>                  The YMCA does take pictures of children from time to time for marketing and parent use and we are asking your permission to do so. Please check yes or no, and initial below to allow this.                  [ ] Yes or [ ] No                  Parent/Guardian initial _____</p>
WEEK OF CAMP	THEME	FIELD TRIP	DAYS OF WEEK	AM OR PM
Week 1 June 13-17	Take Me Out to the Ball Game	Kenosha Kingfish	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 2 June 20-24	Water Works	Timber Ridge	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 3 June 27-July 1	Animal Adventures	Green Meadows Zoo	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 4 July 5-8	Camp's Got Talent	Bowen Park (IL)	[ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 5 July 11-15	Color Wars	SCJ Aquatics Center	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 6 July 18-22	Splashtopia	Monkey Joes	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 7 July 25-29	Wonderful Wisconsin	Racine County Fair	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 8 Aug 1-5	Exploration Expedition	Milwaukee Museum	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 9 Aug 8-12	It's a Zoo Out There	Racine Zoo	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM
Week 10 Aug 15-19	End of Summer Extravaganza	Bounce House & Party	[ ] M [ ] T [ ] W [ ] Th [ ] F	[ ] AM [ ] PM

**Parent Orientation is MANDATORY** for new campers. **RECOMMENDED** for returning families. Please pick a date to attend.

[ ] Monday June 6th 6-7:30pm  
 Sealed Air YMCA 8501 Campus Dr Mt Pleasant, WI 53406

[ ] Wednesday June 8th 6-7:30pm  
 Sealed Air YMCA 8501 Campus Dr Mt Pleasant, WI 53406

**Registration Payment Information**

A credit or debit card must be kept on file for weekly automatic drafts that are taken out the Wednesday **before** each week of care.

Credit Card # \_\_\_\_\_ (last 4 digits) Exp: \_\_\_\_/\_\_\_\_ CVV# \_\_\_\_\_

**Enrollment Changes**

I understand that once our original registration is received any changes in enrollment must be made two weeks prior via email to danderson@ymcaracine.org in order to receive no charge, a credit, or a refund

Initials \_\_\_\_\_

**Subsidy Provider Information**

Our family currently receives subsidy from County/State/Wisconsin Shares

[ ] Yes or [ ] No

Notes: \_\_\_\_\_

A current "Child Care Authorization" must be on file before your child's registration will be accepted and registered.

**I understand that I am responsible for all amounts not covered by my Subsidy Provider: and the co-payment must be paid in full before care is rendered.**

Initial \_\_\_\_\_ YMCA Provider #: 7000557757 Location #026

**Office Use Only:** Received \_\_\_\_\_ Registered By \_\_\_\_\_ Start Date \_\_\_\_\_ 2022



***Parent/Guardian Authorization***

I approve this application and certify that the applicant is capable of such an experience. I agree to pay the balance of the program fees the Wednesday prior to each week of camp. No refunds will be given unless the camp is canceled by the YMCA or a doctor's authorized medical reason has been given. I understand that no refunds will be given if the child leaves early because of homesickness or disruptive behavior as determined by the Youth and Family Director. I understand that ANY SCHEDULE CHANGES must be made via email, to only danderson@ymcaracine.org, two weeks prior to the week of camp. Your child's spot is not confirmed until the fee is paid in full prior to the start of the program.

By signing this form, I certify approval of good health of the child, and, in the event that I cannot be reached in an emergency, authorize the YMCA staff/volunteers to render first aid; give permission to the physician selected by the Racine Family YMCA to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Prudent attempts will be made to contact the parent/guardian immediately. I understand in signing this form I agree to release the Racine Family YMCA from any liability for the risks of illness, accidents, or injury.

I grant permission for the applicant to participate in all planned activities, including off-site trips by walking or by bus, if scheduled.

The Racine Family YMCA is not responsible for lost, stolen, or damaged personal items that may result from the conduct of other persons, including participants in the YMCA programs. I also understand that the YMCA reserves the right to withdraw a child from the program, at the YMCA's discretion, if the enrollment of the child negatively affects the integrity of the program and/or the YMCA's legal obligation through and under the Division of Children and Family Services (DCF 252).

I understand that a copy of the Wisconsin Rules for Licensing Day Camps and the YMCA Policy Handbook will be available for my review upon request.

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