

Camper Information

Child's First Name _____ Middle Initial ____ Last Name _____

Gender M F Birth date ___/___/___

This will be my child's ___ year at camp Age (as of June 1st 2021) ___ Child resides with (please circle) Mother Father Both Other _____

Swim Ability Beginner Intermediate Advanced (All children will still be swim tested)

Does your child have an Individualized Education Plan?* Yes No If yes, a copy of the IEP is required at time of registration.

*a meeting may be requested with the Day Camp Director and Youth Development and Sports Director to discuss the IEP

Parent/Guardian Information—Both parents must be listed or use N/A if not applicable.

#1 Parent/Guardian First Name _____ M.I. ____ Last Name _____ Gender M F Birth date ___/___/___

Address—Home (Street, City, State, Zip) _____

Where can we reach you while your child is at camp? Work Number: _____ Cell Number: _____

Daytime Address _____

#2 Parent/Guardian First Name _____ M.I. ____ Last Name _____ Gender M F Birth date ___/___/___

Address—Home (Street, City, State, Zip) _____

Where can we reach you while your child is at camp? Work Number: _____ Cell Number: _____

Daytime Address _____

Emergency Contacts/Others Authorized to Pick Child Up—Must put one other person other than the parent or guardian.

#1 First Name _____ Last Name _____ Relationship to child _____

Address _____ Phone Number _____

second phone number _____

#2 First Name _____ Last Name _____ Relationship to child _____

Address _____ Phone Number: _____

second number _____

Other People authorized to pick up child:

Please provide name and phone number for anyone else allowed to pick up your child

- 1. _____ 2. _____
- 3. _____ 4. _____

List the MONTH, DAY, AND YEAR the child received each of the following immunizations. DO NOT USE a checkmark. If you do not have an immunization record for this child, contact your doctor or local health department to obtain the records.

TYPE OF VACCINE	1st Dose (M/D/Y)	2nd Dose (M/D/Y)	3rd Dose (M/D/Y)	4th Dose (M/D/Y)	5th Dose (M/D/Y)
Diphtheria-Tetanus-Pertussis Specify DTP, DTaP, or DT					
Polio					
Hib (Haemophilus Influenza Type B)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox.					

My child does not meet all immunization requirements. These Requirements can only be waived if a properly signed health, religious, or personal conviction waiver is filed with the day camp.

For religious reasons, I have chosen not to vaccinate this student with the following immunizations

(circle all that apply) DTaP/DTP/DT/Td Tdap, Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations

(circle all that apply) DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

Signature: _____ Date: _____



2021 Sealed Air YMCA Day Camp

CHILD'S NAME _____

Name of school your child attends: _____

Grade Completed: _____ First Day of Attendance _____

Shirt Size _____

 <p>FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY</p>				<p>Weekly Rates 5-12 year olds (weekly rate) 4-5 day rate: M: \$195; GP: \$225 1-3 day rate: M; \$175; GP: \$195 Camp hours</p>	<p>EXTENDED CARE (INCLUDED) AM: 7:00—8:30 PM: 4:30—5:30</p>	<p>Attendance Your child's anticipated hours attending camp: (Ex. 7:30am—4:45pm) _____ AM—_____ PM</p>
WEEK OF CAMP	THEME	Field Trip	DAYS OF WEEK	AM OR PM	<p>Photo Release 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. <input type="checkbox"/> Yes or <input type="checkbox"/> No Parent/Guardian initial _____</p>	
Week 1 June 14-18	Color Wars	Timber Ridge /Betty Brinn	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM	<p>Parent Orientation is MANDATORY for new campers. RECOMMENDED for returning families.</p>	
Week 2 June 21-25	Animals Around the World	JoDon Farms and Franksville Park	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM	<p>Please pick a date to attend <input type="checkbox"/> Wednesday June 2nd 6p-7:30p (Children welcome)</p>	
Week 3 June 28- July 2	Mad Scientist	Garoon Gateway to Science	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM	<p>Sealed Air YMCA 8501 Campus Dr Mt Pleasant, WI 53406</p>	
Week 4 July 5-9	Shark Week	Reiman Aquarium (Discovery	<input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM	<p><input type="checkbox"/> Monday June 8th 6p-7p</p>	
Week 5 July 12-16	Career Week	SC Johnson Aquatics/Apple Holler	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM	<p>Zoom link will be emailed closer to the date</p>	
Week 6 July 19-23	To Infinity and Beyond	SC Johnson Aquatics/Milwaukee	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM	<p>Weekly contact will be made to prepare for the upcoming week of camp. <u>Please provide both your email address and phone number</u> and select which one is your pre-ferred method of commutation.</p>	
Week 7 July 26-30	Wonderful Wisconsin	Racine County Fair	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM	<p><input type="checkbox"/> Phone _____</p>	
Week 8 Aug 2-6	Across the continents	Kenosha Public Museums	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM	<p><input type="checkbox"/> Email (please print <u>clearly</u> below) _____</p>	
Week 9 Aug 9-13	Survivor or Amazing Race	Seven Bridges	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Week 10 Aug 16-20	Sports Extravaganza	Racine Gymnastics Center	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Week 11 Aug 23-27	Adios Summer	Bounce House and party	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM		

Field trip schedule may change without notice

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 ksvendsen@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

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 Development and Sports Director. I understand that ANY SCHEDULE CHANGES must be made via email, to only ksvendsen@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 ____/____/____

Office Use Only: Received ____ Registered By ____ Actual Start Date ____ 2021