

2024 Summer Day Camp

Racine Family YMCA Image Management Branch

CHILD'S NAME _____

Name of school your child attends: _____

Child's Age as of 6/01/2024: _____ Shirt Size: _____

	CAMP HOURS 6:30am-5:30pm Drop Off: 6:30am-9am	*Note: (Field trips listed are pending confirmation and schedule may change without notice.)	Weekly Rates 5-12 year olds (weekly rate) 4-5 day rate: M: \$245; GP: \$275 1-3 day rate: M: \$200; GP: \$225	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. [] Yes or [] No Parent/Guardian initial _____
	WEEK OF CAMP	THEME	FIELD TRIP	DAYS OF WEEK
Week 1 June 3-7	Splash Into Summer	SWIM ALL WEEK	[] M [] T [] W [] Th [] F	
Week 2 June 10-14	Sports of All Sorts	The Lanes Bowling	[] M [] T [] W [] Th [] F	
Week 3 June 17-21	It's a Zoo Out There!	Milwaukee Zoo	[] M [] T [] W [] Th [] F	
Week 4 June 24-28	Exploration Expedition	Kid's Empire	[] M [] T [] W [] Th [] F	
Week 5 July 1-5	Under the Sea	SCJ Aquatics Center	[] M [] T [] W [] Th [] F	
Week 6 July 8-12	Battle of the Camps	Action Territory	[] M [] T [] W [] Th [] F	
Week 7 July 15-19	Stem Week	Discovery World	[] M [] T [] W [] Th [] F	
Week 8 July 22-26	Water Works	Timber Ridge	[] M [] T [] W [] Th [] F	
Week 9 July 29-Aug 2	Skating around	Star Roller Rink	[] M [] T [] W [] Th [] F	
Week 10 Aug 5-9	Splashtopia	SCJ Aquatics Center	[] M [] T [] W [] Th [] F	
Week 11 Aug 12-16	Animal Adventure	Green Meadow Farm	[] M [] T [] W [] Th [] F	
Week 12 Aug 19-23	End of Summer Extravaganza	Bounce House & Party	[] M [] T [] W [] Th [] F	
Week 13 Aug 26-30	Hopping Out of Summer	Monkey Joe's	[] M [] T [] W [] Th [] F	

Parent Orientation is MANDATORY for ALL campers. Please pick a date to attend.

 [] Tuesday May 28th 6-7:30pm
 Image Management Family YMCA Branch

 [] Thursday May 30th 6-7:30pm
 Image Management Family YMCA Branch

 8501 Campus Dr. Mt Pleasant, WI 53406

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

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 # _____ Exp: ____/____ CVV# _____

Enrollment Changes

Any changes in enrollment must be made TWO weeks prior via email to hhaluska@ymcaracine.org in order to receive no charge or a refund.

 Initials _____



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 program director. I understand that ANY SCHEDULE CHANGES must be made via email, to only hhaluska@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. I understand that I can be charged if the child above purposefully breaks any YMCA property.

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 _____/_____/_____