

2023 Image Management


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>*Note: (Field trips listed are pending confirmation and schedule may change without notice.) Will update by April 28.</p>			<p>Weekly Rates</p> <p>5-12 year olds (weekly rate)</p> <p>4-5 day rate: M: \$195; GP: \$225</p> <p>1-3 day rate: M: \$175; GP: \$195</p>	<p>EXTENDED CARE (INCLUDED)</p> <p>AM: 7-8:30 PM: 4:30-5:30</p>	<p>Attendance</p> <p>Your child's anticipated hours attending camp: (Ex. 7:30am-4:45pm)</p>
	<p>Photo Release</p> <p>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.</p> <p>[] Yes or [] No Parent/Guardian initial _____</p>			<p>Parent Orientation is MANDATORY for new campers. RECOMMENDED for returning families. Please pick a date to attend.</p> <p>[] Monday June 5th 6-7:30pm Image Mgt. YMCA 8501 Campus Dr Mt Pleasant, WI 53406</p> <p>[] Wednesday June 7th 6-7:30pm Image Mgt. YMCA 8501 Campus Dr Mt Pleasant, WI 53406</p>		
WEEK OF CAMP	THEME	FIELD TRIP	DAYS OF WEEK	AM OR PM		
Week 1 June 12-16	Take Me Out to the Ball Game	Kenosha Kingfish	[]M []T []W []Th []F	[]AM []PM		
Week 2 June 19-23	Water Works	Timber Ridge	[]M []T []W []Th []F	[]AM []PM		
Week 3 June 26-30	Animal Adventures	Green Meadows Zoo	[]M []T []W []Th []F	[]AM []PM		
Week 4 July 3-7	Camp's Got Talent	Bowen Park (IL)	[]M []T []W []Th []F	[]AM []PM		
Week 5 July 10-14	Color Wars	SCJ Aquatics Center	[]M []T []W []Th []F	[]AM []PM		
Week 6 July 17-21	Splashtopia	Monkey Joes	[]M []T []W []Th []F	[]AM []PM		
Week 7 July 24-28	Wonderful Wisconsin	Racine County Fair	[]M []T []W []Th []F	[]AM []PM		
Week 8 July 31-Aug 4	Exploration Expedition	Milwaukee Museum	[]M []T []W []Th []F	[]AM []PM		
Week 9 Aug 7-11	It's a Zoo Out There	Racine Zoo	[]M []T []W []Th []F	[]AM []PM		
Week 10 Aug 14-18	End of Summer Extravaganza	Bounce House & Party	[]M []T []W []Th []F	[]AM []PM		

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 jlambert@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 _____ 2023



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 jlambert@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 _____/_____/_____


2023 Union Grove YMCA Day Camp

CHILD'S NAME _____

Name of school your child attends: _____

Grade Completed: _____ First Day of Attendance: _____

Shirt Size _____

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