

Registration, Health History, and Emergency Care Plan

Racine Family YMCA Day Camp Program

One form per child. A new form must be

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 6, 2018) _____ Child resides with (please circle) Mother Father Both Other _____
 Swim Ability Beginner Intermediate Advanced (All children will still be swim tested)

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.

*Can add more on a separate sheet of paper.

#1 First Name _____ Last Name _____ Relationship to child _____
 Address - Home (Street, City, State, Zip) _____ Phone Number _____
 Phone Numbers: Home _____ Work _____ Cell _____

#2 First Name _____ Last Name _____ Relationship to child _____
 Address - Home (Street, City, State, Zip) _____
 Phone Numbers: Home _____ Work _____ Cell _____

12 Medical and Behavior Questions to help us provide the best care to your child. All information is confidential to Y Staff.

(ALL lines MUST be filled out. If something does not apply, please use

1. **Has your child had any of the following; if so, please explain:**

- Asthma Autism Diabetes
- ADD/ADHD Epilepsy/Seizures Cerebral Palsy/Motor Disorder
- Cognitively or Learning Disable NONE (QUESTIONS 1-8)
- Dietary Restrictions _____
- Food/Milk Allergies _____

If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.

Gastrointestinal or feeding concerns, including special diet and supplement

- Non-Food Allergies _____
- Status of Vision, Hearing, and Speech _____
- Other conditions requiring special care _____

2. **Triggers that may cause any of the above problems (specify)** _____

3. **Signs or symptoms to watch for** _____

4. **Steps the provider should follow** _____

5. **Identify any staff to whom you gave specialized training/instructions** _____

6. **When to call parents regarding symptoms/failure to respond to treatment** _____

7. **When to consider that the condition requires emergency medical care/reassessment** _____

8. **Additional information that may be helpful for us** _____

9. **Emergency Numbers**

Physician Name _____
 Phone _____
 Address (city, state, zip) _____

10. **Is the child currently taking any medications?** Yes No

If yes, what kind and why _____

If medication needs to be administered during camp, a Medication Permission Form MUST be completed. Visit ymcaracine.org for forms.

10. **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.

Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. Yes, year _____

No /Unsure (Vaccine Required)

TYPE OF VACCINE	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose
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. Visit ymcaracine.org for forms.

11. **Sunscreen/Insect Repellent, if provided by a parent, must be labeled.**

Sunscreen:

I authorize the center to apply sunscreen to my child
 I authorize the center to allow my child to self-apply sunscreen
 My child may use any sunscreen provided by the Y if theirs runs out/is missing.
 OR
 My child may ONLY use the sunscreen provided by the parent:
 Brand Name _____ Strength _____

Repellent:

I authorize the center to apply repellent to my child
 I authorize the center to allow my child to self-apply repellent
 My child may use any repellent provided by the Y if theirs runs out/is missing.
 OR
 My child may ONLY use the repellent provided by the parent:
 Brand Name _____ Strength _____

YMCA DAY CAMP REGISTRATION


CHILD'S NAME _____

Name of school your child attends: _____

Grade Completed: _____ First Day of Attendance _____

Shirt Size _____ Hoodie (optional) \$30 Size _____

Hoodie payment due at time of registration.



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Pre-Camp
All Ages:
\$30/day Member
\$45/day General Public

TRADITIONAL CAMP
(Only check days attending)
5-12 year olds (weekly rate)
4-5 day rate: M: \$180; GP: \$210
1-3 day rate: M; \$155; GP: \$180
4 year olds (weekly rate)
4-5 day rate: M: \$190; GP: \$220
1-3 day rate: M; \$165; GP: \$190

EXTENDED CARE (INCLUDED)
Sign up initially or change by Wednesday before 8pm (5 days before) for staffing purposes.
AM: 6:30—8:30
PM: 4:30—6:00

Attendance

Your child's anticipated hours attending camp:
(Ex. 7:30am—4:45pm)

_____ AM—_____ PM

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	AM OR PM
Pre-Camp June 11-15	Music Makers	Young Composers	<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 1 June 18-22	Wonderful Wisconsin	Strawberry Picking	<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 2 June 25-29	Sports Extravaganza	Kenosha Kingfish	<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 3 July 2-3 5-6	Stars and Stripes	Movie (T) North Beach (F)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> AM <input type="checkbox"/> PM
Week 4 July 9-13	Hero's	Action Territory/Monkey Joe's	<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 5 July 16-20	Ooey Goey	Wehr Nature 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 6 July 23-27	Jurassic Times	Milwaukee Public Museum	<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 7 July 30- Aug 3	Olympics	Mt Olympus	<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 8 Aug 6-10	Under the Big Top	YMCA Family Carnival	<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 9 Aug 13-17	Animals Around the World	Green Meadow Petting Zoo	<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 20-27	Time Travelers	Pritchard Park Pool	<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 27-31	Hawaiian hubaloo	Day Camp Luau	<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

Parent Orientation is MANDATORY for new campers. **RECOMMENDED** for returning families many changes for summer 2018

Wednesday May 30th, 6:30pm—7:30pm

Tuesday June 5th, 6:30pm-7:30pm

OPTIONAL Meet & Greet for Returning Parents Only:

Tuesday, May 29th, 6:30—7:00pm

Weekly contact will be made to prepare for the upcoming week of camp. Please provide **both** your email address and phone number and select which one is your preferred method of commutation.

Phone _____

Email (please print clearly below)

Field trip schedule subject to change

*Please note, registrations will not be processed without deposit or \$30 registration fee

I am paying: Deposit Only (1 week of care)
 Full Amount
I am paying the full amount for every session my child is enrolled for at this time.

Method of payment: _____

Credit Card # _____ (last 4 digits)
Exp: ____/____

OR Check Enclosed: Amount \$ _____ Check# _____

Subsidy Provider Information

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

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

Yes or No

Paperwork submitted to Count/Agency/ for this program

Yes or No

Notes: _____

I understand that I am responsible for any 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 5 days prior to the start of each program day. 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 & Family Director. 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 ____/____/____