

CHILD'S NAME _____

Name of school your child attends: _____

Grade Completed: _____ First Day of Attendance _____

YMCA DAY CAMP REGISTRATION

 <p>FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY</p>	<p>I Camp You Camp We Camp the Y Camp 2019</p>	<p>Weekly Rates 5-12 year olds (weekly rate) 4-5 day rate: M: \$180; GP: \$210 1-3 day rate: M; \$155; GP: \$180</p> <p>4 year olds (weekly rate) 4-5 day rate: M: \$190; GP: \$220 1-3 day rate: M; \$165; GP: \$190</p>	<p>EXTENDED CARE (INCLUDED) Sign up initially or change by Wednesday before 8pm (5 days before) for staffing purposes.</p> <p>AM: 6:30—8:30 PM: 4:30—6:00</p>	
		<p>WEEK OF CAMP</p>	<p>THEME</p>	<p>Field Trip</p>
Week 1 June 10-14	Crusin' into Summer	Strawberry Picking	[]M []T []W []Th []F	[]AM []PM
Week 2 June 17-21	Spies, Mysteries, and Puzzles	Betty Brinn/Logic puzzle museum	[]M []T []W []Th []F	[]AM []PM
Week 3 June 24-28	Treasure Island	Prichard Park pool	[]M []T []W []Th []F	[]AM []PM
Week 4 July 1-3	Party in the USA	Birthday party extravaganza	[]M []T []W	[]AM []PM
Week 5 July 8-12	Jivin' in the jungle	Racine Zoo	[]M []T []W []Th []F	[]AM []PM
Week 6 July 15-19	Gallivanting the globe	Milwaukee Public Museum	[]M []T []W []Th []F	[]AM []PM
Week 7 July 22-26	Wonderful Wisconsin	Kenosha King Fish	[]M []T []W []Th []F	[]AM []PM
Week 8 July 29- Aug 2	Disney	Timber Ridge waterpark	[]M []T []W []Th []F	[]AM []PM
Week 9 Aug 5-9	To infinity and beyond	Monkey Joe's/ Light speed	[]M []T []W []Th []F	[]AM []PM
Week 10 Aug 12-16	Color Me Crazy	Carnival	[]M []T []W []Th []F	[]AM []PM
Week 11 Aug 19-23	Amazing Race	Scavenger hunt/ fountain	[]M []T []W []Th []F	[]AM []PM
Week 12 Aug 26-30	Wonderful world of camp	Petrifying Springs	[]M []T []W []Th []F	[]AM []PM

Shirt Size _____

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 _____

Parent Orientation is MANDATORY for new campers. **RECOMMENDED** for returning families.

Join us for an interactive Q&A and meet and greet
[] Saturday May 18th 2p-4p

Parent Informational meeting
[] May 22nd, 6:30—7:30pm

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 the Tuesday 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. 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 ____/____/____

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 1, 2019) ___ 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 _____ 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 _____ 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 _____ 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: _____