


Union Grove Rec Day Camp Registration 2019

CHILD'S NAME _____
 Grade Completed: _____ First Day of Attendance _____



the Y
YMCA

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

I Camp You Camp We Camp Camp

the Y
YMCA

Weekly Rates
(Only check days attending)

5-12 year olds
(weekly rate)

4-5 day rate: Member \$150
General Public \$175

1-3 day rate: Member \$125
General Public \$150

EXTENDED CARE (INCLUDED)
Sign up for the extended care needed. This is used to determine staffing needs.

AM: 6:30—8:30
PM: 4:30—6:00

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 _____

WEEK OF CAMP	THEME	Field Trip	DAYS OF WEEK	AM OR PM
Week 1 June 3-7		Bowling (Old Settlers)	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 2 June 10-14	Crusin into summer	Strawberry Picking	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 3 June 17-21	Spies, Mysteries, and Puzzles	Logic Puzzle Museum	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 4 June 24-28	Treasure Island	Prichard Park Pool	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 5 July 1-3	Party in the USA	Birthday party extravaganza	[] M [] T [] W	[] AM [] PM
Week 6 July 8-12	Jivin' in the jungle	Racine Zoo	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 7 July 15-19	Gallivanting the globe	Milwaukee Public Museum	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 8 July 22-26	Wonderful Wisconsin (Fair Week)	Racine County Fair	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 9 July 29- Aug 2	Disney	Timber Ridge Water park	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 10 Aug 5-9	To infinity and beyond	Light Speed	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 11 Aug 12-16	Color me crazy	Carnival	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 12 Aug 19-23	Amazing Race	Scavenger hunt/ fountain	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 13 Aug 26-30	Wonderful world of camp	Petrifying Springs	[] M [] T [] W [] Th [] F	[] AM [] PM

Parent Orientation is MANDATORY for new campers.
 [] Saturday May 18th 2p-4p
 Sealed Air YMCA 8501 Campus Dr

[] Wednesday May 8th, 6:30pm—7:30pm
 Village Hall 925 15th Ave Union Grove, WI 53182

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)

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 the

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: ____/____/____

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 #031

start of the next week. 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/Village of Union Grove 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/Village of Union Grove 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/ Village of Union Grove 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.

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: _____