



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Day Camp Program

YMCA OF GREATER OKLAHOMA CITY

DAY CAMP PROGRAM FOR SCHOOL AGED CHILDREN

2017 Enrollment Forms (Please Print)

Attach Child's Photo Here

A. Participant Information

Child First Name: _____ Last Name: _____

Date of Birth ____/____/____ Age: _____ Gender: Male Female

Child lives with Mother Father Both Other _____

Other siblings that may be enrolled in the program (please list last name if different):

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Parent /Guardian #1 First Name _____ Last Name _____ Date of Birth ____/____/____

*This person will be the first we try to contact when needed

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____ Email _____

Business Name & Address: _____ Work Phone _____

Parent /Guardian #2 First Name _____ Last Name _____ Date of Birth ____/____/____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____ Email _____

Business Name & Address: _____ Work Phone _____

B. Others Authorized to Pick Child Up or Be Notified as Needed

The Y can only release your child to those listed on this form, they must provide a photo ID at the time of pick up. Contact the Y director to make changes to this information.

#1 First Name _____ Last Name _____ Date of Birth ____/____/____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____ Relationship to child _____

#2 First Name _____ Last Name _____ Date of Birth ____/____/____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____ Relationship to child _____

C. Sessions & Programs

Location Attending: _____

Camps D-BAT, Triple C, L.E.A.D & Guthrie are an additional \$10 per week per camp.

ALL SUMMER: Includes ALL weeks of Day Camp. You may select one week of vacation at no charge and still qualify for the full summer pricing.

Price (per week) \$100 / Household Member \$110 / Youth Member \$125 / non member Currently enrolled in year-round pricing

School child attends: _____ Last Day of School is: _____

Our one week vacation will be: _____ or Unknown, we will provide the Y Director a 2 WEEK NOTICE

SUMMER SELECT: Select and check which weeks your child will attend

Dates and weeks offered vary by location. Check with your Y to see if your desired week is offered at your preferred location.

Price (per week) \$110 / Household Member \$120 / Youth Member \$145 / non member

WEEK 1: May 30–June 2 | The Superhero In You (No camp on Memorial Day, Monday May 29)

WEEK 2: June 5–9 | Adventure Land

WEEK 3: June 12–16 | We are a Superhero Family (Teamwork)

WEEK 4: June 19–23 | Y Camp's Got Talent

WEEK 5: June 26–30 | Blast From the Past

WEEK 6: July 3–7 | Hometown Heroes (no camp Tuesday, July 4)

WEEK 7: July 10–14 | Y-Lympic Kids

WEEK 8: July 17–21 | Superheroes of the Future (Career week)

WEEK 9: July 24–28 | Holidays

WEEK 10: July 31–Aug 4 | TV Superheroes

WEEK 11: Aug 7–11 | Wacky Water Week

WEEK 12: Aug 14–18 | Check with your Y to see if this week is available

We are also interested in receiving more information about Camp Classen, The YMCA Overnight Camp in Davis, Oklahoma.

D. Participant Health History and Information

Child's Doctor: _____ Address: _____ Phone # _____

Check any conditions that your child has experienced:

- Asthma Autism Diabetes Epilepsy / Seizures ADD/ ADHD Cerebral Palsy / Other Motor Disorder
 Cognitive or Learning Disabilities Status of Vision, Hearing, Speech to Note _____
 Non-Food Allergies (list) _____
 Food/ Milk Allergies (list) _____

If your child has food allergies or dietary restrictions, attach a statement from a medical professional. (REQUIRED)

- My child carries an epi-pen, inhaler or other medication. (additional medication for is required)
 Other condition to note: _____

Please provide symptoms and / or special instructions for any condition marked above. (Additional form is required and notes may be attached):

Check any of the following that relate to your child:

- Fears we should be aware of: _____
 An event in your child's life that may have been particularly upsetting: _____
 Social or emotional characteristics you would like to note: _____

Other conditions requiring special care or additional information you feel would be helpful. (additional pages or notes may be attached)

Please initial each of the following:

- _____ I have provided a copy of my child's immunization records along with this form (required to register)
_____ I authorize Y staff members to apply sunscreen to my child as needed. Parent must supply sunscreen.
_____ I authorize the Y staff members to apply bug repellent to my child as needed. Parent must supply bug repellent.

Is your child currently taking any medications? Yes No If yes, what kind and why (unless confidential by law)? _____

If any medication (prescription or over the counter) is required during Y program time, a medication form MUST be completed. Please see our Medication Policy in the Parent Handbook for more information which can be found at www.ymcaokc.org/daycamp or picked up at the Y.

The YMCA of Greater Oklahoma City has my permission to: (initial each line)

- _____ Involve my child in swimming
_____ Involve my child in field trips
_____ Involve my child in photographs or video taken for Y publicity purposes
_____ Transport my child, provided that the Y and the driver have the legally required insurance in force, the driver has a valid Oklahoma driver's license and has completed the Y's driver requirements and tests, and there is a current Oklahoma tag on the vehicle.

E. Agreements

Statement of Understanding:

- I will notify the staff of any changes in the registration information.
- I consent to my child's participation in the Y program and assume the risks involved. I attest and verify that I have knowledge of the risks involved in program activities and I give my child authorization to participate in such activities.
- I have reviewed the Code of Conduct and Behavior Management Policy with my child(ren).
- In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the Y to take my child to the nearest facility for medical attention.
- I understand that it is my responsibility that my child is signed in upon arrival to the program, and signed out before leaving each day.
- I understand that I cannot leave my child at the Y or program site unless a Y program staff member is there to receive and supervise my child. There must be an exchange of responsibility from an authorized individual to a Y staff member.
- I understand that the Y has no Outside Contact Policy between Staff and Children. Y Staff are prohibited from having outside contact with children in Y programs. Includes but is not limited to: babysitting, sleepovers, transportation or other non-Y events.
- I understand that state law mandates the Y to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- **I understand that I am responsible for all of the information in the Parent Handbook.** A copy of the Parent Handbook is available online at www.ymcaokc.org/daycamp or I can request a printed copy from the Y.
- By signature and of free will I do hereby agree to indemnify and hold harmless the Y for any and all claims or demands, cost of expense arising out of any injury or damage sustained by me or any party I am responsible for.
- I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in Y programs, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the Y, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my child's participation in activities at or sponsored by the Y. I further agree to indemnify and save harmless the Y from any claims or demands arising out of such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the YMCA of GREATER OKLAHOMA CITY, its staff, directors, members and guests.

I have read and understand the statements above regarding YMCA policies and procedures.

Print Name _____

Sign Name _____

Date _____

F. Additional Information

(Information is collected for demographic purposes ONLY to ensure we are serving our entire community)

Ethnicity

- Native American Caucasian/ White
 Asian/ Pacific Islander Hispanic
 African American/ Black Other
 Alaskan Native

Household Income

- \$ 0 - 14,999 \$ 50,000 - \$74,999 \$200,000 - \$249,999
 \$15,000 - \$24,999 \$ 75,000 - \$99,999 \$250,000 and above
 \$25,000 - \$34,999 \$100,000 - \$149,000
 \$35,000 - \$49,999 \$150,000 - \$199,999

G. Accounting Policies and Payments

1. Acceptable payment form is: Electronic Funds Transfer (EFT) or advance payments made in full.
2. To secure your child's spot, a **\$10 per week non-refundable deposit** is due at the time of registration.
3. Drafts will be made by the close of business on Wednesday for the following week of care. Drafts will be made each week unless a two-week written notification has been provided for a vacation week or for cancellation of registration.
4. The Y does not issue statements for individual tax purposes. Please keep any and all canceled checks, payment receipts or bank statements as documentation of childcare payments.
5. No adjustments in the weekly fee will be made for partially attended weeks, when care is not provided due to holidays that the Y is closed or inclement weather days.
6. Refunds are typically not given. A Refund Request Form may be obtained from, and returned to the Member Service Desk and all refunds are at the discretion of the Branch Executive Director.
7. If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$25.00 will be collected electronically. If an NSF payment is unable to be collected electronically, year-round pricing will no longer apply. Any change to your bank draft information must be received at least seven days prior to the date the change to take effect. A \$10 late fee will be assessed on payments not made by the deadline.
8. A late pick up fee of \$1.00 per minute will be assessed for each minute after 6:00pm that your child remains in our care. This fee will be drafted from the account on file. If there is no account on file, this charge must be paid at the Y Member Service Desk, and your child will not be allowed to attend until the amount due is satisfied.
9. If you are registered for the All Summer option and a payment is missed, the All Summer pricing will no longer apply. If you cancel All Summer camp, an additional \$10 will be charged for each week that you have attended, separate from the non-refundable deposit.

Bank Account Information:

First Name _____ Last Name _____

Name(s) of participants whom you are paying for: _____

- Today I will be paying the full amount for all of the weeks of day camp registered (not just deposits)
 I receive third party payments, such as DHS. I understand that I am responsible for all copayments. (Not available at all locations)
 I will be paying through Electronic Funds Transfer (drafts will be made by the close of business on Wednesday for the following week of care).

Information below is required along with a voided check:

Bank Name _____ Bank City/ State _____

Type of Account: Checking Savings

Print your name as it appears on the bank account: _____

Financial Institution Routing Number: _____ Account Number _____

I (we) request and authorize the YMCA OF GREATER OKLAHOMA CITY to charge the checking/savings account listed below for program fees. I (we) further authorize the financial institution to debit these fees. I (we) understand that these charges are continuous and ongoing until the end of the program, or the Y receives the proper cancellation notice of two weeks.

We have read the Accounting Policies and agree to comply with all payments and policies.

Print Name of Authorized Signature _____

Authorized Signature _____

Date _____

Print Name of Joint Account Holder (if applicable) _____

Joint Account Holder Authorized Signature (if applicable) _____

Date _____



In addition to our program fees, we would like to help send another child to Summer Day Camp. Please add the following amount to our weekly Day Camp draft:

\$2 \$5 \$10 \$20 other \$ _____

A one time donation can also be made at any of our Y Member Service Desks

Authorized Signature _____

Date _____