

# YMCA OF WAYCROSS SUMMER DAY CAMP 2011 CHILD ENROLLMENT INFORMATION

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Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

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Home Address (City, State, & Zip Code) \_\_\_\_\_ Cell Number & Home Phone Number \_\_\_\_\_

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Father's Name \_\_\_\_\_ Home Address, Telephone (if different from child's) \_\_\_\_\_

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Father's Place of Employment \_\_\_\_\_ Address of Employment \_\_\_\_\_ Business Phone Number \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Home Address, Telephone (if different from child's) \_\_\_\_\_

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Mother's Place of Employment \_\_\_\_\_ Address of Employment \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Child's Living Arrangements: [ ] Both Parents [ ] Mother [ ] Father [ ] Other \_\_\_\_\_

Child's Legal Guardian(s): [ ] Both Parents [ ] Mother [ ] Father [ ] Other \_\_\_\_\_

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The child may be released to the person signing this agreement or to the following:

<b>Name</b>	<b>Address</b>	<b>Phone (work &amp; home #)</b>
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Persons to contact in case of emergency when parents/guardians cannot be reached:

<b>Name</b>	<b>Address</b>	<b>Phone (work &amp; home #)</b>
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**Child Enrollment Form (cont'd)**

Child's Name: \_\_\_\_\_

My child's counselor should be aware of the following special needs:

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The following special accommodations may be required to most effectively meet my child's needs while at the YMCA:

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Each Day Camper receives a T-shirt and will be required to wear the T-shirt on field trip days. The shirts are ordered ahead of time, we will do our best to get your child the correct size. The shirts tend to run a little small.

Child's T-shirt Size (check one):

- |  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Youth Small (Size 6-8)    | <input type="checkbox"/> Adult Small  | <input type="checkbox"/> Adult XL |
| <input type="checkbox"/> Youth Medium (Size 10-12) | <input type="checkbox"/> Adult Medium |                                   |
| <input type="checkbox"/> Youth Large (Size 14-16)  | <input type="checkbox"/> Adult Large  |                                   |

The YMCA participates in the USDA Summer Food Service Program (SFSP) for Children, which provides nutritious meals for school-age children. Lunches will be provided at the YMCA. Day Camp children who participate in SFSP will eat lunch in the YMCA clubroom with the other children each day. Your child must bring his/her lunch and drink on the days before the program begins and after it ends. We do not know the exact days for the Program at this time, however when we find out all parents will be informed. You may choose not to have your child participate in the program. Please check on of the following:

- My child will participate in the Summer Food Service Program. I understand that he/she must bring his/her own lunch before the program starts and after it ends.
- My child will **not** participate in the Summer Food Service Program. He/she will bring his/her own lunch every day this summer.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

# Emergency Medical Authorization

## DAY CAMP 2011

Should my child, \_\_\_\_\_, suffer an injury or illness while in the care of the YMCA of Waycross and the staff is unable to contact me immediately, YMCA staff shall be authorized to secure such medical attention and care for the child as may be necessary. I agree to keep the YMCA informed of changes in telephone numbers and locations where I can be reached.

The YMCA of Waycross agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's Primary Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Primary Clinic/Hospital: \_\_\_\_\_

Known Medical Conditions (i.e. diabetes, asthma, drug allergies, etc.):

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Current Medications:

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Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

# Parental Agreement Form

## DAY CAMP 2011

The YMCA of Waycross agrees to provide day care for my child on Monday through Friday, 7:30 a.m. to 6:00 p.m. from May 23rd to July 29th for Ware County, and May 24 to August 5th for Pierce County. My child will participate in the meal plan including a morning snack and an afternoon snack. **He/she will bring his lunch every day or participate in the Summer Food Service Program.**

**The YMCA will not be responsible for administering prescription medication to my child. If necessary action is required, it is my responsibility to give my child the medication.**

My child will not be allowed to enter or leave the facility without being escorted by his parent(s) or legal guardian(s), persons authorized by parent or legal guardian, or YMCA staff.

I acknowledge my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work locations, emergency contacts, child's physician, child's health status.

The YMCA agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable disease, which may affect my child.

The YMCA agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities in water that is more the two (2) feet deep.

I agree to abide by the policies and procedures for the YMCA Day Camp.

Signature (Parent/ Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Program Director) \_\_\_\_\_ Date \_\_\_\_\_

# Swimming Permission Slip

## DAY CAMP 2011

The YMCA Staff has my permission to allow \_\_\_\_\_  
(Child's name)

to swim in the YMCA pool during the Summer Day Camp for 2010.

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

For Aquatics' Staff Use Only:

\_\_\_\_\_ Did not pass swimming test.

**OR**

He/she is able to swim:

\_\_\_\_\_ in three (3) feet of water only.

\_\_\_\_\_ in twelve (12) feet (entire pool).

Signed \_\_\_\_\_  
YMCA Certified Lifeguard

Date \_\_\_\_\_

# YMCA OF WAYCROSS BEHAVIOR POLICY DAY CAMP 2011

Because the behavior of any one child has the potential to affect the entire group, we have found it necessary to establish a behavior/discipline agreement. If a child is written up 3 times for repeated violations of Y-Time rules they will be released from the program. A warning form, or write up form, is to inform parents/guardians of children's behavior. Please read over the behavior policy with your child(ren) and explain the importance of following the rules. If we all follow the rules, Y-Time will be safe and enjoyable for all children involved. After going over this with your child(ren), you and your child need to sign the policy before the child is enrolled in Y-Time.

## Rules of Conduct

1. Y-Timers will listen and not talk when an adult or another child is talking.
2. Y-Timers will follow directions given to them by YMCA counselors, to ensure the children's safety and enjoyment.
3. No fighting, arguing, or other forms of verbal or physical disrespect will be permitted.
4. Offensive language will not be tolerated.
5. Y-Timers must stay with their group with a counselor at all times. They may not leave the group for any reason.
6. Destruction of YMCA property or the property of other children will not be allowed (in addition to regular disciplinary action, the child will be required to pay for the cost of repairs or replacement of property).

The following disciplinary actions will be taken, except in the case of a flagrant violation of the rules:

- The first time a child misbehaves, they will receive a warning.
- The second time a child breaks the rules, the Program Director will have a conference with the child's parents.
- The third incident will result in temporary suspension from the program.
- Recurring problems will require discussion with the parents to determine disciplinary action.
- In the case of a flagrant violation, the Director will determine disciplinary action and meet with parents to discuss the incident(s).

I, \_\_\_\_\_(Parent's name), agree to support the YMCA's policies and efforts to maintain positive behavior for all children in the program.

I, \_\_\_\_\_(Child's name), agree to follow staff instructions and the rules of behavior.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

