



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Stanly County Family YMCA 2024 Summer Day Camp Registration Form

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

### PARENT CHECKLIST

\_\_\_ Form is complete

\_\_\_ Camper Info

\_\_\_ Healthy History/General Health ??

\_\_\_ Responsible Parties Info

\_\_\_ Allergies/Medications

\_\_\_ Emergency Info

\_\_\_ Signed Waiver

\_\_\_ Family E-mail

\_\_\_ Week(s) Attending

\_\_\_ Code Word

\_\_\_ Full-time/Part-time

\_\_\_ Registration open for Y Members

February 1-March 1

Y Family Members \$0, Y Youth Members \$15

\_\_\_ Registration open to all

March 2

Y Family Members \$0, Y Youth Members \$15,  
Program Participants \$30

\_\_\_ Late Registration Open where available

May 15-July 26

+\$25 per child

\_\_\_ Open Doors Scholarship Application attached with requested information

\_\_\_ Payment Options Form completed

\_\_\_ I would be willing to help send a child to camp by making a donation to the YMCA "Strong Communities Fund".

\_\_\_ Yes!

\_\_\_ Not at this time.

\_\_\_ Parent Initials

Child's T shirt size: \_\_\_ YXS \_\_\_ YS \_\_\_ YM \_\_\_ YL \_\_\_ YXL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL

### STAFF CHECKLIST

\_\_\_ Form is complete

\_\_\_ ODS form attached with requested information, if applicable

\_\_\_ Registration Fee/Camp Fee collected

\_\_\_ Y Family Member

\_\_\_ Y Youth Member

\_\_\_ Program Participant

\_\_\_ Amount paid w/ registration \$ \_\_\_\_\_

Rec. # \_\_\_\_\_

Ck# \_\_\_\_\_

CC# \_\_\_\_\_

Cash \_\_\_\_\_

\_\_\_ Date

\_\_\_ Staff Initials

Notes \_\_\_\_\_

### ADMINISTRATION CHECKLIST

\_\_\_ Form is complete

\_\_\_ Correct fee collected

\_\_\_ ODS \_\_\_\_\_% \_\_\_ SD \_\_\_ CCD \_\_\_ SCSD \_\_\_ ED \_\_\_\_\_%

\_\_\_ BD or CC/DC draft set up

\_\_\_ Child Info set up

\_\_\_ Notes \_\_\_\_\_

Summer Day Camp:

Weekly Fee \_\_\_\_\_

Discount? \_\_\_\_\_

Weekly Fee Due \_\_\_\_\_

**Summer  
Day Camp  
Payment  
Option Form**

**What do I pay when I register?**

Registration is open to Y Members **February 1-March 1.**

**Y Family Members \$0, Y Youth Members \$15, program participants \$30**

Registration opens to everyone **March 2.**

**Y Family Members \$0, Y Youth Members \$15,**

**Program Participants \$30.**

Late Registration will be accepted **May 17-July 26** where space is available.  
There will be a additional \$25/child late fee due upon registration.

**Child's Name** \_\_\_\_\_



To register for Summer Day Camp, there are two payment options:

Registration is open February 1-March 1 to Y members. Everyone may register beginning March 2. Late registration will be accepted May 16-July 26, where space is available for only \$25 per child. Register early to secure your child's place. **THIS IS A NON-REFUNDABLE FEE.**

After registering and your child's spot is secured there are three options to pay the balance of camp:

- Pay in full no later than first day child attends camp.
- Draft your bank account, debit card, or credit card weekly on Tuesdays two weeks before each week of attendance.

\*\*\*\*To make any changes to your Summer Day Camp registration/drafts, you must complete and return a "Request for Schedule Change" form at least two days before the specified draft date.

**Payment method for Summer Day Camp:**

\_\_\_\_ Option 1: Payment in full

\_\_\_\_ Option 2: If I didn't pay in full, then I give permission for the Stanly County Family YMCA to draft my bank account, debit card or credit card on Tuesdays two weeks before the next week of attendance. By chance, if the Y draft is declined, the YMCA has the **right to redraft me at any time**. If payment is not made on time, there will be a \$10 late fee added if my balance is not taken care of by that Friday. If the weekly payment is not made by the next Monday, I understand that care will be suspended until the balance is paid.

Below is my bank account information:

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**or**

Below is my credit/debit information:

VISA MC AMEX Discover (circle one) Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



# Camper Emergency Information Sheet

**CAMPER INFORMATION:**

Camper's Full Name \_\_\_\_\_

(name camper likes to be called)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ (circle one please) Male / Female Camper is a Y member? ☐

School \_\_\_\_\_ Grade 2023-24 \_\_\_\_\_ Yes/Pin# \_\_\_\_\_ No \_\_\_\_\_

**Weekly newsletters will be emailed during Summer Camp. All electronic communications should be sent to an address that you check regularly. What is your email address?**

**RESPONSIBLE PARTIES:** (Please check to indicate the parent to contact for payment or other questions.)

PARENT'S NAME \_\_\_\_\_ Authorized to pick up? ☐ Yes ☐ No

Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address

Employer (if self-employed, please list name of co.) \_\_\_\_\_

Y member? Yes/Pin # No

PARENT'S NAME \_\_\_\_\_ Authorized to pick up? ☐ Yes ☐ No

Birthdate\_\_\_\_\_ Home Phone\_\_\_\_\_ Work\_\_\_\_\_ Cell\_\_\_\_\_

Address \_\_\_\_\_

Employer (if self-employed, please list name of co.) \_\_\_\_\_

Y member?      Yes/Pin #                           No

\*\*\*Child lives with:     Parents     Mother     Father     Grandparents     Other          

## CODE WORD

(All campers must have a code word.) Code words are used as an added assurance when your camper is being picked up. This code will be confidential. Anyone who picks up your child must use this code. They may also be asked to show a driver's license.

**Emergency Contact/Authorized to pickup Camper:**

1. Name/Relationship to Child \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

2. Name/Relationship to Child \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**Your child be attending:**

- ☐ Full-time (4-5 full days/week)
- ☐ Part-time (3 full days/week MWF only)
- ☐ Part-time (2 full day/week TTh only)

Please use the following key to mark each box that applies to the session(s) for which you are registering:

FT for full-time

PT3 for part-time 3 days

PT2 for part-time 2 days

[illegible]

## Camper Information/Medical Form

Camper's Name: \_\_\_\_\_

### Insurance and Medical Information:

Carrier/Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Provider: Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### \_\_\_\_ I HAVE INCLUDED A COPY OF MY CHILD'S IMMUNIZATION RECORDS.

Is camper currently taking prescription/over the counter medications? \_\_Yes \_\_No

List Medication/Dosage/Purpose: \_\_\_\_\_

(\*We may only administer meds that are sent in original container. A medication form must be completed by parent and given to Site Director before camper begins.)

•Does your camper have any condition that requires special care? \_\_Yes \_\_No

If yes, please specify: \_\_\_\_\_

•Has your camper had surgeries, illness or any severe injuries? \_\_Yes \_\_No

If yes, please specify: \_\_\_\_\_

•Does your camper have allergies? \_\_Yes \_\_No

If yes, please describe in detail: \_\_\_\_\_

•Does your camper have dietary restrictions? \_\_Yes \_\_No

Please explain: \_\_\_\_\_

•Does your camper (please circle) wear glasses wear contacts have braces have frequent headaches

other \_\_\_\_\_

•Please provide information we may not have asked that you feel is important for us to know as we include your child in our programs. \_\_\_\_\_

## WAIVER

\*\*This information given is complete and accurate. My child has permission to participate in all activities unless otherwise stated in writing.

\*\*I understand that the Stanly County Family YMCA assumes no responsibility for injuries or illnesses my child may sustain as a result of his/her participation in camp.

\*\*Prior to time of registration, I will discuss any special needs (behavioral problems or physical, emotional, psychological, or medication needs) with the Afterschool/Camp Director.

\*\*I understand and agree to the payment schedule for Summer Day Camp.

\*\*I understand that if my child becomes sick while at camp, I must pick him/her up immediately.

\*\*I give permission to the Stanly County Family YMCA to use pictures or videos of my child as a program participant in promotional literature/media/social media published and used by the YMCA.

\*\*In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child.

\*\*I understand that I am responsible for primary insurance for my child.

\*\*I have read and agree to all of the policies and financial expectations of the Stanly County Family YMCA Summer Camps.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Stanly County Family YMCA Field Trip Permission Form**

**Child's name** \_\_\_\_\_

I permit my child to leave the YMCA on field trip listed on the Summer Day Camp schedule as a part of the Stanly County Family YMCA Day Camp Program. By signing this form, I give my child permission to be transported in YMCA vehicles. My child has permission to ride the YMCA bus without holding the Stanly County Family YMCA or it's Staff or Board liable if an accident occurs.

**Parent/Guardian signature**

\_\_\_\_\_

**Date** \_\_\_\_\_