



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Stanly County Family YMCA 2019 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 T-shirt size
- No Processing Fee March 1-20
- Processing Fee of \$25 March 21-May 6
- Processing Fee of \$50 May 7-August 13
- 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

Each camper will receive a free "Y Camp" t-shirt. What size may we order for you?

YXS (2-4) YS (6-8) YM (10-12)

AS AM AL AXL AXXL

STAFF CHECKLIST

- Form is complete
- ODS form attached with requested information, if applicable
- Processing Fee/Camp Fee collected
- Camper is a member Yes/Pin # _____ No/Is family planning on joining before summer? _____
- 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?

If you register between **March 1-20**, the Processing Fee is waived!

If registering between **March 21-May 6**, you will need to pay a one-time \$25/child, Processing Fee, regardless of how many weeks for which you are registering. You may also pay in full for every week registered.

Registration will be accepted **May 7-August 12** where space is available. There will be a \$25/child Late Registration Fee attached to the \$25/child Processing Fee.

Child's Name _____

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

Registration is open March 1-May 6 for only \$25 per child. Late registration will be accepted May 7-August 13, where space is available for only \$50 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 Wednesday, May 15th.
- Draft your bank account weekly on Tuesdays two weeks before each week of attendance.
- Charge your credit card/debit 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 five days before the specified draft date.

Payment method for Summer Day Camp:

I have enclosed a check or made payment of \$ _____ deposit

___ 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 bank draft my account 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.

Bank Name _____ Name on Account _____

Routing Number _____ Account Number _____

Signed _____ Date _____

___ Option 3: If I didn't pay in full, then I give permission for the Stanly County Family YMCA to charge my credit card/debit 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 credit/debit information:

VISA MC AMEX Discover (circle one) Name on Card _____

Card # _____ Expiration Date _____

Signed _____ Date _____

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 Family Services Director.

**I permit my child to leave the YMCA on field trips under the supervision of the YMCA staff. A written schedule of all field trips requiring transportation will be posted for parents to see. By signing this form, you give your child permission to be transported in YMCA vehicles or SCUSA. My child has permission to ride YMCA bus or SCUSA buses without holding the Stanly County Family YMCA or its Staff or Board liable if an accident occurs.

**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 _____