



Grade Level as of Fall 2011

Saleeby Fisher YMCA, East Rowan Branch

SUMMER DAYCAMP

Summer 2011

Camper Registration Form

Camper's Name _____ Home Phone # _____

Circle one: **CAMP EXPLORER (rising 1st-5th grade)** **ADVENTURE CAMP (rising 6th-8th grade)**

Parent/Guardian (father) _____ (mother) _____

Mailing Address _____
PO Box or Street Address _____ City _____ Zip Code _____

E-mail Address (father) _____ (mother) _____

Father Cell/Pager _____ Mother Cell/Pager _____

Father's Employer _____ Work Phone # _____

Mother's Employer _____ Work Phone # _____

Birth Date ____|____|____ Sex: Male Female Doctor's Name _____

Hospital Preference _____ Doctor's Phone # _____

Medical problems the Y should be aware of _____

My child takes the (s) _____ following medication _____
****If your child will need to take any type of medication during program hours,**

My child takes the following medication(s) during program hours _____

My child has current immunization records on file at the school. Circle one. Yes No

EMERGENCY CONTACTS (If parents cannot be reached, whom may we contact?)

Name _____ Phone # _____

Relationship _____ Cell Phone # _____

Name _____ Phone # _____

Relationship _____ Cell Phone # _____

Medical Insurance

Policy Holder Name _____ Insurance Company Name _____

Medical Insurance Policy/Group # _____

Insurance Company Address _____

Insurance Company Telephone Number _____

This child does not currently have medical insurance.

NOTE: Recreation Accidental Insurance – You may obtain insurance from Pearce & Pearce, Inc. through the YMCA of Rowan County that will provide medical coverage for accidental injuries sustained during all YMCA program activities. The cost of this insurance plan is approximately \$7 per child per year. Contact your local branch for additional information on this insurance policy.

EMERGENCY WAIVERS

In case of emergency, I give the director, or the person in charge, the authority and my permission to obtain medical aid from a qualified physician or hospital.

Signature of Parent/Guardian

Date

I grant my permission for this child to leave the child care program premises in order to participate in authorized program activities, trips, and other activities under the supervision of the YMCA program staff.

Signature of Parent/Guardian

Date

PICK-UP TIME AGREEMENT

I, or the following persons, **will** pick up this child prior to 6:00 p.m. daily. I understand that the regular pick-up time is between 4:30 p.m. and 6:00 p.m., and there will be a **late charge of \$10 per 15 minutes** after 6:00 p.m., beginning at 6:01 p.m.

The following people have permission to pick up my child from the Daycamp program:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

I have read and agree to ALL payment policies of the YMCA Daycamp programs. I have received and read the discipline policies, discussed them with YMCA personnel, and agree to abide by them.

Signature of Parent/Guardian

Date



For further questions and information, please contact

Sarah Zander, Family Services Director
Saleeby-Fisher YMCA, East Rowan Branch
(704) 279-1742 or szander@rowanymca.org



Saleeby-Fisher YMCA, East Rowan Branch
SUMMER DAYCAMP
Summer 2011
Camper Identification Form

Please fill out this form **completely** and **thoroughly**. Thank you!

Camper's Name _____ Preferred Name _____

Race _____ Sex: Male Female

Height _____ Weight _____

Hair Color _____ Length of Hair _____

Straight Hair Curly Hair Other _____

Eye Color _____ Left-Handed or Right-Handed

Any distinguishable birthmarks, freckles, moles, etc.? _____

Any piercing (ears, etc.)? _____

Any other information you feel the YMCA should know about your child? _____



The Saleeby-Fisher YMCA, East Rowan Branch, has my permission to photograph my child and attach it to this form for easy identification purposes.

Signature of Parent / Guardian

Date



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

***PARENT STATEMENT OF UNDERSTANDING
YMCA of Rowan County—All Programs***

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the YMCA.

Please request a copy for future reference.

I understand that YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that the YMCA will suspend or terminate usage of programs for failure to promptly pay fees, habitual late pick up, if the child's behavior warrants such action or parents approaching other children in the program for discipline purposes.

I have read and understand the statements above completely.

Parent/Guardian Signature

Date

Staff Signature

Date

Day Camp Sessions

Please check the weeks your child will be attending.

Camp Week	Yes	No
Week 1 June 13 thru June 17 _____	_____	
Week 2 June 20 thru June 24 _____	_____	
Week 3 June 27 thru July 1 _____	_____	
Week 4 July 4 thru July 8 _____	_____	
THE YMCA WILL BE CLOSED ON MONDAY, JULY 4th.		
Week 5 July 11 thru July 15 _____	_____	
Week 6 July 18 thru July 22 _____	_____	
Week 7 July 25 thru July 29 _____	_____	

1. We encourage campers to attend all field trips. In order to do many exciting things, some trips will be here in town and some will be out of town. We try to plan all trips to take place between 9:00 am and 5:00 pm.
2. It is important that the campers wear their camp t-shirts on field trips.
3. Campers MUST be at camp by 8:15 am so we can get an accurate roster to leave the YMCA.
4. **CHILDREN MAY NOT BE DROPPED OFF AT THE TRIP SITE!**



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Day camp T-shirt Each camper will receive one (1) t-shirt for the summer program. T-shirts are to be worn on days of **every field trip** and ***special occasions***. Additional and/or replacement t-shirts are available at a cost of **\$12 per t-shirt**. Campers will receive their t-shirt on the day of the first Day camp field trip. Please make this t-shirt a priority on field trip days!

Please circle a shirt size: CHILD: 6/8 10/12 14/16

ADULT: S M L XL

Fees are to be paid weekly, in advance, by **the first day of each camp week**. Due to summer camp being scheduled in weekly program segments, campers that are not paid in full on the first day they attend camp week will not be allowed to attend. If any questions, please contact the Camp Director, Sarah Zander at 704-279-1742 or szander@rowanymca.org.

FOR OFFICE USE ONLY:

Date Received: ____ | ____ | ____

Registration Fee PAID
\$25 registration

Additional Children
Registration Fee PAID
\$15 registration

Paid: _____ Date: _____

Staff Signature: _____