



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

# **SUMMER DAY CAMP REGISTRATION FORM ALEXANDER COUNTY FAMILY YMCA**

**ONLINE REGISTRATION IS AVAILABLE FOR DAY CAMP.  
GO TO [WWW.YKIDSCAMP.ORG](http://WWW.YKIDSCAMP.ORG) TO REGISTER ONLINE.**

## **FOR OFFICE USE ONLY**

- Summer Day Camp Registration Form
- Code Word
- Behavior Expectations & Discipline Policy Form - signed
- Summer Day Camp Programs Policies - signed
- Orders for Medication - signed (must be completed for sunscreen, bug spray, prescriptions and over the counter medications)
- Registration Fee (If applicable)
- Weekly Deposit
- Subsidy Voucher: (If applicable. Three copies per child must be provided by parent. Vouchers are good for one camp location only).
- Financial Assistance Form (If applicable. Must be filled out completely with income information attached).
- Complete Summer Day Camp Fee Schedule
- Complete Payment Form
- Remind parents to register for all sessions needed to reserve a spot for their child(ren).

\*Please make sure all selections/lines are completed before accepting registration packet.

## **ALEXANDER COUNTY FAMILY YMCA**

260 Black Oak Ridge Road, Taylorsville NC 28681

P 828 632 9699 [www.acfamilyymca.org](http://www.acfamilyymca.org)

**Our Mission:** "Helping all people reach their God-given potential in spirit, mind and body."

A United Fund Agency. Financial Assistance available.

# 2023 SUMMER DAY CAMP REGISTRATION FORM

Date of Registration: \_\_/\_\_/2023

My child is a YMCA member. Pick-up Code Word \_\_\_\_\_ Member ID# \_\_\_\_\_  
In the 23-24 School Year my child will be in \_\_\_\_\_ grade. School Attending: \_\_\_\_\_  
Children must have completed Kindergarten prior to enrolling

## CHILD'S INFORMATION (Please print legibly.)

Child's name (first/middle/last) \_\_\_\_\_ Name called \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female Birth date \_\_\_\_\_ Age (as of registration date) \_\_\_\_\_ Student ID# \_\_\_\_\_

Check all that apply to your child, or check "None" for those that don't apply:

Allergies (type) \_\_\_\_\_  None

ADD  ADHD  None

For any child with health care needs such as allergies, asthma, or other chronic conditions (including ADD, ADHD, medication allergies) that require specialized health services, a medical action plan shall be attached to the application.

Special circumstances (see back page and provide additional information if necessary)  None

Particular fears or unique behavior characteristics that the child has: \_\_\_\_\_

## FAMILY INFORMATION (Check parent to contact for payment and other questions)

Mother/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

Email address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

Email address \_\_\_\_\_ Date of Birth \_\_\_\_\_

## EMERGENCY INFORMATION

In case of emergency, please contact the following first:  Mother/guardian  Father/guardian

Child's doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

If mother, father, or guardian cannot be reached, call:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

I hereby acknowledge that the YMCA will assume that either parent/guardian of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at the Branch that indicates otherwise. Both parents/guardian must have code word for child.

Other than parent/guardian, the following individuals are authorized to visit or pick up my child. Please answer "No One," if only the parent/guardian are authorized to pick up. (If there are additional people authorized, please attach additional pages with the below information for each individual.)

(First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Email) \_\_\_\_\_

(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Country) \_\_\_\_\_ (Phone) \_\_\_\_\_

(First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Email) \_\_\_\_\_

(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Country) \_\_\_\_\_ (Phone) \_\_\_\_\_

Persons not authorized to visit or pick up my child: (Court documentation must be attached)

\_\_\_\_\_  
\_\_\_\_\_



# 2023 SUMMER DAY CAMP PROGRAMS POLICIES

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

Please read each of the following policies and sign below to indicate your understanding of these policies.

## WAIVERS/PERMISSIONS

I permit my child to participate in activities the YMCA conducts outside the fenced-in play areas at YMCA facilities.

**Field Trips** – I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff. I may review a written schedule of activities to be conducted off the YMCA premises.

**Photography** – I permit the YMCA to use images of my child as a YMCA program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA website which are produced or published by the YMCA. I also permit the YMCA and/or the media to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.

## PAYMENT POLICIES

I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due are paid.

All weekly payments are due on the Wednesday before each session, after that a \$10 late fee will be assessed.

I understand that it is my responsibility, if I choose to draft for the program, to provide the YMCA with current up-to-date bank or credit card information throughout the term of the program.

Should any program draft not be honored by my bank, for any reason, I realize that I am still responsible for the payment, plus any applicable service charge assessed by the YMCA.

I understand that the YMCA is using a third party to assist in the collection of returned checks and bank drafts. If my check or bank draft is returned for any reason, my account will be debited electronically for the amount of the check and/or draft plus a processing fee.

**Cancellations** – Non-attendance, without written cancellation, does not relieve me of the responsibility to pay for the program.

**Bank draft participants** – I understand that I must cancel, in writing, at least fifteen days prior to the date of bank draft in order to stop payment. I understand that if I need to stop a membership draft I will need to do so at the membership branch in person. Stopping a program draft does not automatically stop a membership draft.

**Refunds** – I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when YMCA programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the YMCA reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 30 days of cancellation. The registration fee and weekly deposits are non-refundable.

I have read and understand all the policies stated above and agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

## MEDICAL TREATMENT POLICIES

**Accident Insurance** – Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.

**Medication** – The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action in the best interest of the child.

**Blood Borne Pathogen Exposure** – I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membranes (e.g. splashing in mouth or eye), from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member.

I have read and agree with the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.

## PROGRAM POLICIES

**Babysitting Policy** – The YMCA strives to employ the very best staff possible in all of our programs. During staff time-off or after they are no longer employed with us, these persons are private citizens and no longer subject to our employment rules and procedures. The YMCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of the YMCA is separate and independent from any YMCA program and must be based on the independent investigation, responsibility and judgment of the parent or guardian. I agree that the YMCA shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities.

**Pickup Policy** – I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at the Branch that indicates otherwise. A code word is always required to pick up your child.

**Inclement weather** – Please refer to local media sources or, if available, [www.ymcanwnc.org](http://www.ymcanwnc.org) for program closings related to inclement weather.

**Lost Items** – I understand that the YMCA is not responsible for any personal items lost or stolen at our programs.

**A LATE PICKUP FEE WILL BE ASSESSED IF THE CHILD IS PICKED UP AFTER PROGRAM HOURS.**

Parent/legal guardian signature \_\_\_\_\_

Date \_\_\_\_\_

# 2023 BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICY

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

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The YMCA does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas – running away is not acceptable.

The Discipline Policy

1. If a participant is unable to comply with the behavior expectations, the child will be given an initial warning and his or her parents/guardians will be notified.
2. If a participant's behavior continues to be disruptive, he or she will receive a written reprimand and parents will be notified and consulted concerning the participant's behavior.

3. If the participant receives three written reprimands, he or she will be suspended for three days. After six written reprimands, the participant will be suspended for five days. After nine written reprimands, the child will be expelled from the program.
4. The YMCA reserves the right to suspend or expel a child from the program if his or her behavior places other participants or staff in immediate harm and/or if his or her behavior places him or herself in immediate harm.

**Behaviors which may result in immediate dismissal include but are not limited to:**

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of YMCA property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
7. Running away
8. Biting

## Special Circumstances

Parents or guardians are required to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the branch director (or his or her designee, i.e., senior program director, youth director) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA's evaluation of the child's/ward's ability to participate and the YMCA's consideration of any requested accommodation.

Please initial, indicating that you have read and understand the above:

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Date

I have read, understand, and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward.

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date

# ORDERS FOR MEDICATION

To be completed by parent/guardian:

If it is absolutely necessary for the child named below to take medication during camp or child care hours, or in the event your child has a medical condition of which the Branch should be aware, please complete the information requested, sign and return this form to the Branch.

**Please Read:** No medication (including Tylenol, sunscreen, etc.) may be dispensed/applied without written authorization from parent/guardian. Prescription drugs may only be dispensed from their original container.

Child's Name \_\_\_\_\_ Age (as of registration date) \_\_\_\_\_

Day Camp/Child Care Program \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s):

Mother's Name \_\_\_\_\_

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

Father's Name \_\_\_\_\_

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

**Medication:** (including sunscreen, bug spray, prescription medicine and over the counter medicine)

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Times(s) to Administer \_\_\_\_\_

Possible Side Effects/Special Instructions \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Times(s) to Administer \_\_\_\_\_

Possible Side Effects/Special Instructions \_\_\_\_\_

**Medical Condition(s):** Please list below any allergies (do not include allergies to medications), asthmatic conditions or the like which may require the Branch to administer the child's medicine.

Condition	Symptoms	Medication/Dosage	Special Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

\_\_\_\_\_  
(Print Parent/Guardian Name)

Medicine	Dosage	Time(s) Given	Caregiver's Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____