

# Fulton Family YMCA Camp 2018

**PARTICIPANT CAMP:**  Camp 1 (3years-Completed K)  Camp 2(Completed Grades 1-2)  Camp 3 (Completed Grades 3-4)  
 Camp 4 (Completed Grades 5-7) \* Camps are subject to change based on enrollment

Child's Full Name \_\_\_\_\_  Male  Female D.O.B. \_\_\_/\_\_\_/\_\_\_ Grade Completed in 06/18 \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Ph \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Office Ph \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Office Ph \_\_\_\_\_ Cell \_\_\_\_\_

**The following people are authorized to pick up my child (other than parents):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**EMERGENCY INFORMATION:**

In the event of an emergency, YMCA staff will make every attempt to reach a parent/guardian. In the event that a parent/guardian cannot be reached, I authorize the following people to be contacted and act on my behalf:

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Office Ph \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Office Ph \_\_\_\_\_ Cell \_\_\_\_\_

**MEDICAL INFORMATION: (NYS Licensing regulations require the full name, address, & ph # for the doctor. Hospital information is optional)**

The YMCA complies with applicable federal and state disability discrimination laws and will consider reasonable accommodations and/or modifications to its policies and procedures to allow children with disabilities an equal opportunity to participate in this program. Please contact the Child Care Coordinator at (315) 598-9622 if your child requires accommodations.

Physician \_\_\_\_\_ Address \_\_\_\_\_ Ph \_\_\_\_\_

Preferred Hospital (We will request the EMTs take your child here whenever possible.) \_\_\_\_\_

Please list any allergies (Medication must be provided for all life threatening allergies.) \_\_\_\_\_

If exposed to this known allergen, what action should be taken? \_\_\_\_\_

Does your child have any special academic, emotional, or behavioral needs? If yes, please explain: \_\_\_\_\_

Does your child have any physical limitations? If yes, please explain: \_\_\_\_\_

For the safety of your child and others, the YMCA requires all participants to be capable of independent toileting on a regular basis. Is your child capable of this? Yes No

Is your child able to successfully participate in a program with 1 adult per group of 12 children? Yes No

Does your child require access to any special equipment? Yes No Equipment: \_\_\_\_\_

Does your child receive Special Education or Health Care Services at school? \_\_\_\_\_

**\* Please attach a copy of your child's IEP at the time of registration. Failure to include may delay enrollment. \***

Please list any additional behaviors, fears, and/or special circumstances we should be aware of: \_\_\_\_\_

**AGREEMENTS: PLEASE INITIAL**

\_\_\_\_\_ I give consent to the enrollment of the child listed above and give permission for my child to participate in all activities planned & conducted by the YMCA. I have received a copy of the Fulton Family YMCA Camp Parent Handbook containing the policies regarding the administration of medication, fees/payment schedule, transportation services, and all other services provided by the facility. I understand and accept all of the program terms of enrollment/payment as stated in the handbook. I will also discuss these policies with my child.

\_\_\_\_\_ In the event of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health & well-being of my child.

\_\_\_\_\_ I have provided information on my child's special needs (allergies, diet, and/or medical) to the provider, as they may be necessary to assist the facility in properly caring for my child in the case of an emergency. All information received by the YMCA will be treated as confidential.

\_\_\_\_\_ I give consent for the Camp Directors at the Fulton Family YMCA Camp to release personal healthcare information to program staff and/or medical professionals, when necessary, so that they may provide quality treatment and/or services for my child.

\_\_\_\_\_ I give consent for photographs and video footage of the above named child to be used to promote the YMCA Summer Camp programs. Such promotional efforts may include brochures, posters, flyers, showing a video tape of a camp event, and social media.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please select the session(s) your child will be attending**

**\*There is a \$10 non-refundable deposit per week to reserve each session week at time of registration.**

This registration is:  For first child  For an additional child  For a 3 year old (half day)

**Extended Hour service \$17 additional per week**

- |   |   |
|---|---|
| <p><b>1. June 25-June 29 *Reg. by 6/18</b><br/> <b>Fee:</b> <input type="checkbox"/> \$115.00/wk Full Week, Mem.<br/> <input type="checkbox"/> \$104.00/wk 3 Days, Member</p> | <p><b>Crazy Chemistry</b> <input type="checkbox"/> <b>I plan to use Extended Hour Services</b><br/> <input type="checkbox"/> \$125.00/wk Full Week, Non-Member <input type="checkbox"/> \$72.00/wk 3 yr old, Member<br/> <input type="checkbox"/> \$110.00/wk 3 Days, Non-Member <input type="checkbox"/> \$82.00/wk 3 yr old, Non-Member</p>     |
| <p><b>2. July 2-July 6 (No Camp 7/4)</b><br/> <b>Fee:</b> <input type="checkbox"/> \$115.00/wk Full Week, Mem.<br/> <input type="checkbox"/> \$104.00/wk 3 Days, Member</p>   | <p><b>Throwin' It Back</b> <input type="checkbox"/> <b>I plan to use Extended Hour Services</b><br/> <input type="checkbox"/> \$125.00/wk Full Week, Non-Member <input type="checkbox"/> \$72.00/wk 3 yr old, Member<br/> <input type="checkbox"/> \$110.00/wk 3 Days, Non-Member <input type="checkbox"/> \$82.00/wk 3 yr old, Non-Member</p>    |
| <p><b>3. July 9-July 13</b><br/> <b>Fee:</b> <input type="checkbox"/> \$115.00/wk Full Week, Mem.<br/> <input type="checkbox"/> \$104.00/wk 3 Days, Member</p>                | <p><b>Creative Campers</b> <input type="checkbox"/> <b>I plan to use Extended Hour Services</b><br/> <input type="checkbox"/> \$125.00/wk Full Week, Non-Member <input type="checkbox"/> \$72.00/wk 3 yr old, Member<br/> <input type="checkbox"/> \$110.00/wk 3 Days, Non-Member <input type="checkbox"/> \$82.00/wk 3 yr old, Non-Member</p>    |
| <p><b>4. July 16-July 20</b><br/> <b>Fee:</b> <input type="checkbox"/> \$115.00/wk Full Week, Mem.<br/> <input type="checkbox"/> \$104.00/wk 3 Days, Member</p>               | <p><b>Y Community</b> <input type="checkbox"/> <b>I plan to use Extended Hour Services</b><br/> <input type="checkbox"/> \$125.00/wk Full Week, Non-Member <input type="checkbox"/> \$72.00/wk 3 yr old, Member<br/> <input type="checkbox"/> \$110.00/wk 3 Days, Non-Member <input type="checkbox"/> \$82.00/wk 3 yr old, Non-Member</p>         |
| <p><b>5. July 23-July 27</b><br/> <b>Fee:</b> <input type="checkbox"/> \$115.00/wk Full Week, Mem.<br/> <input type="checkbox"/> \$104.00/wk 3 Days, Member</p>               | <p><b>Y Olympics</b> <input type="checkbox"/> <b>I plan to use Extended Hour Services</b><br/> <input type="checkbox"/> \$125.00/wk Full Week, Non-Member <input type="checkbox"/> \$72.00/wk 3 yr old, Member<br/> <input type="checkbox"/> \$110.00/wk 3 Days, Non-Member <input type="checkbox"/> \$82.00/wk 3 yr old, Non-Member</p>          |
| <p><b>6. July 30-August 3</b><br/> <b>Fee:</b> <input type="checkbox"/> \$115.00/wk Full Week, Mem.<br/> <input type="checkbox"/> \$104.00/wk 3 Days, Member</p>              | <p><b>Planet Earth Safari</b> <input type="checkbox"/> <b>I plan to use Extended Hour Services</b><br/> <input type="checkbox"/> \$125.00/wk Full Week, Non-Member <input type="checkbox"/> \$72.00/wk 3 yr old, Member<br/> <input type="checkbox"/> \$110.00/wk 3 Days, Non-Member <input type="checkbox"/> \$82.00/wk 3 yr old, Non-Member</p> |
| <p><b>7. August 6-August 10</b><br/> <b>Fee:</b> <input type="checkbox"/> \$115.00/wk Full Week, Mem.<br/> <input type="checkbox"/> \$104.00/wk 3 Days, Member</p>            | <p><b>Mystery Madness</b> <input type="checkbox"/> <b>I plan to use Extended Hour Services</b><br/> <input type="checkbox"/> \$125.00/wk Full Week, Non-Member <input type="checkbox"/> \$72.00/wk 3 yr old, Member<br/> <input type="checkbox"/> \$110.00/wk 3 Days, Non-Member <input type="checkbox"/> \$82.00/wk 3 yr old, Non-Member</p>     |
| <p><b>8. August 13-August 17</b><br/> <b>Fee:</b> <input type="checkbox"/> \$115.00/wk Full Week, Mem.<br/> <input type="checkbox"/> \$104.00/wk 3 Days, Member</p>           | <p><b>Spirit Week</b> <input type="checkbox"/> <b>I plan to use Extended Hour Services</b><br/> <input type="checkbox"/> \$125.00/wk Full Week, Non-Member <input type="checkbox"/> \$72.00/wk 3 yr old, Member<br/> <input type="checkbox"/> \$110.00/wk 3 Days, Non-Member <input type="checkbox"/> \$82.00/wk 3 yr old, Non-Member</p>         |
| <p><b>9. August 20-August 24</b><br/> <b>Fee:</b> <input type="checkbox"/> \$115.00/wk Full Week, Mem.<br/> <input type="checkbox"/> \$104.00/wk 3 Days, Member</p>           | <p><b>Bon Voyage</b> <input type="checkbox"/> <b>I plan to use Extended Hour Services</b><br/> <input type="checkbox"/> \$125.00/wk Full Week, Non-Member <input type="checkbox"/> \$72.00/wk 3 yr old, Member<br/> <input type="checkbox"/> \$110.00/wk 3 Days, Non-Member <input type="checkbox"/> \$82.00/wk 3 yr old, Non-Member</p>          |

**NOTES:**

- ◆ **A non-refundable deposit of \$10 per session week is required at the time of registration, this deposit is non-transferrable after May 22nd. A two week written notice is required to cancel your session week or you will be responsible to pay in full regardless of attendance.**
- ◆ A \$30 non-refundable registration fee per child is due at time of registration, this is waived for Fulton YMCA Family Members.
- ◆ Payment is due the Monday of each weekly session, a \$10 late fee is added if not paid on time.
- ◆ Fulton Family YMCA Member Discount: 50% off the fee for one session for one child in your family.
- ◆ Additional Child Discount: 20% off fees for additional children registered in your family for the same session.
- ◆ **Immunization records must be turned in with registration forms, NO EXCEPTIONS.**

**FINANCIAL ASSISTANCE:**

As a licensed child care provider, the Fulton Family YMCA accepts financial assistance provided by the Department of Social Services. If you do not qualify for financial support through DSS, you may apply for financial aid through our Y Scholarship Program. Application deadline is May 25, 2018. **(These two cannot be combined)**

Are you applying for financial support in the form of DSS?  Yes  No **Letter of verification must be received prior to your child starting camp, registration fee not covered by DSS, due at the time of registration.**

**\*Field trips are an additional cost**

Are you applying for financial support in the form of a YMCA Scholarship?  Yes  No

**Childs Name** \_\_\_\_\_

\*Registrations without payment will not be processed nor will a spot be held.

<b>*Office use only*</b>
Immunization Record Submitted _____
Sunscreen Permission Slip _____
Member Service Staff Initials _____ Date _____

*Office use only* # of sessions _____ x _____ weekly fees	\$
# of sessions _____ x _____ 20% off 2nd child fees	\$
Extended hours: # of sessions x \$17	\$
<b>FEES FOR SUMMER</b>	\$
<b>Deposit Paid (\$10 per session)</b>	\$
Scheduled changes must be submitted in writing 2 weeks prior. Deposit is non-refundable. Non-transferable after May 22nd.	
<b>BALANCE DUE</b>	\$



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Parent/Guardian Permission-Use of Sunscreen at Camp**  
**\*\*The Fulton YMCA does not provide sunscreen\*\***

**Self Application**

I give permission for \_\_\_\_\_ to carry and self apply  
(Camper's Name)  
sunscreen. I understand that the following conditions must be met in order to  
promote proper and safe use of sunscreen at Camp:

1. The sunscreen will only be used to prevent overexposure to the sun.
2. Only sunscreen approved by the FDA for over the counter use will be permitted for use by the camper.

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

**Assisted Sunscreen-Spray sunscreen ONLY**

If \_\_\_\_\_ is unable to apply sunscreen themselves I give  
(Camper's Name)  
permission for the Fulton Family YMCA Camp staff to assist in the sunscreen  
application.

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

**\*Reminder: Sunscreen is considered a drug and shall be checked and logged by the Camp as such in accordance with policies and procedures as set forth in their safety plan.**