

Summer Camp Admission Record

This section is to be completed by the child's parent or guardian.

Grade last completed: _____ Email address (Required): _____

Child's Name:	Name child is known by:
Child's Birthdate:	Child's Home Address:
Name(s) of parent(s)/guardian:	Home telephone number: ()
Address of parent (s)/guardian(s):	
Mother's Employer:	Father's Employer:
Employer's Address:	Employer's Address:
Employer's telephone number: ()	Employer's telephone number: ()

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number:

Name of Child's Doctor	Address:	Telephone#

Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expense incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

Signature: _____ Date: _____

Form not valid without signature of child's parent/guardian

Payment Policy: Initials _____

I understand that any registration fee is **NON-REFUNDABLE; NON-TRANSFERABLE** and is paid at the time of registration for the program. The weekly/monthly fee is the amount that you must pay for program services on a weekly/monthly basis. This fee should be paid at the 1st of each week/month. If the weekly/monthly fee is not paid or payment arrangements are not made, your child may be dismissed from the program. All programs fees are available for bank draft.

Please note: All returned checks/draft items will be assessed a \$30.00 NSF fee.

Late Pickup Policy: Initials _____

LATE PICKUP: Any child left after the time that their program has ended will be charged \$1 per child per minute. These fees must be paid at pick up the same day.

Photo Release: Initials _____

I hereby give the YMCA permission to use my child's photograph to promote the YMCA or YMCA programs.

Waiver of Liability: Initials _____

In the event should my child become ill or suffer from an accident during the program the YMCA has my permission to secure such medical attention as necessary if unable to contact the emergency contacts listed above. I am aware that the programs are carefully supervised; therefore, I am willing to assume responsibility for payment of any medical expenses that might be necessary in the event of accident or illness.

Parent/Guardian Signature _____ **Date** _____

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

The Department of Human Resources does not inspect activities away from the facility; the permission signed by the child's parent(s)/guardian(s) for the child to participate in activities away from the facility, and transportation provided by the facility, and swimming/wading provided by the facility; information concerning homelessness according to the McKinney-Vento Homeless Assistance Act.

_____ / _____
 Signature of parent/guardian Date

I give permission for my child to participate in:

(circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section to be completed by the facility's staff.

Child's first day of attendance _____ Child's withdrawal date _____

