



# 2012 Summer Day Camp Registration Form

Cole Center Family YMCA • 700 Garden Street, Kendallville, IN 46755 • 260.347.9622 • www.coleymca.net

**Child's Information:** Please print clearly with complete information. School: \_\_\_\_\_ Grade Fall '12: \_\_\_\_\_

Child's Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Home#: \_\_\_\_\_ Day#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred method of contact:  day  cell  home  email Email: \_\_\_\_\_

Child(ren) lives with  Both  Other \_\_\_\_\_ Payment/Enrollment Contact: \_\_\_\_\_

Is either Parent/Guardian a Cole Y Staff member?  Yes  No  Full-time  Part-time

## Emergency Contact & Release (other than parent/guardian):

Please list the full name, complete address, and phone number(s) of those to whom the Cole Center Family YMCA may release your child for pick up and emergency purposes. **You must list at least 2 contacts. Include any friends who may be used in a carpool situation and babysitters/nannies who may pick up.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### The following may NOT pick up my child(ren):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

## Session Registration and Payment Information: (All Rates are Member/Non-Member)

PRESCHOOL CAMP		<input type="checkbox"/> One-Time Preschool Registration Fee \$10/\$20	
Session & Theme	Age Groups, Dates, & Times	Cost Per Session	
<input type="checkbox"/> Session 1 "Home on the Range"	<input type="checkbox"/> 3 Year Olds T/Th 9-11am June 5 - 14 <input type="checkbox"/> 4/5 Year Olds M/W 9-11am June 4 - 13	\$30/\$50	
<input type="checkbox"/> Session 2 "Clownin' Around"	<input type="checkbox"/> 3 Year Olds T/Th 9-11am June 19 - 28 <input type="checkbox"/> 4/5 Year Olds M/W 9-11am June 18 - 27	\$30/\$50	
<input type="checkbox"/> Session 3 "Head, Shoulders, Knees, & Toes!"	<input type="checkbox"/> 3 Year Olds T/Th 9-11am July 10 - 19 <input type="checkbox"/> 4/5 Year Olds M/W 9-11am July 9 - 18	\$30/\$50	

K-6 SUMMER DAY CAMP M-F Daily Drop Off: 7-9am Pick Up: 3-5:30pm		<input type="checkbox"/> One-Time Registration Fee \$20/\$40		
Session & Theme	Dates	Days Camper Will Attend	Cost Per Session	Field Trips/Special Program Fees
<input type="checkbox"/> Session 1 Home on the Range	June 4-8 (ENSC make-up days pro-rated)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$98/\$175 Week <input type="checkbox"/> \$20/\$40 Day	<input type="checkbox"/> Horsebackriding & Archery \$12/\$24 (Th) <input type="checkbox"/> Cook's Bison Ranch \$10/\$20 (Fri)
<input type="checkbox"/> Session 2 Treasure at Bixler Lagoon	June 11-15	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$98/\$175 Week <input type="checkbox"/> \$20/\$40 Day	<input type="checkbox"/> Optional Snorkling Class (ages 5-12) \$5/\$10 (M/T) <input type="checkbox"/> Optional Scuba Class (ages 8-12) \$10/\$20 (T-Th) <input type="checkbox"/> Auburn Pool Field Trip \$10/\$20 (Fri)
<input type="checkbox"/> Session 3 Clownin' Around	June 18-22* *extended camp day on Thurs	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$98/\$175 Week <input type="checkbox"/> \$20/\$40 Day	<input type="checkbox"/> Circus City Peru Field Trip \$12/\$24 (Th)
<input type="checkbox"/> Session 4 Head, Shoulders, Knees & Toes	June 25-29	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$98/\$175 Week <input type="checkbox"/> \$20/\$40 Day	<input type="checkbox"/> Science Central Program \$8/\$16 (Th) <input type="checkbox"/> Tin Caps Baseball Game \$14/\$28 (W)
<input type="checkbox"/> Session 5 Party in the USA	July 2-6 (No Camp on July 4)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$78/\$160 Week <input type="checkbox"/> \$20/\$40 Day	<input type="checkbox"/> Roller Skating at Youth Center \$4/\$8 (TBD)
<input type="checkbox"/> Session 6 Under the Sea	July 9-13	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$98/\$175 Week <input type="checkbox"/> \$20/\$40 Day	<input type="checkbox"/> Optional Snorkling Class (ages 5-12) \$5/\$10 (M/T) <input type="checkbox"/> Optional Scuba Class (ages 8-12) \$10/\$20 (T/W/F) <input type="checkbox"/> Ft. Wayne Children's Zoo Trip \$12/\$24 (Th)
<input type="checkbox"/> Session 7 Nosin' Around Noble County	July 16-20	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$98/\$175 Week <input type="checkbox"/> \$20/\$40 Day	<input type="checkbox"/> Albion Jail & Stone's Trace Trip \$10/\$20 (TBD) <input type="checkbox"/> Roller Skating at Youth Center \$4/\$8 (TBD)
<input type="checkbox"/> Session 8 Up, Up, & Away!	July 23-27	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$98/\$175 Week <input type="checkbox"/> \$20/\$40 Day	<input type="checkbox"/> Science Central Program \$8/\$16 (Th)
<input type="checkbox"/> Session 9 Wizards of the Y	July 30 - August 3	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$98/\$175 Week <input type="checkbox"/> \$20/\$40 Day	<input type="checkbox"/> Wizards in Training Program \$8/\$16 (Th)
<input type="checkbox"/> Session 10 Red Carpet	August 6-10	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$98/\$175 Week <input type="checkbox"/> \$20/\$40 Day	<input type="checkbox"/> Roller Skating at Youth Center \$4/\$8 (Th) <input type="checkbox"/> Auburn Pool Field Trip \$10/\$20 (Fri)
<input type="checkbox"/> Session 11 Back To School Days	August 13-ENSC Start	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$20/\$40 Day* *Lunch not provided	TBD

<b>FINANCIAL ASSISTANCE</b> available to qualifying families upon submitting application.	<input type="checkbox"/> Application submitted	Discount Awarded: _____ %
Number of Children in home participating in 2012 summer day camp: _____		Estimated Number of Weeks Participating: _____

A one-time, non-refundable registration fee is due at the time of registration. Session Payments and complete registration forms must be submitted to the Cole Center Family YMCA 5 days prior to session start date. Failure to submit forms & payment may result in additional fees. Participants with past-due balances and/or incomplete registration forms will not be eligible for this program.

Child's Name: \_\_\_\_\_ Grade Fall 2012: \_\_\_\_\_ DOB: \_\_\_\_\_

**NOTE: ADDITIONAL IMMUNIZATION FORM IS REQUIRED. Forms are available at [www.coleymca.net](http://www.coleymca.net)**

**Important:** Has this participant been exposed to any communicable disease during the three weeks prior to program attendance?

\_\_\_\_ Yes \_\_\_\_ No (If yes, state type of exposure: \_\_\_\_\_)

**HEALTH HISTORY:** (Check, giving approximate dates)

- Ear Infections     Allergies     Diseases     Rheumatic Fever     Convulsion     Diabetes     Asthma     Hay Fever
- Ivy Poisoning     Lice/nits     Chicken Pox     Measles     Mumps     Behavioral Concerns

Dates: \_\_\_\_\_

Other Contagious Illnesses: \_\_\_\_\_

Other Past Illnesses: \_\_\_\_\_

Operations or Serious Injuries (Dates): \_\_\_\_\_

Chronic or Recurring Illness: \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Conditions that require activity to be restricted? \_\_\_\_\_

Permissions for all program activities unless otherwise noted by Doctor: \_\_\_\_\_

Swim Ability: \_\_\_\_\_

Drug/Food Allergies \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_ If so, please indicate:

Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Appliance(s) worn (glasses, contacts, mouth guard etc.): \_\_\_\_\_

Medication taken: \_\_\_\_\_

Other Suggestions from Parent/Guardian \_\_\_\_\_

**All medications to be given during camp day must be submitted to Camp Director in ORIGINAL container.**

**Please read carefully each of the following authorization and permission statements; initial & sign in the spaces below to indicate your acknowledgement and acceptance of the outlined terms and conditions.**

**RELEASE AUTHORIZATION:** I authorize the Cole Center Family YMCA to release my child(ren) to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child(ren) that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. I understand that YMCA staff and volunteers are not allowed to babysit children at any time outside of the YMCA Program or transport children in their own vehicles. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

**PARENT AUTHORIZATION:** I hereby do declare my child(ren) to be physically sound, having medical approval to participate in the activities of the Cole Center Family YMCA. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child(ren) is/are amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and registration information and understand the contents thereof.

**SPECIAL ACTIVITY AND TRANSPORTATION AUTHORIZATION:** I hereby give permission for my child(ren) to participate in special activities and to travel by bus with the YMCA Staff & Volunteers. I understand that only licensed and qualified personnel will operate any vehicle & that there will be at least one staff member present at all times. I agree to release the Cole Center Family YMCA, its officers and directors, and the Y Staff from any and all claims of damages, demands or liabilities which may arise as a result of my child(ren)'s participation in special activities and bus trips.

**EMERGENCY AUTHORIZATION:** I understand that YMCA Staff are trained in the basics of first aid and CPR and give consent to have my child receive first aid from YMCA Staff. I authorize the Cole Center Family YMCA to secure emergency medical treatment for my child, if necessary, provided that every effort to reach me is made as the nature of the emergency permits. I hereby give permission to the medical personnel selected by the program director to order X-rays, routine tests and treatment for me or my child(ren), and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child(ren) as named above. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child, even if not covered by insurance. I also agree to waive any claims against the YMCA, its members, staff, and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA Programs. I understand the YMCA does not cover health and medical expenses and I agree to pay any that may occur.

**PARENT OR GUARDIAN PERMISSION:** My signature below indicates that I have the legal authority to register the child(ren) named on this form and that to the best of my knowledge the information on this registration form is complete and accurate. I further understand that I must complete payment(s) by the deadlines of said program(s) as contained in the brochure and that, furthermore, all necessary health, security and waiver forms must be signed and on file with the Y prior to my child(ren) attending the program(s). Failure to comply with the above could result in the loss of the program space and/or late fee service charges.

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

**PARENT STATEMENT OF UNDERSTANDING: I have read and understand the policies listed below:**

- I understand that, when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a YMCA Staff Person.
- I grant permission for my child(ren) to participate in all planned program activities including, trips by motor vehicle, away from the YMCA program site.
- I give permission to photocopy all forms.
- I also give my permission to the YMCA to use all photos, videos, voice, and images taken of the applicant for purposes, which the YMCA may deem appropriate.
  - Check here if you do not want your child's image used in promotional material
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)'s participation in the program.
- I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged, or stolen articles.
- I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party, or disruptive behavior may not be made up, credited, or refunded.

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