

# YDAY CAMP™

# 2010 REGISTRATION FORM

**EAU CLAIRE YMCA 700 GRAHAM AVENUE EAU CLAIRE WI 54701 (715) 836-8460**

All registration information must be completely filled out before your child is registered. \$25 registration fee must be included per child (\$55 max per family)  
**CHILDREN'S INFORMATION:**

First Child's Name (Last, First):

Birthdate:

Sex:

Age as of 6/1/10:

Grade Sept 2010:

Child's T-shirt size (free shirt if registered before 5/14/10): S(6-8) M(10-12) L(14-16) Adult S Adult M Adult L

Second Child's Name (Last, First):

Birthdate:

Sex:

Age as of 6/1/10:

Grade Sept 2010:

Child's T-shirt size (free shirt if registered before 5/14/10): S(6-8) M(10-12) L(14-16) Adult S Adult M Adult L

**PARENT OR GUARDIAN:** (Bills will be sent to Primary caregiver unless otherwise specified)

Relationship	Name	Home Address	Zip Code	Home #	Cell #	Work Name	Work Phone #
Primary							
Secondary							
Email							

**EMERGENCY CONTACT** - List information of person to contact when parent or guardian cannot be reached.

Relationship	Name	Home Address	Zip Code	Home #	Cell #	Work Name	Work Phone #

**PERSON(S) AUTHORIZED TO PICK-UP CHILD(REN)** (other than parents or guardians)

Relationship	Name	Home Address	Zip Code	Home #	Cell #	Work Name	Work Phone #

Custody arrangements we should be aware of?

Human Service Contact

Office Use Only: Date:

Paid Reg. Fee:

Signatures:

Confirmation:

Chart:

ProCare:

Immunizations:

Forms Comp:

Copies:

# REGISTRATION AND IMMUNIZATION HISTORY REQUIREMENTS

FIRST CHILD'S NAME: \_\_\_\_\_

TRADITIONAL CAMP GRADES K-5		SPECIALTY CAMP GRADES K-5		Y-JUNIORS GRADE 6	
WEEK/DATE	THEME	THEME	CHECK WEEKS	WEEKS	CIRCLE DAYS (4 DAY MIN)
1-June 9-11	Expedition to Anywhere	No Camp	1 - -	1-June 9-11	W T H F
2-June 14-18	Slip, Slop, Drip, Drop	Gymnastics	2 ( )	2-June 14-18	M T W T H F
3-June 21-25	Crazy Days of Summer	Tennis Camp	3 ( )	3-June 21-25	M T W T H F
4-June 28-July 2	Stars and Stripes	Young Chefs	4 ( )	4-June 28-July 2	M T W T H F
5-July 5-9	Fun and Fitness	Golf	5 ( )	5-July 5-9	M T W T H F
6-July 12-16	Creature Feature	Outdoor Skills	6 ( )	6-July 12-16	M T W T H F
7-July 19-23	Backyard Scientist	Basketball	7 ( )	7-July 19-23	M T W T H F
8-July 26-30	Everyday's a Holiday	Soccer Camp	8 ( )	8-July 26-30	M T W T H F
9-August 2-6	Buggin' Out	Softball/Baseball	9 ( )	9-August 2-6	M T W T H F
10-August 9-13	Splashacular	Fishing Camp	10 ( )	10-August 9-13	M T W T H F
11-August 16-20	These Kids Got Talent	Dance Camp	11 ( )	11-August 16-20	M T W T H F
12-August 23-27	Bon Voyage	Horse Camp	12 ( )	12-August 23-27	M T W T H F

If your child can't get into Specialty Camp would you rather:

Be put into that week of Traditional Camp and on the Specialty Camp waiting list

OR

Not put in Traditional Camp, but still on the Specialty Camp waiting list

List the MONTH, DAY and YEAR your child received each of the following immunizations. DO NOT USE a check mark. If you do not have an immunization record for this child at home, contact your doctor or public health agency to obtain the dates.

TYPE OF VACCINE	First Dose	Second Dose	Third Dose	Fourth Dose	Fifth Dose
DPT/D/T/Td					
Polio					N/A
Hib					N/A
Hep B				N/A	N/A
Pneumococcal				N/A	N/A
MMR			N/A	N/A	N/A
Varicella			N/A	N/A	N/A

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TYPE OF VACCINE	First Dose	Second Dose	Third Dose	Fourth Dose	Fifth Dose
DPT/D/T/Td					
Polio					N/A
Hib					N/A
Hep B				N/A	N/A
Pneumococcal				N/A	N/A
MMR			N/A	N/A	N/A
Varicella			N/A	N/A	N/A

### HEALTH HISTORY AND EMERGENCY CARE PLAN

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(l)5., DCF 251.041(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

#### CHILD INFORMATION - First Child

Name (Last, First, MI)	Address - Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date - First Day of Attendance (mm/dd/yyyy)

#### PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number - Home	Telephone Number - Work	Telephone Number - Cellular
Name	Telephone Number - Home	Telephone Number—Work	Telephone Number - Cellular

#### PHYSICIAN / MEDICAL FACILITY INFORMATION

Name - Physician	Address - Medical Facility	Telephone Number
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**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

#### HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have
  - No specific medical condition
  - Asthma  Diabetes  Gastrointestinal or feeding concerns including special diet and supplements
  - Cerebral palsy / motor disorder  Epilepsy/seizure disorder  Any disorder including Cognitively Disabled, LD, ADD, ADHD or Autism
  - Other condition(s) requiring special care - Specify.
  
  - Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
  - Food allergies - Specify food(s).
  
  - Non-food allergies - Specify.
- Triggers that may cause problems - Specify.
- Signs or symptoms to watch for - Specify.
- Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form Authorization to Administer Medication should be attached to this form. Note: group child care centers and day camps may use their own form.
- Identify any child care staff whom you have given specialized training/instructions to help treat symptoms.
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  - 
  -
- When to call parents regarding symptoms or failure to respond to treatment.
- When to consider that the condition requires emergency medical care or reassessment.
- Additional information that may be helpful to the child care provider.

SIGNATURE—Parent or Guardian

Date Signed (mm/dd/yyyy)

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#### CHILD INFORMATION - Second Child

Name (Last, First, MI)	Address - Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date - First Day of Attendance (mm/dd/yyyy)

#### PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number - Home	Telephone Number - Work	Telephone Number - Cellular
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#### PHYSICIAN / MEDICAL FACILITY INFORMATION

Name - Physician	Address - Medical Facility	Telephone Number
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#### HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have
  - No specific medical condition
  - Asthma  Diabetes  Gastrointestinal or feeding concerns including special diet and supplements
  - Cerebral palsy / motor disorder  Epilepsy/seizure disorder  Any disorder including Cognitively Disabled, LD, ADD, ADHD or Autism
  - Other condition(s) requiring special care - Specify.
  
  - Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
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- When to call parents regarding symptoms or failure to respond to treatment.
- When to consider that the condition requires emergency medical care or reassessment.
- Additional information that may be helpful to the child care provider.

SIGNATURE—Parent or Guardian

Date Signed (mm/dd/yyyy)

# PARENT/GUARDIAN CONSENT FORM

**Section #1: REASONABLE ACCOMMODATIONS CLAUSE:** Children with special needs or challenges will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child/ren requires an unusual amount of one on one attention, whether due to special needs or behavior, my child may be removed from the program. You are solely responsible for determining if your child/ren are physically fit for the activities contemplated in these programs. It is always advisable, especially if your child/ren have an illness, injury or impairment, to consult a physician before undertaking any active recreational program.

\_\_\_\_\_ (Parent/Guardian Initials)

**Section #2: MEDICAL RELEASE:** I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the emergency persons listed. In the event they cannot be reached, I give consent for YMCA staff to act in my behalf in granting permission for my child/ren to receive emergency treatment. I agree that I will be responsible for the payment of any and all medical services rendered.

\_\_\_\_\_ (Parent/Guardian Initials)

**Section #3: RELEASE FROM LIABILITY:** I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment, and programs. However, participants and parent of children must recognize and accept that there are inherent risks when choosing to participate in day camp or any YMCA program. Risks that could cause sickness, injury or death. I agree that my child/ren's participation in the YMCA programs shall be undertaken at his/her sole risk, and that the YMCA, its director, employees, and volunteers shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or causes of action whatsoever, to my child/ren or his/her property, arising out of or connected to participation in any YMCA programs. I agree to hold harmless and indemnify the YMCA, its director, employees, and volunteers from any and all liabilities and claims resulting from participation in this program.

\_\_\_\_\_ (Parent/Guardian Initials)

**Section #4: MEDIA RELEASE:** They YMCA occasionally uses photographs for media coverage and promotional materials.

I do  do not give my permission for my child/ren to appear in media coverage approved by the YMCA.

\_\_\_\_\_ (Parent/Guardian Initials)

**Section #5: ACCURATE/COMPLETE INFORMATION:** I hereby state that the information is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child/ren's registration and/or participation in YMCA programs.

\_\_\_\_\_ (Parent/Guardian Initials)

**Section #6: FIELD TRIP PERMISSION:** I give permission for my child to participate in walking/student transit/YMCA small bus field trips scheduled during program hours. I understand that these trips are dependent on daily weather conditions and field trips will be planned and implemented with the physical ability and maturity of the children attending taken into consideration.

\_\_\_\_\_ (Parent/Guardian Initials)

**Section #7: RESPONSIBILITY STATEMENT:** I understand that the YMCA's responsibility for my child begins after s/he has entered the program area and has been signed in and ends when s/he leaves the program area and is signed out. I understand that I and/or an authorized adult must sign my child/ren in and out.

\_\_\_\_\_ (Parent/Guardian Initials)

**Section #8: PARENT HANDBOOK:** I have received the YMCA School Age Child Care Handbook and/or Day Camp Brochure which included necessary program information for my child and me. I have read the information and agree to abide by the policies and procedure therein. I also understand that a copy of the Policies and HFS 46 licensing manual are available to me at the parent table.

\_\_\_\_\_ (Parent/Guardian Initials)

**Section #9: INFORMATION RELEASE:** I authorize the Eau Claire YMCA and my child's school to exchange and share information related to my child including: YMCA reports, behavior plans, school psychological evaluations, social work reports, IEP's and related evaluations/reports.

\_\_\_\_\_ (Parent/Guardian Initials)

**Section #10: SCHEDULE/ATTENDANCE INFORMATION:** I understand that written schedule changes and cancellations are required by May 14, 2010 to not receive a fee. I understand that any cancellations made after May 14 will require a \$50 cancellation fee per week. I also need to notify the program site staff of all extra curricular activities and illnesses that may affect my child's attendance.

\_\_\_\_\_ (Parent/Guardian Initials)

**Section #11: ACCURATE/COMPLETE INFORMATION:** I hereby state that all information I have provided is accurate and complete. I understand that it is my responsibility and required by licensing to provide any changes/updates regarding emergency and health information to YMCA.

\_\_\_\_\_ (Parent/Guardian Initials)

**Section #12: PG MOVIES:** The YMCA occasionally watches movies.

I do  do not give my permission for my child/ren to watch movies rated PG.

\_\_\_\_\_ (Parent/Guardian Initials)

**I have carefully read and initialed each of the above parent/guardian consent sections. I fully understand that by signing this form I have given my parent/guardian consent for my child(ren) on all sections contained within.**

\_\_\_\_\_  
Participants Name– Please Print

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# 2010 DAY CAMP PAYMENT AGREEMENT

\_\_\_\_\_  
Name of Child(ren)

\_\_\_\_\_  
Date



## Express Payment Plan I - Automatic Bank Draft

(monthly draft from checking or savings account - please attach a voided check)

I hereby authorize the YMCA to initiate electronic fund entries on the 12th of each month to my account indicated below and the financial institution named below to debit my account. I understand that each payment will be drafted from my account a month in advance.

\_\_\_\_\_  
PRINT NAME ON THE ACCOUNT

\_\_\_\_\_  
ROUTING & ACCOUNT # (Attach Voided Check)

\_\_\_\_\_  
FULL NAME OF BANK

\_\_\_\_\_  
City

In the event my bank does not honor my draft, I understand that I am still responsible for that payment to the YMCA and for any service fee imposed by my bank. If more than two bank drafts are returned on my account I realize that my bank draft privileges will be revoked and I am responsible for the remaining balance due on my account payable on a cash basis only. I understand there is a \$50 cancellation fee for each week I cancel after May 14, 2010.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE



## Express Payment Plan II - Credit Card

(weekly charge to credit card - Visa, MasterCard, and Discover)

\_\_\_\_\_  
CREDIT CARD TYPE

\_\_\_\_\_  
YOUR NAME ON CARD (Print Clearly)

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXP. DATE

In the event my credit card does not honor my draft, I understand that I am still responsible for that payment to the YMCA and for any service fee imposed by my credit card company. If more than two payments are returned I realize that my credit card privileges will be revoked and I am responsible for the remaining balance due on my account payable on a cash basis only. I understand there is a \$50 cancellation fee for each week I cancel after May 14, 2010.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE



## Payment Plan III - Cash/Credit

- I do not wish to participate in either Express Payment Plan at this time.
- I understand that the weekly fee is due 2 weeks in advance.
- I understand there is a \$50 cancellation fee for each week I cancel after May 14, 2010.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE