

# **2009 VINCENNES YMCA SUMMER CAMP**

## **SUMMER CAMP WEEKLY RATES:**

\$85.00 per WEEK for YMCA members / 20% discount for additional siblings  
\$115.00 per WEEK for non-members / 20% discount additional siblings

**There is a \$30.00 non-refundable registration fee per child.**

## **DAILY RATES:**

\$20.00 per day for YMCA members / \$16 for each additional sibling (20% discount)  
\$25.00 per day for non-members / \$20 for each additional sibling (20% discount)

**There is a \$30.00 non-refundable registration fee per child.**

## **Additional Fees**

Children are to be picked up no later than 6:00 pm. There will be a \$5.00 charge per 15 minutes after 6:00 pm. IF YOU ARE RUNNING LATE, PLEASE NOTIFY THE YMCA (895-9622 x30).

## **Hours of Operation**

Monday through Friday 7:00 am to 6:00 pm.

## **Sign In/Out**

Please remember to sign your child in and out on a daily basis. Sign-in/out book is located at the desk in the Arts & Crafts Building (Day Camp Building).

## **Authorized Pick-up**

Only those persons listed on the child's registration are authorized to pick up the child. If someone not on the list is going to pick up the child, you need to let the Summer Camp Director know so that we can add the individual to the authorized pick-up list. Government-issued photo ID required and a copy will be maintained in the child's file.

## **Safety Procedures**

In the event of serious injury or illness, if we cannot make contact with a parent immediately the child may be taken to the Good Samaritan Hospital Emergency Room for treatment. A signed emergency medical authorization form is required for each child registered for the program.

## **Medication**

Medication, which needs to be administered, needs to be given to a Childcare staff person. Medicine must be in the original container. Please remember to fill out a medication release form.

## **Items to bring Everyday**

- Sack Lunch w/Drink
- Sunscreen
- Extra Socks
- Swim Suit
- Towel
- Water Bottle

## VINCENNES YMCA SUMMER CAMP 2009 REGISTRATION FORM

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Child is a \_\_\_\_\_ member or \_\_\_\_\_ nonmember

Name of Parents: \_\_\_\_\_ Marital Status: \_\_\_Single \_\_\_Divorced \_\_\_Married \_\_\_Separated \_\_\_Widow

Legal Custody: \_\_\_ mother \_\_\_ father \_\_\_ both E-mail address \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Other: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

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

Employer/School: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ City & State: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Other: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

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

Employer/School: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ City & State: \_\_\_\_\_

**Person's Authorized to Pick-up Child:**

<b>NAME</b>	<b>Phone</b>	<b>Cell Phone</b>	<b>Business Phone</b>	<b>Relationship</b>
_____	(____)____-_____	(____)____-_____	(____)____-_____	_____
_____	(____)____-_____	(____)____-_____	(____)____-_____	_____
_____	(____)____-_____	(____)____-_____	(____)____-_____	_____
_____	(____)____-_____	(____)____-_____	(____)____-_____	_____
_____	(____)____-_____	(____)____-_____	(____)____-_____	_____

**PLEASE INITIAL TO VERIFY THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT.**

\_\_\_\_\_ I understand that in the event of any accident or emergency that every effort will be made to contact me. However, in the event that I cannot be reached, I hereby give permission to the physician selected to give proper treatment, administer injections and to perform surgery as needed if necessary.

\_\_\_\_\_ "In consideration of the opportunity to participate in VINCENNES YMCA SUMMER CAMP PROGRAM, hereby, assume all risks release and hold harmless the association and all it's members, volunteers and employees from any claims which might arise as a result of my presence, participation or membership in the association."

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

**YMCA Health History/Camper Confidential Form**

Camper's Name \_\_\_\_\_ Gender  M  F  
Child's Physician or Health Clinic \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital for Treatment  Good Samaritan or  Other \_\_\_\_\_  
Health Insurance Policy Name \_\_\_\_\_ Policy # \_\_\_\_\_

1. Is your child under any special medical (seizures, asthma, etc) or dietary regimen?  
\_\_\_\_\_
  
2. Does your child take any prescribed medications that he/she will be taking during the time he/she will be attending camp?  Yes  No If so, please fill out the *Medical Release Form*.
  
3. Are there any problems that may confront your child while at camp? (allergies, homesickness, anxiety, moodiness)  
\_\_\_\_\_
  
4. What does he/she like to do best? \_\_\_\_\_
  
5. Is there any activity your child particularly wants to do at camp?  
\_\_\_\_\_
  
6. Special talents or abilities? \_\_\_\_\_
  
7. Please provide any other information you feel may put us in a better position to understand your child and his/her needs.  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Does your child have any activity restrictions? \_\_\_\_\_
  
9. Is there any person(s) that are not allowed to be in contact with this child? (such as restraining order, court order, etc.)  Yes  No. If yes, please provide the YMCA with copies of the necessary documentation with this form.

The health history is correct as far as I know, and the person herein described has permission to engage in all camp activities unless otherwise noted.

In the event of an emergency and I cannot be reached, I give my permission to the camp director or designee to contact emergency personnel to transport my child to the hospital and for the hospital staff to begin emergency treatment as they deem necessary. I realize that I am responsible for any medical expenses incurred.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Name \_\_\_\_\_

### Child Immunization Record

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

#### Record Date of Immunization

	1	2	3	4	5
Hep B					
DtaP / DTP / Td					
Hib					
MMR					
IPV					
Varicella					
PCV / Prevanar					

Child has documented history of varicella disease \_\_\_ No \_\_\_ Yes If yes, age \_\_\_

*\*Please note varicella or documented immunity (chicken pox) are required for participation in the CCDF program. PCV/Prevanar is also required when age appropriate.*

**Please check the appropriate response**

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

Comments: (Please list immunizations excluded for medical reasons) \_\_\_\_\_

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

Parent comments: (Please indicate religious objection, if any)

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

Signed, \_\_\_\_\_ Date \_\_\_\_\_  
Health Care Provider's signature

Printed Name and Title \_\_\_\_\_

**This form shall be updated annually**

## **2009 Summer Camp Tentative daily Schedule**

7:00 am – 8:30 am	Drop off/free play time
8:30 am – 9:00 am	Attendance/Pledge/Announcements
9:00 am – 10:00 am	Activity Period 1
10:00 am – 11:00 am	Activity Period 2/Morning Snack
11:00 am – Noon	Activity Period 3
Noon – 1:00 pm	Lunch/Attendance
1:00 pm – 2:15 pm	Swim Time (MWF 4-6; TTh K-3)
2:15 pm – 3:30 pm	Swim Time (MWF K-3; TTh 4-6)
3:30 pm – 4:00 pm	Afternoon Snack
4:00 pm – 6:00 pm	Child pick-up/Free Time