



ALBERT LEA FAMILY
YMCA
SUMMER DAY CAMP
PROGRAM
ENROLLMENT PACKET

***THIS PORTION **MUST** BE TURNED IN BEFORE
YOUR CHILD STARTS THE PROGRAM***

FOR FRONT DESK STAFF ONLY:

PAID:

_____ \$40.00 Registration Fee

_____ \$5.00 Registration Fee Per Additional Child

Cash: _____

Check (#): _____

Swipe (Auth. #): _____

Date: _____

Staff Initials: _____

Please print. Complete one (1) form per registered child.

Name of Child: _____ Nickname: _____

Birth date/ Age: _____ T-shirt size: _____

School: _____ Grade Completed: _____

Please indicate roughly which days of the week your child will attend the YMCA's Summer Day Camp.

Mondays

Tuesdays

Wednesdays

Thursdays

Fridays

Parent/ Guardian Information

Mother's Name: _____

Home Address: _____

Home Telephone: _____

Place of Employment: _____

Address of Employer: _____

Work Telephone: _____

Father's Name: _____

Home Address: _____

Home Telephone: _____

Place of Employment: _____

Address of Employer: _____

Work Telephone: _____

Name of Child: _____

Mother's Name: _____

Daytime Phone: _____

Father's Name: _____

Daytime Phone: _____

Insert picture here- Staff use only

Emergency Contact Information

Name of Contact #1: _____ Name of Contact #2: _____

Home Address: _____ Home Address: _____

Home Telephone: _____ Home Telephone: _____

Relationship to Child: _____ Relationship to Child: _____

Name of Persons **Authorized** to Remove Child from Program (Pick-up)

NOTE: Copy of Photo ID will be needed of all Authorized Persons

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

4. _____ Relationship: _____

Name of Persons **NOT Authorized** to Remove Child from Program (Pick-up)

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

4. _____ Relationship: _____

Medical/Dental Information

Physician's Name: _____ Clinic: _____

Clinic Address: _____ Telephone: _____

Health Insurance Company: _____

Contract #: _____ Group #: _____

Dentist's Name: _____ Clinic: _____

Clinic Address: _____ Telephone: _____

Dental Insurance Company: _____

Contract #: _____ Group #: _____

Health Care Summary

NOTE: The YMCA's School Age Childcare Programs involve both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. Snacks will be are served. Please fill out the bottom and tell us if your child has physical and/ or dietary restrictions. Child must be fully potty trained to be approved of enrollment.

Name of Child: _____ Birth Date: _____

Parent/Guardian's Name: _____

Date of Last Physical Examination: _____

Allergies (including allergies to medication): _____

Note: If your child has food allergies, an additional form will need to be filled out

Is a modified diet necessary (per a doctor's note)? _____

Is any condition present that might result in an emergency? (I.E. asthma, diabetes, seizures, insect sting allergy?)

What is the status of the child's: Vision? _____
Hearing? _____
Speech? _____

IEP/Behavioral Issues: _____

If so, are there any techniques you would like us to continue with your child during the program?

Is there any additional information you would like us to know about your child so we may fully understand the specific cares they will need?

Immunizations

Type of Vaccine	1 st dose Mo./Year	2 nd dose Mo./Year	3 rd dose Mo./Year	4 th dose Mo./Year	5 th dose Mo./Year
DTP (Diphtheria, Tetanus, & Pertussis)	_____	_____	_____	_____	_____
POLIO	_____	_____	_____	_____	_____
MEASLES	_____	_____	_____	_____	_____
RUBELLA	_____	_____	_____	_____	_____
MUMPS	_____	_____	_____	_____	_____

Tuberculin Test Date: _____ Results: _____
 Are IMMUNIZATIONS up to date? _____ Plan to update? _____
 Other information helpful to the program: _____

NOTE: A COPY OF YOUR CHILD'S IMMUNIZATION AND MEDICAL RECORD IS NEEDED BEFORE THEIR FIRST DAY OF THE PROGRAM

Albert Lea Family YMCA's Fax Number: (507) 373-1053

Medication Physician Order & Parent Authorization Form

Name of Child: _____ Birthdate: _____
 Last First MI

Pharmacy Name: _____ Phone #: _____

Physician's Order

I hereby request and authorize you to give:

	Medication	Dosage	Time	Duration
1.	_____			
2.	_____			
3.	_____			

Diagnosis/medical reason for medication: _____

Other Medications this child is taking: _____

Other recommendations/UNUSUAL side effects: _____

Physician's Signature: _____ Date: _____

Print Physician's Name: _____ Phone #: _____

Clinic Name & Address: _____ FAX #: _____

Parent/Guardian Authorization

- I request that the above medication be given during camp hours as ordered by this child's physician.
- I release the Family YMCA personnel from any liability in relation to this request when the medication is given as ordered.
- We will notify the Family YMCA of any change in the medication (dosage change; medication is discontinued before the time stated in the physician's order). I give permission for the school nurse to have communication with YMCA staff about the action and side effects of this medication.
- I give permission for the YMCA Childcare Coordinator to consult with the above named child's physician regarding any questions that arise with regard to the listed medication or medical condition being treated by this medication.
- I give permission for the assigned YMCA staff to administer the medication on a field trip, as necessary, following school procedure.

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____ Daytime Phone: _____

Permission Authorization

Please read carefully and sign:

- I hereby agree to allow First Aid treatment to be administered by the Albert Lea Family YMCA/Summer Day Camp staff and/or person certified in the appropriate skill.
- I authorize the Albert Lea Family YMCA/Summer Day Camp staff, to obtain emergency medical and/or dental care or treatment for my child in the event of a medical emergency. Attempts to reach a parent or another individual listed as a contact person on the Admission Form will be made if time and circumstances allow.
- I authorize the Albert Lea Family YMCA/Summer Day Camp staff to administer syrup of ipecac or take other action in case of emergency as directed by and with the approval of the Poison Control Center.
- I hereby give my permission to the Albert Lea Family Y/Summer Day Camp staff, for my child to participate in supervised play and attend excursions that may be considered part of the child care program. I understand that I will be notified if this will require me to pick up my child from a different location.

YMCA Summer Day Camp participants spend a great deal of time in the outdoors, and are thereby exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirit, mind and bodies, we have made the following policies in this regard:

1. All campers and staff will wear sunscreen with an SPF of at least 15 on all exposed skin each day. This also includes cloudy days.
 2. Parents will be responsible for applying the first layer of sunscreen and bug spray prior to morning drop off.
 3. Summer Day Camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun, and any other time as needed.
- I hereby agree to allow Summer Day Camp staff to apply sunscreen and bug spray to my child, as needed.

I verify that I have read and understand the above permissions.

Name of Child: _____

Parent/ Guardian Signature: _____ Date: _____

Rev. 9/11

Albert Lea Family YMCA Photo and Video/ Audio Recording Release

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the YMCA, I hereby give my permission and consent, now and for all time, to the Albert Lea Family YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the Albert Lea Family YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Albert Lea Family YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the YMCA, I authorize, according to this Release, shall belong to the Albert Lea Family YMCA, YMCA of the USA and third parties collaborating with the Albert Lea Family YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the Albert Lea Family YMCA, YMCA of the USA and third parties collaborating with the Albert Lea Family YMCA and/or YMCA of the USA;
- The Albert Lea Family YMCA, YMCA of the USA and third parties collaborating with the Albert Lea Family YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Albert Lea Family YMCA; and
- The Albert Lea Family YMCA, YMCA of the USA and third parties collaborating with the Albert Lea Family YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights worldwide and shall be entitled to the unrestricted use of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge the Albert Lea Family YMCA, YMCA of the USA and third parties collaborating with the YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA as described herein.

Child's (18+) Signature: _____ Printed Name: _____

Age: _____ Address: _____

I am the Parent/Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Parent/Legal Guardian Signature: _____ Date: _____

Albert Lea Family Y
Agreement for Services

I have read and understand the policies and procedures for the Albert Lea Family YMCA's Summer Day Camp Program. I understand the procedures have been developed to comply with State of Minnesota requirements and provide for the overall welfare of the children enrolled. I have discussed any questions regarding these procedures and mutual responsibilities with the YMCA's Summer Day Camp Program Childcare Coordinator and agree to comply with the fee agreement and all NSF or past due account policies. In consideration for services provided I agree to pay all charges including any interest, collection fees or attorney costs in the event that the account becomes delinquent. I will provide the necessary information or required forms and inform the Youth Program Specialist of any changes in address, telephone, health or family situation.

I understand a \$40.00 non-refundable registration fee is charged upon registration, with an added \$5.00 per additional child.

I hereby agree to pay the Albert Lea Family YMCA the agreed upon fee for my child's participation in the YMCA's Summer Day Camp Program. **Please note if fee has already been paid**

I understand that I will only be billed for the days that my child attends the YMCA's Summer Day Camp Program. Statements will be set out each week for the previous week. Payments must be received at the YMCA by 6:00 on the following Friday. Payments are required to be made weekly unless arranged in advance with the YMCA business office.

I hereby understand and acknowledge the Past Due Payment and NSF Protocols.

Past Due Payments Protocol

- 30 days past due: 3% interest added to amount owed.
- 45 days past due: additional 3% interest will be added and total will be turned over to collections. Fees double when turned over to the Credit Bureau.

NSF Protocol

- Immediately upon notification from bank: NSF letter sent with \$30 penalty fee and 3% interest added.
- 6 days past notification: additional 3% interest will be added.
- 30 days past notification: additional 3% interest will be added.
- 45 days past notification: additional 3% interest will be added and total will be turned over to collections. Fees double when turned over to the Credit Bureau.

Name of Child: _____

Parent/ Guardian's Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Parent/ Guardian Signature: _____ Date: _____