



# LA PORTE COUNTY FAMILY YMCA 2022 SUMMER DAY CAMP REGISTRATION FORM

Day Camp  Counselor in Training (CIT) - Application process required

## CHILD'S INFORMATION Please print clearly with complete information.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Grade (Fall 2022) \_\_\_\_\_ School \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent /Guardian 1 Name \_\_\_\_\_  Male  Female Preferred Method of Contact \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent /Guardian 2 Name \_\_\_\_\_  Male  Female Preferred Method of Contact \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child resides with:  Both Parents  Parent 1  Parent 2  Guardian  Other \_\_\_\_\_

## EMERGENCY CONTACTS & RELEASE

Name(s) and Phone Number(s) of person(s) OTHER THAN PARENTS, 16 years of age or older, allowed to pick up your child.  
(Please note: only individuals listed on this form may pick up your child from Camp.)

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

## ADDITIONAL CAMPER INFORMATION Please print clearly with complete information.

### SWIMMING ABILITY:

Please rank your child's swimming ability.

- Non-Swimmer  Beginner (Independently swim 30 ft.)  
 Intermediate (Independently swim 75 ft.)  Advanced (Independently swim 150 ft.)

### SPECIAL ACCOMMODATIONS:

Does your child have any special needs or require special accommodations that you would like to discuss with the Camp Director?  Yes  No

If yes, please complete an Accommodation Request Form. A member of our Camp Leadership Team will contact you within 2 business days, from the date the form is received, to discuss your concerns.

Camper Name: \_\_\_\_\_

**MEDICAL INFORMATION** Please print clearly with complete information.

**The YMCA takes your child's safety very seriously. All medical information must be completed and no line is to be left blank.**

Please let us know of any important medical information that will allow us to better serve your child.

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

Does your child require an Epi-pen?  Yes  No

If yes, you must provide the Y with an Epi-pen to be kept at camp during your child's enrollment. The Epi-pen must be accompanied by a current prescription and a doctor's note.

Does your child require an inhaler?  Yes  No

If yes, you must provide the Y with an inhaler to be kept at camp during your child's enrollment. The inhaler must be accompanied by a current prescription and a doctor's note.

**Restrictions:** Specific activities that are restricted for health reasons. Please put N/A if your child does not have any restrictions.

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

Will your child need to take any prescription medications while at Camp?

Yes  No

**Allergies:** Does your child have any allergies?  Yes  No

Please put N/A if your child does not have any allergies.

Food/Medication/Other \_\_\_\_\_

\_\_\_\_\_  
.....

If you answered yes to any questions in this section, please complete a Medical Authorization Form. Please return the completed form and medication in its original prescribed container with your child's name on it on the first day that he/she attends Camp.

**PARENT STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_, have read & understand the policies listed below:

I certify the applicant is capable of participating in this program. 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 La Porte County Family YMCA to secure emergency medical treatment for my child, if necessary, provided that an effort to reach me is made as the nature of the emergency permits. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child. 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 from 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.

I authorize the La Porte County 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.

- I have received a copy of the Parent Handbook, and I agree to all the terms and conditions.
- 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.
- 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 cannot be made up, credited or refunded. (See the program brochure for the complete refund policy.)

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

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Camper Name: \_\_\_\_\_

**CAMPER REGISTRATION** Please check the appropriate square(s). (Grade as of Fall 2022)

<b>CAMP HOURS:</b> 6:30 a.m.- 6 p.m.	All Weeks May 31- Aug 12	Week 1 May 31- June 3	Week 2 June 6- June 10	Week 3 June 13- June 17	Week 4 June 20- June 24	Week 5 June 27- July 1	Week 6 July 5- July 8	Week 7 July 11- July 15	Week 8 July 18- July 22	Week 9 July 25- July 29	Week 10 Aug 1- Aug 5	Week 11 Aug 8- Aug 12
Grades K-4												
Grades 5-6												
Grades 7-8												
Please select your child's t-shirt size: <b>YOUTH</b> <input type="radio"/> Small (6-8) <input type="radio"/> Medium (10-12) <input type="radio"/> Large (14-16) <b>ADULT</b> <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> X-Large												

## CHANGE THEIR FUTURE

One in four children are able to attend summer camp at the YMCA because of the support of donors like you. Tax-deductible gifts to the YMCA Scholarship Fund help ensure that every child has a chance to learn, grow and thrive at the YMCA. A day of summer camp costs approximately \$30.

- I wish to make a gift of \_\_\_\_\_ days of camp x \$30, for a total gift of \$\_\_\_\_\_.
- I wish to help send a kid to camp with a contribution at a different level. Please accept my gift of \$\_\_\_\_\_.
- I will make this contribution today by:
  - Payment method on file
  - Check payable to the La Porte County Family YMCA
  - Cash
- I am unable to make a gift at this time.

## PAYMENT OPTIONS

### Weekly Camp Rates

Before April 15th 2022

Facility Member: \$100

Community Member: \$130

After April 15th 2022

Facility Member: \$125

Community Member: \$155

Balance due will be scheduled to draft on the Friday prior to the week of camp purchased.

Special Payment Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ACCOMMODATION REQUEST FORM

## LA PORTE COUNTY FAMILY YMCA



The La Porte County Family YMCA will make every attempt to make reasonable accommodations for members and program participants requesting special assistance. If you have an accommodation request, please complete the Accommodation Request Form below and email it to your Program Director. A Y staff team member will be in contact with you within 2 business days to discuss the request.

In order to reasonably access and benefit from the La Porte County Family YMCA's programs, services and activities, please complete the information below to request an accommodation, including requesting alternative formats/communications and modifications of policies and procedures.

\*The Americans with Disabilities Act (ADA) does not require the YMCA to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial hardship.

Date \_\_\_\_\_ YMCA Camp Location/School Site \_\_\_\_\_

Please specify the program/service/activity for which you seek accommodation (e.g. Before School Care, After School Care, Day Camp, Day Off School, etc.) and why the accommodation is needed to participate/attend (please be as specific as possible):

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Contact Information for the person making the accommodation request:

Name \_\_\_\_\_ Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Date this form is completed: \_\_\_\_\_

Please check one:  Current Y Member  Current Y Participant  Potential Y Member or Participant

**Thank you. Your request will be reviewed and you will hear from Y staff within 2 business days from date received to YMCA staff (not date listed above). Again, thank you.**

YMCA In-Office

Program Director/Executive Director Response/Action:

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# MEDICATION AUTHORIZATION FORM

## LA PORTE COUNTY FAMILY YMCA



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

I give permission for the La Porte County Family YMCA Youth and Family Department program staff to administer the following prescribed medication for a period of \_\_\_\_\_.

Medication	Dosage	Time to be given
_____	_____	_____
_____	_____	_____
_____	_____	_____

Possible Side Effects \_\_\_\_\_

I understand that:

- YMCA staff may dispense ONLY MEDICATION WITH A PRESCRIPTION LABEL (you can ask any pharmacist to put a pharmacy label on over the counter medication). Any medication dispensed to a child at the program site must be in its original container with the child's name on it.
- Please note that the YMCA staff are NOT allowed to give the first dosage of any medication. YMCA staff are not permitted to give medication to control or contain fever. If your child refuses medication, we will contact you for further instructions.
- YMCA staff may only dispense medication on this form.

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

Site Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY YMCA STAFF**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Date					
Time					
Medication					
Dose					
Initials					
<hr/>					
Date					
Time					
Medication					
Dose					
Initials					
<hr/>					
Date					
Time					
Medication					
Dose					
Initials					



# BEHAVIOR GUIDANCE POLICY

## LA PORTE COUNTY FAMILY YMCA



Our top priority is to provide a safe and enriching experience for all children. To do this, we must work together to develop the best plan for each individual child. In order to ensure this positive environment, we may not be able to serve children who repeatedly display disruptive behavior. Disruptive behavior is defined as verbal or physical conduct which requires constant attention from the staff including, but is not limited to: hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child or staff member, and attempting to leave the program space.

### In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprivation of food or other basic needs
- Humiliation or isolation

### In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity

### YMCA Program Expectations

- Speak for yourself
- Listen to others
- Use put-ups; not put-downs
- Care for others, the property, and yourself
- Be honest
- Show respect for all
- Be responsible for yourself
- Do unto others as you would have them do unto you

Our goal is to work together with the child and family, as well as the school personnel when deemed necessary, to address and modify any behavior concerns; however, if a child cannot display appropriate behavior, then he/she may be removed from the program. A child may receive up to three written behavior reports; after a third written report is received, the child may be removed from the program until a parent conference is held. The parent conference may include the parent/guardian, program director, site staff and the child. The child may be allowed to return to the program after the parent conference and a behavior guidance plan is developed. If a child receives a fourth written warning we may ask the family to make alternative child care arrangements for the remainder of the current school year or camp season. Please note that all behavior management plans are based on the individual child and situation and we reserve the right to adapt procedures accordingly.

Occasionally, despite program modifications and efforts to accommodate children, it may be determined that YMCA programs are unable to meet the needs of a child. If a child's participation poses a significant risk to the health or safety of self or others, which CANNOT be lessened by modifications in policies, practices or procedures or the provision of services, a child may be removed from the program.

As a parent/guardian, you may have some concerns or wish to offer suggestions on the lines below. If so, we may modify the plan below with agreed upon suggestions. (Please attach more documentation if needed)

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

School/Program/Camp Attending: \_\_\_\_\_

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



# DRAFT AUTHORIZATION FORM

## LA PORTE COUNTY FAMILY YMCA



Campers Name: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_

I authorize the LaPorte County Family YMCA to initiate entries to my \_\_\_checking account \_\_\_savings account or \_\_\_credit card to pay for YMCA Summer Camp. This authority will remain in effect indefinitely unless I notify the YMCA in person by: **filling out a written cancellation form 10 days prior to the draft date listed below.**

*Week of:*

- May 31 I understand that the amount of \$ \_\_\_\_\_ will be withdrawn automatically from the below named account/credit card for week **one** of summer camp on the Friday before said week.
- June 6<sup>th</sup> I understand that the amount of \$ \_\_\_\_\_ will be withdrawn automatically from the below named account/credit card for week **two** of summer camp on the Friday before said week.
- June 13<sup>th</sup> I understand that the amount of \$ \_\_\_\_\_ will be withdrawn automatically from the below named account/credit card for week **three** of summer camp on the Friday before said week.
- June 20<sup>th</sup> I understand that the amount of \$ \_\_\_\_\_ will be withdrawn automatically from the below named account/credit card for week **four** of summer camp on the Friday before said week.
- June 27<sup>th</sup> I understand that the amount of \$ \_\_\_\_\_ will be withdrawn automatically from the below named account/credit card for week **five** of summer camp on the Friday before said week.
- July 5<sup>th</sup> I understand that the amount of \$ \_\_\_\_\_ will be withdrawn automatically from the below named account/credit card for week **six** of summer camp on the Friday before said week.
- July 11<sup>th</sup> I understand that the amount of \$ \_\_\_\_\_ will be withdrawn automatically from the below named account/credit card for week **seven** of summer camp on the Friday before said week.
- July 18<sup>th</sup> I understand that the amount of \$ \_\_\_\_\_ will be withdrawn automatically from the below named account/credit card for week **eight** of summer camp on the Friday before said week.
- July 25<sup>th</sup> I understand that the amount of \$ \_\_\_\_\_ will be withdrawn automatically from the below named account/credit card for week **nine** of summer camp on the Friday before said week.
- Aug 1<sup>st</sup> I understand that the amount of \$ \_\_\_\_\_ will be withdrawn automatically from the below named account/credit card for week **ten** of summer camp on the Friday before said week.
- Aug 8<sup>th</sup> I understand that the amount of \$ \_\_\_\_\_ will be withdrawn automatically from the below named account/credit card for week **eleven** of summer camp on the Friday before said week.

I understand that if the withdrawal is unsuccessful for any reason, the YMCA will re-draft the account again until the fees are collected. In addition to the membership fee a returned draft fee of \$25 will be charged to the account.

*\*The YMCA does not refund summer camp fees except in the event of an error on our part.*

### Authorization to Honor a Draft Drawn by the YMCA

- 1) Name of YMCA Member/Non-Member \_\_\_\_\_
- 2) Name of person listed on the bank account or card \_\_\_\_\_  
(Printed)
- 3) Name of Members bank \_\_\_\_\_
- 4) Checking or Savings Bank Routing Number \_\_\_\_\_
- 4A) Checking or Savings Account Number \_\_\_\_\_
- 5) Credit Card Number \_\_\_\_\_ exp \_\_\_\_\_ cvs \_\_\_\_\_

*Date* \_\_\_\_\_ *Signature* \_\_\_\_\_  
(Signature of person on account only)