



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Office Use

Received by: _____
Date: _____
Member #: _____

_____ CCC
_____ V.O.
_____ Packet Complete
_____ Reg. Fee/Deposits

Blue Ash YMCA

Camp Creekwood

2017 SUMMER CAMP REGISTRATION PACKET

CAMPER INFORMATION	
Name	
D.O.B.	
Age	
School Attending	
Gender	Male Female
Shirt Size	Youth S M L Adult S M L XL XXL
Will you be using Hamilton County child care subsidy (Ohio ECC swipe card)?	
YES NO	
Case # _____ *REQUIRED*	

PARENT INFORMATION	
Name	
D.O.B.	
Street Address	
City, State & Zip	
Phone (Home)	
Phone (Cell)	
Email (Mandatory)	
Did you know that Blue Ash Y provides \$235,000 in financial assistance each year to ensure that everyone can benefit from Y programs? Are you willing to help give another child the experience of Camp Creekwood?	
Donation Amount:	\$ _____
Signature: _____	
<i>You will be billed within 30 days.</i>	



United Way Reporting Purposes (Required):

Do you live in the City of Cincinnati limits?
YES NO

Total number of people in your household:

Participant's Race:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other | |

Household Income:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$19,999 | <input type="checkbox"/> \$20,000-\$29,999 | <input type="checkbox"/> \$30,000-\$39,999 |
| <input type="checkbox"/> \$40,000-\$49,999 | <input type="checkbox"/> \$50,000+ | |



2017 SUMMER CAMP REGISTRATION FORM

Camper's Name : _____ Age : _____ Member Number : _____

REGISTRATION INSTRUCTIONS:

1. Place an X in each box to indicate which week(s) of camp you would like to register your child.
 2. Take this form and your completed Enrollment Packet to the front desk at Blue Ash YMCA.
 3. Credit card information must be included in the enrollment packet in order for packet to be processed. Pay the \$25 registration fee, weekly deposits.
- A deposit is due for each camp selected and any speciality/adventure camps
Please note times, ages, and dates carefully!

*Credit card on file will be charged once packet is processed.

Week	Dates	Pre 6:30 am - 9:00 am 6 - 14 years (1st grade & up)	Post 4:00 pm - 6:00 pm 6 - 14 years (1st grade & up)	Day 9:00 am - 4:00 pm 6 - 12 years (1st grade & up)	Teen 9:00 am - 4:00 pm 12 - 14 years	LIT 9:00 am - 4:00 pm 13 - 15 years	CIT 9:00 am - 4:00 pm 16 - 17 years	Preschool Half Day 3-5 Potty Trained	Preschool Full Day 4-5 years (Entering Kindergarten; Must be potty trained)	Kindergarten FULL DAY 7:00a-6:00p	Kindergarten HALF DAY 9:00a-12:00p	Specialty 9:00 am - 12:00 pm 6 - 12 years	Adventure 9:00 am - 4:00 pm Ages vary	Sports 9:00 am - 1:00 pm Ages 5 - 13
1*	May 30 - Jun 2*													
2	Jun 5- Jun 9													
3	Jun 12 - Jun 16													
4	Jun 19 Jun 23													
5	Jun 26- Jun 30													
6*	Jul 3- Jul 7*													
7	Jul 10 - Jul 14													
8	Jul 17- Jul 21													
9	Jul 25 - Jul 29													
10	Jul 31- Aug 4													
11	Aug 7- Aug 11	Full-time: Mon-Fri	Full-time: Mon-Fri	Full-time: Mon-Fri	Full-time: Mon-Fri	Full-time: Mon-Fri	Full-time: Mon-Fri	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered
11	Aug 7- Aug 11	Part-time: Mon-Wed	Part-time: Mon-Wed	Part-time: Mon-Wed	Part-time: Mon-Wed	Part-time: Mon-Wed	Part-time: Mon-Wed	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered
12	Aug 14- Aug 18	Full-time: Mon-Fri	Full-time: Mon-Fri	Full-time: Mon-Fri	Full-time: Mon-Fri	Full-time: Mon-Fri	Full-time: Mon-Fri	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered
12	Aug 14- Aug 18	Part-time: Mon-Wed	Part-time: Mon-Wed	Part-time: Mon-Wed	Part-time: Mon-Wed	Part-time: Mon-Wed	Part-time: Mon-Wed	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered

The above selected weeks and programs are my responsibility to pay for unless I have cancelled them in writing using a Camp Cancellation form. This form must be given to the front desk of the YMCA with a week's notice to avoid billing. No verbal or over-the-phone withdrawals are accepted.

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth	First Day at Program/Home	
Home Address			City	
State	Zip Code	Home Telephone Number		
Parent/Guardian Name		Relationship to Child		
Home Address		Home Telephone Number		
City		State	Zip	
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address		City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
Parent/Guardian Name		Relationship to Child		
Home Address		Home Telephone Number		
City		State	Zip	
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address		City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.				
Name		Name		
City	State	City	State	
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital				
Street Address				
City	State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? (check all that apply)

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (check one)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (check one)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (check one)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one)

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name _____

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section) No (If no, fill out the following)

The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

<u>Give <i>Permission</i> to Transport</u>		OR Do not sign both	<u>Do Not Give <i>Permission</i> to Transport</u>	
Program or Home Name			Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No
(check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BLUE ASH YMCA Camp Creekwood CHILD SURVEY & PICK-UP AUTHORIZATION

Name of Child _____ Date of Birth _____

Parent/Guardian Name _____

Help us get to know your child:

Child lives with: Both Parents Mother Father Other _____

Siblings:

Name _____ Age _____ Enrolled in Camp

Name _____ Age _____ Enrolled in Camp

Name _____ Age _____ Enrolled in Camp

Are there any special circumstances that may be a factor in your child's present behavior?

Does your child have a special need or require an accommodation to be successful at camp? YES NO
If you selected YES, please fill out the Assessment & Accommodation Form.

Pick-up Authorization:

I understand that only those people designated by me on this form may pick up my child from camp and that my child must be signed out of camp each afternoon. I also understand that the adult(s) listed on my child's *Enrollment and Health Information Form* as the Parent(s)/Guardian(s) and Emergency Contacts are authorized to pick-up my child. All authorized pick-ups should come prepared to present their driver's license or state identification card.

Authorized Pick-ups (must be at least 16 years of age)

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



BLUE ASH YMCA ENROLLMENT AGREEMENT

Name of Child: _____ Date of Birth: _____

Parent/Guardian Name: _____

Please initial on the line next to each policy/procedure:

SECTION 1: TUITION AND FEES

_____ REGISTRATION FEE: I understand the \$25 registration fee is required at registration to enroll my child. I understand that I may not guarantee my child's enrollment until the registration fee is paid in full. The registration fee is non-refundable and non-transferable.

_____ Enrollment: **NEW!** I understand I must register my child no later than the Thursday at 12:00p.m. prior to the week of camp I want my child to attend.

_____ DEPOSITS: I understand there is a \$10 per camp deposit due at registration. (For example, if I register for Pre Camp, Post Camp, and Day Camp during Week 1, I owe a \$30 deposit.) The deposit for families on County/State assistance is \$1 per camp. (For example, if I register for Pre Camp, Post Camp, and Day Camp during Week 1, I owe a \$3 deposit.) The deposits are non-refundable and non-transferable.

_____ TUITION: I have reviewed the tuition due for each program I have selected for my child.

_____ PAYMENT OF TUITION: **New!** I understand tuition will be charged to my credit/debit card each Thursday for the upcoming week. I understand tuition is due for all selected programs regardless of attendance, unless I cancel my child's enrollment **10 days** in advance of the program start date. I understand if my voucher co-pay is unavailable on Thursday, my card will be charged on Friday or Monday.

_____ UNPAID TUITION: I understand if my tuition is not paid in full when a week of camp starts, my child will not be permitted to attend until my account is reconciled.

_____ AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from failure to promptly communicate changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of full tuition. **NEW! If using subsidy (vouchers), I must attend 1 of the orientation meetings or my child will not be accepted into camp.**

_____ CHARGES AND PROCEDURES FOR LATE PICK-UP: I understand that if I fail to pick my child up by the program end time, I will be charged a late fee of \$1 per minute per child. If I or my emergency contacts cannot be reached within an hour, I understand that Child Protective Services will be called.

_____ ADDITIONAL FEES: I understand that if my child does not wear the camp field trip shirt for off-site field trips, there will be a \$5 charge for a loaner shirt.

_____ RETURNED PAYMENTS: I understand that I will be charged a \$30 processing fee for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I also understand that I will be charged a \$20 service fee for all credit card payments which are returned for any reason.

SECTION 2: DAILY PROCEDURE

_____ DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the program to drop off and pick up my child, and that I must escort my child to and from the designated classroom/area and staff member each day.

_____ SELF SIGN-IN AND SIGN-OUT: I understand that only children who are 9 years or older, members of the YMCA and have a permission form on file, may sign themselves in and out of camp. If registered for Pre and/or Post Camp, I understand that my child cannot sign his/herself into Pre Camp or out of Post Camp. An adult escort is required for Pre/Post Camp participants.

_____ PROGRAM START TIME: **NEW!** I understand that if I arrive more than 15 minutes after the program start time, I will have to walk my child to his/her group. ***This is extremely important for day campers! After 9:15 a.m. children will have to be escorted into the woods (camp); there will not be a staff person available to meet you in the back parking lot. I understand that my child will not be accepted into day camp after 10:00 a.m. unless prior arrangements have been made with the director.**

_____ PROGRAM END TIME: **NEW!** I understand that my child may not be picked up from day camp before 3:50 p.m. unless prior arrangements have been made with the director. If I pick up earlier than this, I will be responsible for finding my child's group (in the woods) and signing my child out of the program.

_____ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon notification. If my child is exposed to or contracts a communicable disease, I agree to notify the YMCA and I understand that my child will be re-admitted according to the Illness Policy in the Parent Handbook.

_____ HEALTH CARE: **NEW!** I understand that the camp will provide routine health/medical care and seek emergency medical treatment for my child if necessary. 1) Are all immunizations required for school are up to date? Yes No
If no, please provide us with an updated copy of your child's immunization records. Please list the month and year of the camper's last tetanus shot: Date: _____

_____ MEDICATION: I understand that my child may not carry any type of medication on his/her person or belongings (this includes inhalers). If my child needs medication, I understand that I must complete an Administration of Medication form and submit it to the Camp Coordinator.

_____ SUNSCREEN: I understand that if my child brings sunscreen and/or bug spray to camp, he/she will be permitted to apply it during traditional camp hours (9 am-4 pm). I understand that if I want my child to apply sunscreen and/or bug spray during Pre/Post Camp (6:30-9 am & 4-6 pm), I need to complete an Administration of Medication Form.

_____ LUNCH: **NEW!** I understand that lunch with milk will be provided by a contracted vendor each day. A menu will be emailed out with the newsletter each week. If I choose to provide a packed lunch for my child, I understand that there is no refrigeration or cooking provided.

_____ BEHAVIOR MANAGEMENT: I understand that my child will be expected to follow and be held accountable for all camp rules. These rules can be viewed in the Parent Handbook. I understand that physical violence and bullying are not tolerated. If my child is involved in these behaviors, I understand that I will be called to pick my child up immediately and he/she may be suspended from the program.

_____ WITHDRAWAL FROM PROGRAM: **NEW!** I understand that I must provide a one (10) day written notice of withdrawal from the program using the Camp Cancellation Form. If this notification is not provided, I agree to pay all tuition and fees for the week, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If there was an outstanding balance when my child was withdrawn, I will be required to bring my account current prior to re-enrollment. I understand all fees are non-refundable.

SECTION 3: PARTICIPATION

_____ FIELD TRIPS: I give permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trips or excursions may be made by walking, riding in a leased bus, or riding in a YMCA bus. **NEW!** Teen & Adventure Campers have additional permission slips to complete.

_____ ACTIVITIES: I give permission for my child to use all the equipment and participate in all activities of the camp program. I understand that all camp activities are based outdoors and my child will be outside all day, even if there is a light rain.

_____ ELECTRONICS: I understand that under no circumstances may my child bring electronics or toys from home. These items include, but are not limited to: card games, cell phones, iPods, etc. I understand that if my child does so, the staff will confiscate the item and return it to the parent at the end of the day.

_____ MODEL RELEASE: The YMCA and National Inclusion Project may use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose. The YMCA may use these indefinitely, without limitation or obligation for the purpose of promoting or interpreting YMCA programs.

_____ SWIMMING: I give permission for my child to go swimming or otherwise participate in water activities in and near bodies of water two or more feet in depth at the Blue Ash YMCA. I understand that during any scheduled swim activity a certified lifeguard will be on duty at all times. A staff-to-child ratio of 1:18 for school-age children and 1:12 for preschool children will be maintained at all times. I understand that my child will be evaluated by the YMCA lifeguards prior to swimming, according to the YMCA of Greater Cincinnati swim test policy. I give permission for my child to walk to and participate in all swimming activities at Blue Ash YMCA during the summer camp program (May 30-August 18, 2017). I have reviewed my child's camp schedule and I am aware of his/her swim time. Please mark if your child will be participating in swimming or not this summer.
My child is a non-swimmer swimmer.

SECTION 4: HOLIDAYS/CLOSURES AND SUSPENSIONS

_____ HOLIDAYS/CLOSURES: I understand that camp is closed on Memorial Day (May 30) and Independence Day (July 4). I also understand that camp ends August 18, 2017. Due to school starting, camp can be purchased at a part-time (Mon-Wed) or full-time (Mon-Thurs or Mon-Fri) rate during Week 11 & 12 ONLY.

_____ ABSENCES/VACATIONS: I agree to call the camp absence line if my child will be absent for any day. I understand that no allowances, credits, refunds or make up days shall be made for absences, including suspensions.

_____ EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the YMCA's intention to be open and provide programs every weekday of the summer, excluding holidays, but that inclement weather, natural/national disaster or a major facility issue may disrupt service from time to time. I agree that in the event that the program is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

SECTION 5: STATE LICENSING AND OUR POLICIES

_____ ALL POLICIES AND STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, American Camping Association (ACA) standards, the Parent Handbook, and all other YMCA policies, which may be modified at any time.

_____ PARENT HANDBOOK: I have received a copy of the Parent Handbook or reviewed it online. I have read and understand its contents and agree to abide by the policies within.

_____ NO MODIFICATIONS: No terms of this agreement may be altered, revised, modified or deleted by any person except in cases of policy change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this agreement are null and void.

YMCA POLICY:

- I understand that the YMCA is not responsible for personal property lost, stolen or broken while participating in the program. My child is responsible for all of his/her belongings.
- I understand that the YMCA is not responsible for anything that occurs as a result of false or incomplete information given by a parent/guardian.
- I understand that any medical expenses resulting from any illness or injury incurred while attending any YMCA program is my responsibility. The YMCA assumes no responsibility for injuries or illnesses which may occur as a result of a child's physical condition or resulting from his/her participation in any athletics, use of equipment, exercise, games or any other activities.
- I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from Y programming activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation.
- The YMCA is not responsible for lost, stolen or damaged items brought to the program:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME (PRINT) _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BLUE ASH YMCA Camp Creekwood PERMISSION TO SIGN IN & OUT

Child must be a member of the YMCA of Greater Cincinnati and 9 years of age or older to sign him/herself in/out of camp. If your child does not meet these 2 requirements or you do not want your child to be permitted to sign him/herself in/out, please skip this form.

Child's Name _____ Age _____ Member # _____

Parent's Name _____ Camp(s) _____

Week(s): (circle all applicable)

1 2 3 4 5 6 7 8 9 10 11 12

I, _____ (parent/guardian, please print) do

hereby give permission for _____ (child's name, please print) to

sign themselves IN /OUT (please circle) of camp due to extenuating circumstances. This permission is valid only

for the weeks circled above.

When not signed into the program, **only YMCA members over the age of 9** may remain at the YMCA without direct supervision, and then for **no more than a period of 2 hours** as per YMCA policy. Children signing themselves in and/or out must carry their membership card at all times & will be asked to scan it at the front desk.

_____ (parent/guardian initial)

I understand that my child will not be able to sign in or out of the program during normal program hours (child must be signed in during sign-in period, and signed out during sign-out period). **Children may not sign themselves in/out of Pre/Post Camp. If my child is registered for Pre/Post Camp he/she must attend.** I understand that when not signed into the program, the YMCA, the program, and its staff are not liable or responsible for my child.

_____ (parent/guardian initial)

I understand that the YMCA has certain expectations regarding member behavior, the Member Code of Conduct. I have gone over these behavior expectations with my child, and understand that the privilege of *signing in/out and being at the YMCA without direct supervision* may be revoked at any time due to unruly behavior.

_____ (parent/guardian initial)

I have read and understand the statements above, and the YMCA Camp Parent Handbook, and agree to abide by them.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BLUE ASH YMCA Camp Creekwood AUTOMATIC PAYMENT ENROLLMENT

***Automatic payment enrollment is required for all Blue Ash YMCA camp participants. Please read the policies carefully.**

Payment Policies:

- A valid credit/debit card must be on file for all weekly camp payments. Only the registration fee/deposits can be paid by other means.
- **My credit/debit card will be charged in full for any programs I have selected on the registration form the Thursday *before* the selected week.**
- If my voucher co-pay is unavailable on the Thursday before a selected week of camp, my credit/debit card will be charged on Monday.
- **I will be charged in full (whether or not my child attends) unless I withdraw my child from a selected program using the *Camp Cancellation Form* and returning it *one week before the start of the selected week*.**
- **No verbal, emailed, or over the phone withdrawals are accepted. A status change form must be filled out.**
- If my payment is returned, I will be notified the Friday before the selected week. My child will not be able to attend the selected program until the fee is paid and a valid card is on file.
- If my payment is returned, I will be charged a \$20 service fee for credit card or a \$30 service fee for EFT/Check.

I understand and agree to the above payment policies. I authorize Blue Ash YMCA to charge the full fee for all programs selected on the registration form to the credit/debit card listed below.

Authorized Signature _____ Date _____

Remove and shred once entered in Daxko.

Parent's Name: _____

Phone #: _____ Membership #: _____

Child(ren)'s Name(s): 1. _____ 2. _____

3. _____ 4. _____

Select Card Type: Visa Mastercard American Express

Card Holder Name: _____

Card Number: _____ Exp. Date: _____

Billing Address: _____ Zip: _____



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**YMCA of Greater Cincinnati
Camp Creekwood
Voucher Agreement
2017**

Please read the following policies for families using vouchers and the Ohio ECC swipe card system for Child Care.

Your responsibilities in this process are as follows:

- You are responsible for paying your parent fee as designated by Hamilton county Department of Job and Family Services. The fee must be paid in advance, according to the payment policies on the Enrollment Agreement of this packet and in the Parent Handbook.
- You are responsible for your card and your pin numbers.
- You are responsible for **swiping your child in and out each day.**
- If you miss a swipe, you are responsible for doing a previous swipe and correctly recording the time your child arrived/departed within 24 hours. Failure to do so will result in full fee being charged.
- You are responsible for telling your child care caseworker if you change your address or phone number.
- If your child will be attending a different or additional program, it is your responsibility to call your caseworker and add the site as an authorized provider before the program begins.
- If you receive an error or denied message when swiping your card, it is your responsibility to notify the child care registrar immediately.
- Ohio ECC is only accepted for day camp, kindergarten camp, pre/post camps, and teen camps. Full fee is due for sports, specialty, and adventure camps.
- For full-time programs, if the child does not attend at least 25 hours and does not have absences left to reach the 25 hour minimum, the family must pay the full time rate for that week.
- **For each time you fail to swipe your child in/out you will be charged a \$25 fee per instance. Initial _____**

If you will be using Hamilton County subsidy, it is required that you provide your case number.
Case # _____

I, _____ (print name),
have read and understand my responsibilities in regards to the Ohio ECC Swipe Card System.

Parent/Guardian Signature _____ Date _____