



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

<i>Office Use</i>	
Received by: _____	
Date: _____	
Member #: _____	
_____ WC Cleared	
_____ Journals Cleared	
_____ Packet Complete	
_____ Shot Records	
_____ Reg. Fee/Deposits	

The Y at Duck Creek

Summer Enrichment

2017 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	
Did you know that the YMCA 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?	
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+ | |

CHILD MEDICAL/IMMUNIZATION STATEMENT

Child's Name (print)	Date of Birth
----------------------	---------------

REQUIRED FOR ALL CAMPERS

Recommended Immunizations (enter month, day, and year)

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Other					

The immunizations above are recommended by the Centers for Disease Control and Prevention and the Ohio Department of Health.

REQUIRED FOR CAMPERS AGES 3-5 YEARS: TO BE FILLED OUT BY A PHYSICIAN'S OFFICE

This is to certify all of the following:

- I have examined this child and found that he or she is in suitable condition for participation in group care.
- The child has had age appropriate immunizations recommended by the Ohio Department of Health.
- My office has entered the child's immunizations record above or attached a printed record of the immunizations or found that the child should be exempt from immunizations for the following reasons:

List any limitations or health conditions for this child (including allergies, daily medication, dietary restrictions):

Recommended Assessments/Screenings:

Vision:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Hearing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Dental:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Lead:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
BMI:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Other:	_____	

Ohio Administrative Code rules 5101:2-12-37 and 5101-2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care center.

Signature of examining Physician/Physician's Assistant/Advanced Practice Nurse	Date of Examination
--	---------------------

Name of Physician/Physician's Assistant/Advanced Practice Nurse	Phone #
Street Address	
City, State, and Zip Code	



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y AT DUCK CREEK 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.

_____ 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: I understand tuition will be charged to my credit/debit card each Friday for the upcoming week. I understand tuition is due for all selected programs regardless of attendance, unless I cancel my child's enrollment 1 week in advance of the program start date. I understand if my voucher co-pay is unavailable on Friday, my card will be charged on 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.

_____ 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 myself 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 bring a lunch, there will be a \$5 charge per day. 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 CHECKS: 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.

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: 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.

_____ 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: I understand that the camp will provide routine health/medical care and seek emergency medical treatment for my child if necessary. I also understand that I must provide a copy of my child's immunizations before his/her enrollment is complete.

_____ 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: I understand that I need to pack my child's lunch and drinks daily. I understand that there is no refrigeration or cooking provided. I understand that if I do not provide a lunch, I will be charged a \$5 lunch fee.

_____ 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: I understand that I must provide a one (1) week 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.

_____ 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 – weather permitting.

_____ 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 may may not 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 Y at Duck Creek 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 the Y at Duck Creek YMCA during the summer camp program (June 1-August 21, 2015). I have reviewed my child's camp schedule and I am aware of his/her swim time.

My child is a non-swimmer swimmer.

SECTION 4: HOLIDAYS, ABSENCES AND CLOSURES

_____ HOLIDAYS/CLOSURES: I understand that camp is closed on Independence Day (July 4th). I also understand that camp ends August 21, 2015. Due to school starting, camp can be purchased at a part-time (Mon-Wed) or full-time (Mon-Thurs or Mon-Fri) rate during Weeks 11 and 12 ONLY. Preschool/Kindergarten programs end August 14, 2015.

_____ 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 occasional 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 (PRINTED): _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

THE Y AT DUCK YMCA 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 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

Y AT DUCK CREEK 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?

Other information we should know about your child:

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: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

THE Y AT DUCK CREEK AUTOMATIC PAYMENT ENROLLMENT

*Automatic payment enrollment is required for all Y at Duck Creek 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.
- **Weekly payments: My credit/debit card will be charged in full for any programs I have selected on the registration form the Friday *before* the selected week.**
- **Monthly payments: My credit/debit card will be charged in full for any programs I have selected on the registration form for the given month on the 1st of the month.**
- If I prefer to pay over-the-counter for camp, payment must be made by Thursday at 6:00 p.m. for the upcoming week. A valid credit/debit card must still be on file.
- If my voucher co-pay is unavailable on the Friday 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.
- If my card is rejected, 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.

*The information on this form is confidential and will be kept in a secure location.

Parent's Name: _____

Phone #: _____ Membership #: _____

Child(ren)'s Name(s): 1. _____ 2. _____
3. _____ 4. _____

How would you like to pay? Weekly: each Friday for the upcoming week Monthly: 1st of each month

Select Card Type: Visa Mastercard American Express

Card Holder Name: _____

Card Number: _____ Exp. Date: _____

Billing Address: _____ Zip: _____

I understand and agree to the above payment policies. I authorize the Y at Duck Creek YMCA to charge the full fee for all programs selected on the registration form to the credit/debit card listed above.

Authorized Signature _____ Date _____