

YDAY CAMP™

We build strong kids, strong families, strong communities.

Childcare Enrollment Form

OFFICE USE:

- Financial Aid
- Parent Handbook received
- Signatures complete
- Form Complete

Attach a recent photo of your child

Date of Admission: _____

SUMMER CAMP LOCATION NAME		CHILD'S AGE	DATE OF BIRTH	GRADE IN FALL
CHILD'S NAME		SEX	HOME PHONE NO.	
CHILD'S ADDRESS		CITY	STATE	ZIP
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	HOME PHONE	CELL PHONE
HOME ADDRESS		CITY	STATE	ZIP
DRIVER'S LICENSE #	PLACE OF EMPLOYMENT		WORK PHONE NO.	
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	HOME PHONE	CELL PHONE
HOME ADDRESS		CITY	STATE	ZIP
DRIVER'S LICENSE #	PLACE OF EMPLOYMENT		WORK PHONE NO.	
EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED		RELATIONSHIP	PHONE NO.	
EMERGENCY CONTACT HOME ADDRESS		CITY	STATE	ZIP
SECURITY CODE	LIST LAST 4 DIGITS OF PARENT'S SOCIAL SECURITY NUMBER AS A SECURITY CODE. THIS CODE WILL BE USED WHEN CALLING IN A CHILD'S ABSENCE, ECT. FOR PHONE VERIFICATION.			

I AUTHORIZE THE YMCA TO RELEASE MY CHILD TO THE ADDITIONAL FOLLOWING PEOPLE:

NAME	RELATIONSHIP	PHONE NO.

Parent's Acknowledgements: This is to acknowledge that the YMCA of Arlington has provided me with a Payment Schedule, Policies, and my own **YMCA Parent Guide/Handbook**. I agree to read and adhere to the information included.

Child's Description (requested by Arlington Police Dept.)

Hair Color: _____ Eye Color: _____ Height: _____
Weight: _____ Ethnicity: _____

Distinct Features (scars, birthmarks, etc): _____

Parent Signature: _____ Date: _____

CUSTODY/ COURT ORDERS

Are there any court orders affecting custody of this child? Yes No *(If yes you MUST provide the YMCA with a copy of these orders)*

Are there any restraining orders? Yes No Who has Primary custody of this child? _____

Child may be released to: () FATHER () MOTHER () OTHER/NOTES: _____

Parent's Consent

TRANSPORTATION: (required for participation) I hereby give consent for my child to be transported and supervised by the YMCA to and from field trips.

WATER ACTIVITIES: (required for participation) I hereby give my consent for my child to participate in water activities that might be offered by the YMCA. I hereby give the YMCA staff permission to assist my child in the application of sunscreen.

IMMUNIZATION: My child's shot records are on file at _____ Elementary School. (School phone number _____ - _____ - _____)

Parent Signature: _____ Date: _____

Health History

Please list any **DIETARY** or **PHYSICAL** restrictions:

Please list any known **ALLERGIES**:

Treatment to be given when in contact with stated **ALLERGIES**:

Please check all the following that apply to your child's **HEALTH HISTORY**:

- ADD ADHD EXISTING ILLNESS
 DIABETES TAKES DAILY MEDICATION
 ASTHMA OTHER: Please explain: _____

The YMCA of Arlington Child Care Programs generally have staffing ratios of 1:12. Do you feel this will be adequate for your child's needs?

Yes _____ No _____ If No please explain _____

Parent's Understanding: I understand that my child's enrollment is on a probationary period of up to 2 weeks. During this probationary period the YMCA will observe him or her in the program environment to assess if the needs of the child are being met. I have been given and understand the YMCA Code of Conduct for Child Development programs.

Parent's Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the YMCA Director or person in charge to take my child to:

NAME OF LICENSED PHYSICIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF HOSPITAL OR CLINIC: _____

ADDRESS: _____

PHONE NUMBER: _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

Parent Signature: _____ Date: _____

In accordance with the State of Texas Minimum Standards For Childcare Centers Subsection 746.605, I acknowledge all information on this form must be correct and completed before my child(ren) will be admitted into the program.

Parent Signature: _____ Date: _____

YMCA OF ARLINGTON RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Arlington for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated programs have been inspected and considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA OF ARLINGTON FACILITIES, SERVICES, AND PROGRAMS FOR ANY REASON, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA OF ARLINGTON, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA of Arlington, its directors, officers, employees, and agents ("the releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA of Arlington, without respect to location.*
- 2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA of Arlington or participating in any program affiliated with the YMCA of Arlington, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.*
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE DUE TO NEGLIGENCE OF RELEASEES OR OTHERWISE while in, about, or upon the premises of the YMCA of Arlington and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Arlington.**
- 4. The undersigned further assumes full responsibility for any lost or stolen items while in, about, or upon the premises of the YMCA of Arlington and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Arlington.*
- 5. The undersigned gives permission to the YMCA of Arlington to use photographs, film footage, or tape recordings which may include their own image (or family members) or voice for purposes of promoting YMCA programs.*
- 6. The undersigned understands that YMCA membership dues and program fees are not deductible as charitable tax contributions.*

The undersigned further expressly agrees that the forgoing release, waiver, and indemnity agreement cannot be altered in any way, and is intended to be as broad and inclusive as is permitted by the laws of the state of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Parent or Guardian's Signature if Participant is legally a minor

Printed Name

Date: ____/____/____

Parent's E-Mail Address

Spring 2009

Dear Parents/Guardians:

We are so glad that you have chosen the YMCA as the place for your child to share their summer! We look forward to being a safe, fun alternative for the summer. Please take time to read your parent handbook which will give you a great deal of valuable information about our program. There are going to be some big changes to summer camp this year and we would like you and your children to be prepared. Please note: No Camp will be offered the last week of summer (August 17th-21st).

We will also be holding a Parent orientation for summer camps for school age and teen summer camp programs. We ask that you plan on attending the Summer Camp Parent Orientation Night 7-8PM on Thursday 5/7/2009 to meet your counselors and get any questions you might have answered. This will be held at the YMCA Central Branch, 2200 Davis Dr., Arlington, TX 76013

Payment Schedule for Summer Camp 2009

Payments are due nine days before session begins.

WEEK 6 PAYMENT DUE FRIDAY, JULY 3, 2009

BEFORE CAMP BEGINS:

Saturday-Pay Date

Session 1: (June 08-June 12)

Due: Saturday May 30 by 5pm

Session 2: (June 15-June 19)

Due: Saturday June 06 by 5pm

AFTER CAMP BEGINS:

Session 3: (June 22-26)

Due: Saturday June 13 by 5pm

Session 4: (June 29-July 03) *Closed July 4th*

Due: Saturday June 20 by 5pm

Session 5: (July 6-10)

Due: Saturday June 27 by 5pm

Session 6: (July 13-17)

Due: Friday July 03 by 5pm

Session 7: (July 20-24)

Due: Saturday July 11 by 5pm

Session 8: (July 27- 31)

Due: Saturday July 18 by 5pm

Session 9: (Aug 3-7)

Due: Saturday July 25 by 5pm

Session 10: (Aug 10-14)

Due: Saturday Aug 01 by 5pm

NO CAMP HELD THE WEEK OF AUGUST 17TH- AUGUST 21ST

WE WILL BE CLOSED 7/4/09 INDEPENDENCE DAY. PAYMENTS WILL BE DUE ON 7/3/09 BY CLOSE OF BUSINESS DAY.

LATE PAYMENTS

Payments not receipted by 5pm Saturday will be considered late and will result in a loss of your child's spot in camp and any deposit paid for that spot. Payments dropped off at any branch on Saturday after the 5pm deadline will be considered late.

No Payments OR new enrollments will be accepted on Sundays.

Thank you for choosing our program!

Beth Lecroy
Childcare Director

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

I have received the above letter that informed me of the payment schedule for camp and all new changes to the YMCA summer camp program.

Parent/Guardian Signature: _____