

# Fannin Site

## Grades 4th & 5th

### **Summer Day Camp 2010**



Start Date:		Withdrawal Date:	
<b>Child's Information:</b>			
First Name:		Last Name:	
Date of Birth:		Age:	
Grade Entering:		Gender:	
Home Address:		Home #:	
Parent's Martial Status:		City/State/Zip:	
Child Resides with:	Mother      Father	Both      Other (explain)	
<b>Primary Parent / Guardian's Contact Information:</b>			
Name:		Cell #:	
Employer:		Work #:	
Date of Birth:		Home #:	
Home Address:		City/State/Zip:	
Email Address:			
<b>Other Parent / Guardian's Contact Information:</b>			
Name:		Home Address:	
Cell #:		City/State/Zip:	
Work #:		Home #:	
<b>Emergency Contacts and People Authorized to Pick up My Child OTHER THAN PARENT / GUARDIAN!:</b>			
<i>State Licensing requirements state a person who is not the parent must be listed as an emergency contact. This person does not need to be in the San Angelo area.</i>			
Name:		Relationship:	
Work #:		Cell #:	
<b>Emergency Contact 2:</b>			
Name:		Relationship:	
Work #:		Cell #:	
<b>Emergency Contact 3:</b>			
Name:		Relationship:	
Work #:		Cell #:	
<b>Emergency Contact 4:</b>			
Name:		Relationship:	
Work #:		Cell #:	

### Custody/Court Orders

Are there any court orders affecting custody of this child? YES \_\_\_ No \_\_\_

**(If yes you must provide copy of documents)**

If yes, please indicate who has custody: \_\_\_\_\_

Are there any restraining orders?: YES \_\_\_ NO \_\_\_ If yes, please indicate name \_\_\_\_\_

Child may be released to: Father ( ) Mother ( ) Other ( ) **Must be stated in court documents**

**Please initial all that apply. By leaving blank you are denying consent.**

\_\_\_\_\_ I do hereby give my consent for my child to participate in water activities, including but not limited to swimming pools, sprinklers, and splash pools.

\_\_\_\_\_ I do hereby give my consent for my child to be transported and supervised by facility staff in case of emergency, on field trips. **(Mandatory to participate in Summer Day Camp.)**

\_\_\_\_\_ I give permission for my child to be photographed or video taped participating in the program for YMCA or United Way purposes. No names will be released.

\_\_\_\_\_ I acknowledge I have received and agree to follow all policies in the Parent Handbook which includes **YMCA operational and parent policies. (Mandatory.)**

\_\_\_\_\_ I understand that the YMCA Childcare staff may not babysit or transport children at anytime outside of the program.

\_\_\_\_\_ I understand that only the persons listed on the enrollment form may pick up my child. I understand that any person picking up my child may be asked to present identification at any time.

\_\_\_\_\_ My child attends the following school and his/her immunization record is on file at the school and all immunizations, tuberculosis test, and vision & hearing screening records are current. They meet the requirements of the Texas Department of Health.

Name of School \_\_\_\_\_ Grade: \_\_\_\_\_ Address: \_\_\_\_\_ School ph # \_\_\_\_\_

**Signature of Parent or Legal Guardian**

**Date**

Office Use Only:

Form received by: \_\_\_\_\_ Date \_\_\_\_\_

## SPECIAL NEEDS AND CIRCUMSTANCES

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_ Summer Site: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Contact Number: \_\_\_\_\_

### Authorization for Emergency Medical Attention:

In the event I cannot be reached to make arrangements for emergency medical attention, I give consent for this facility to secure all necessary emergency medical care for my child and I authorize the person in charge to transport my child to:

Physician:	Address:	Phone #:
Hospital:	Address:	Phone #

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**Parent / Guardian Signature**

**Date**

### Allergies:

Does your child suffer from any allergies? \_\_\_\_\_

Severity: Mild Moderate Severe

Does your child use an epi-pen? \_\_\_\_\_ For what reason: \_\_\_\_\_

What other symptoms may signal a reaction? \_\_\_\_\_

Does your child have dietary restrictions? \_\_\_\_\_

Please explain? \_\_\_\_\_

### Behaviors or Disabilities:

Can your child participate in a 1:15 ratio? \_\_\_\_\_

Does your child have an IEP at school? \_\_\_\_\_

Does your child frequently run and hide from adults? \_\_\_\_\_

Is your child prone to breakdowns or fits? \_\_\_\_\_

What is your child's diagnosis? \_\_\_\_\_

What are triggers for your child? \_\_\_\_\_

What are your child's limitations? \_\_\_\_\_

Are there foods that your child should avoid? \_\_\_\_\_

*\*please refer to our posted snack menus\**

Would you like to meet with the camp director to orient her to your family and child and help her better understand your situation?

Yes No

# 2010 Summer Day Camp

## Fee Information

### **Registration Fee: \$15**

All families pay the registration fee unless waived by the program director.

### **Weekly Deposit: \$10**

A non-refundable deposit is required to reserve a place for each week your child will be attending camp. In the event that you need your child to attend a week you did not previously place a deposit on, registration will be based on availability. If you place a deposit on a week your child does not attend, the deposit will be forfeited unless you give us two weeks notice.

The deposit will be applied to your weekly tuition, reducing the amount you will owe for each week.

### **Weekly Fees:**

Downtown, Bonham, Fannin sites: \$82/week – YMCA Members, \$97/week – non-Members

Breakaway: \$95/week – YMCA Members, \$105/week – non-Members

Fees are due on Friday before camp begins. Children will not be allowed to attend camp on Monday if the fees have not been paid in full by that time. (For example, if your child is attending camp the week of June 14<sup>th</sup>, fees are due no later than Friday, June 11<sup>th</sup>.)

### **Payment Options:**

Please choose which method you will be paying for Summer Day Camp.

\_\_\_\_\_ YMCA – Payments are accepted at the Y front desk. Cash, check, debit/credit card payments are accepted.

\_\_\_\_\_ At the site – Payments made by check/money order may be made at the SDC site on Fridays.

\_\_\_\_\_ Phone – Phone payments are accepted at the Y front desk. Debit/credit card payments are accepted.

\_\_\_\_\_ Draft/EFT – Payments may be drafted from a debit/credit card or checking/savings account.

By signing I understand the fee information for Summer Day Camp. I understand that my child will not be allowed to attend the program if I have not paid the weekly fees by the time camp begins.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Camp Site

# SUMMER CAMP QUESTIONNAIRE

Please take the time to answer the following questions to help us serve you better, market our program and include the things that you and your child want to see! We appreciate your time and opinion in this matter. This information will only be used for data collection.

## How did you hear about the YMCA Summer Day Camp Program?

Newspaper      Mailing      Internet      Word of Mouth      Attended After School

## What is your number one reason for choosing the YMCA Summer Program?

Programming      Location      Affordability      Reputation      Safety

## Are you a member of the YMCA?

Yes      No

## What activities do you value offered at Summer Camp?

Fieldtrips      Character Development      Social Interaction      Physical Activity

## Has your child attend the YMCA Summer Day Camp Program before?

Yes      No

## What is your child looking forward to the most this summer?

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