



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Regional YMCA of Western Connecticut
2017 APRIL VACATION CAMP REGISTRATION FORMS Page 1 of 3

Camper Information

Child's First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

With whom does the child reside? _____

Does your child have any allergies? If so, to what? _____

Do parents or siblings have any allergies that may not have been detected yet in your child?

Does your child take medication regularly? If so, what? _____

Has your child had health problems in the past with:
___Asthma ___Pneumonia, Bronchitis ___Seizures ___Other: (please specify) _____

Please list any other health problems or any information you feel we should know about your child: _____

Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone/Pager: _____

Cell Phone/Pager: _____

E-mail: _____

E-mail: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, if we are unable to reach you we will contact the following individuals. In addition, children will be released only to the person(s) signing this application and to the following person(s) except as required by law.

1. Name: _____ Home Phone: _____

Address: _____

Work Phone: _____ Cell Phone/Pager: _____

2. Name: _____ Home Phone: _____

Address: _____

Work Phone: _____ Cell Phone/Pager: _____

3. Name: _____ Home Phone: _____

Address: _____

Work Phone: _____ Cell Phone/Pager: _____

APRIL VACATION CAMP CODE OF CONDUCT

This Code of Conduct has been created for the safety and well-being of all Y program participants. We strive to instill character in our children by promoting four core values. Through daily experiences and activities, we reinforce the values of Caring, Respect, Honesty and Responsibility. Please review this information with your child and both parent/guardian and child will sign below.

Honesty: Children are expected to show honesty by telling the truth, never taking anything that does not belong to them and by being trustworthy.

Respect: Children are expected to respect others by using appropriate language always; by respecting other's property and personal space, refraining from inappropriate touching or physically hurting others, by being respectful to staff and following the Y rules.

Caring: Children are expected to care for others as they would like others to care for them. All children must refrain from intentionally using hurtful words or humiliating actions. Bullying will NOT be tolerated and is grounds for immediate dismissal from the program.

Responsibility: Children are expected to act responsibly, show good sportsmanship and be accountable for their actions at all times.

Staff will communicate with parents either verbally or through a note home if a child has difficulty following the Code of Conduct. If a child becomes disruptive, disrespectful, or physically injures or threatens another child or staff member, the parent will be called and the child must be picked up immediately for the remainder of the day and may not attend the Y the following day. Depending on the severity of the incident, the child may incur a longer suspension at the director's discretion. The Regional YMCA reserves the right to terminate childcare services at any time we deem it necessary in order to meet the needs of all children we serve.

I will discuss the Code of Conduct with my child and to assist him/her in following the rules to be a good citizen of the Regional Y community.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

I agree to do my best at all times and follow the February Vacation Camp Code of Conduct.

Child's Name (Please Print): _____

Child's Signature: _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION

I give permission for the following:

- For my child to have his/her picture taken to be used for advertisement or other forms of public relations.
- I give permission for YMCA staff to administer medication to my child. Parent/Guardian must provide medication in original container and has child's name on the container.
- For my child to be transported by "Y" vehicle, (i.e. school bus, van etc.), and YMCA staff.
- For my child to participate in any field trips planned by the "Y".
- In the event that I cannot be reached in an emergency, I hereby give permission to my pediatrician or the attending emergency room physician to hospitalize, secure treatment for, and order injections, anesthesia, or surgery for my child.
- I give permission for treatment provided by EMT's and by "Y" staff trained in first aid. Also, that transportation will be provided to the nearest hospital by the "Y" or emergency services at the parent's expense.

Parent/Guardian Comments: _____

X _____
Parent/Guardian's Signature Date

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Child's First Name: _____

Child's Last Name: _____

2017 April Vacation Camp Fees:

Members: \$70 per day or \$265 for the week

Please indicate the days your child will attend.

Monday

Tuesday

Wednesday

Thursday

Friday

A deposit of \$100 is required at the time of registration. The balance is due on the first day of attendance for the week.

Payment Method:

Cash____ Check____ Check #_____

Credit Card:____ (provide information below)

Card Holder's Name: _____

Card #: _____

Expiration Date: _____

Security Code: _____

Billing Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

I give permission for the Regional YMCA of Western Connecticut to use the credit card above to make payments for February Vacation Camp. I understand that the initial \$100 deposit will be charged at the time of registration and the balance will be charged on the first day of the program. I have read and understand the payment policies and am aware that it is my responsibility to keep my payment information up to date to avoid withdrawal from the program due to lack of payment.

Parent/Guardian Signature: _____ **Date:** _____