

**Regional YMCA of Western Connecticut
Greenknoll Day Camp
2019 REGISTRATION & PAYMENT FORMS Page 1 of 3**

Camper Information First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Please provide an email address for camp information & billing: _____

Please list any allergies, special needs, dietary restrictions, health needs or other information that will help get to know your child:

Date of Birth: _____ Gender: _____ Grade Entering In The Fall 2019: _____

Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

With whom does the child reside? _____

Please describe any custody or visitation restrictions: _____

Emergency Contact Information

Please list the names and phone numbers of emergency contacts for your child in the event that you are unable to be reached in an emergency. The following individuals will also be authorized to pick-up your child from camp.

1. Name: _____ Home Phone: _____

Address: _____

Relationship to camper: _____ Cell Phone: _____

2. Name: _____ Home Phone: _____

Address: _____

Relationship to camper: _____ Cell Phone: _____

3. Name: _____ Home Phone: _____

Address: _____

Relationship to camper: _____ Cell Phone: _____

PHOTO PERMISSION

By registering of Camp Greenknoll you consent for your camper to have their photo or video taken to be used for advertisement or other forms of public relations, including but not limited to print ads, The Regional YMCA of Western Connecticut website and other social media pages, unless I have notified the Y in writing.

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Camper's Name: _____ Date of Birth: _____ Grade Entering in fall 2019: _____

1. Which program will your child be participating in?	Price Per Week	Week of 7/1 *Closed Thurs. 7/4	*A Sibling discount of \$10 a week applies to each additional child provided the first child pays full price The regular camp day is from 9 am until 4pm. Extended hours are from 7 am until 6 pm pm for all full day programs and are included in the weekly camp fee.
Full Day Camp (Ages 3-13)*	\$280	\$224	
C.I.T. Program (Ages 14-15 only)*	\$200	\$160	

2. Check which week's your camper will be attending...

Week 1	Week of 6/24/19	Under the Sea
Week 2*	Week of 7//01/19* Closed 7/4	Party In the USA
Week 3	Week of 7/08/19	Super Hero
Week 4	Week of 7/15/19	Carnival
Week 5	Week of 7/22/19	Water Wars
Week 6	Week of 7/29/19	Color Wars
Week 7	Week of 8/05/19	Camp Show
Week 8	Week of 8/12/19	Olympics
Week 9	Week of 8/19/19	Luau

PARENT/GUARDIAN REGISTRATION AUTHORIZATION

I give permission for my child to:

- participate in all YMCA Camp Greenknoll Activities.
- be transported by YMCA vehicle or school bus, in the event it is needed.
- I give permission for treatment provided by EMT's and by YMCA staff trained in First Aid/CPR. Also that transportation to nearest hospital by the YMCA or emergency services at the parent's expense.

I confirm that my child is fully potty trained

I understand that I am financially responsible for all camp fees for my child. I have read and understand the payment policy and will inform YMCA Camp Greenknoll of any changes to my child's attendance in writing at least 10 days prior to the change. .

I understand that a complete family handbook can be found online at www.regionallymca.org.

I certify that my child is amenable to discipline and free from habits or attitudes which would make him\her an unsuitable camper.

I understand that the use of cell phones or other digital devices such as but not limited to Ipods, Ipads, gaming system or tablets are not permitted at camp. If a camper is found to be using or have any such devices while at YMCA Camp Greenknoll, that device will be brought to the camp office where it can be picked up at the end of the day by a parent.

X _____
Parent/Guardian's Signature Date

Camp Medication & Medical Documentation Agreement

I am aware that I must provide documentation of a current physical examination within the 36 month prior to attending camp completed and signed by my camper's health care provider.

I understand that medication, prescribed or over the counter will not be given without an **Authorization for the Administration of Medication**.

All medications, prescribed or over the counter must be provided in their original container clearly labeled with the camper's name. All forms must be filled out and signed by the physician and by the parent. One form is required for each medication.

An **Individual Plan of Care** is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the camp.

X _____
Parent/Guardian's Signature Date

Regional YMCA of Western CT- Camp Greenknoll
2017 REGISTRATION & PAYMENT FORMS Page 3 of 3

Camper's Name: _____ Date of Birth: _____ Grade Entering in fall 2019: _____

Payment Policies

Please review the following to make sure you are clear on all our policies.

YMCA Camp Greenknoll registration will not be processed without complete paperwork and correct payment information, including initial fees.

Payment policies

1. \$20 registration fee and \$25 deposit per week of enrollment is due at the time of registration.
2. Tuition for each additional weeks registered will be due the Wednesday prior to each week.
 - a. Families paying by credit card will be billed on Wednesday prior to each week.
 - b. Families paying by check or cash must submit payment by the Wednesday prior to each week.
3. All registration must be received by the Wednesday prior to each week; this includes adding weeks for children already enrolled.
4. Any account not paid in full by the Wednesday preceding a week of attendance may result in the child being withdrawn from the program.
5. Any registration received after Wednesday preceding a week will result in a \$50 late registration fee. This includes new registrations, adding week for children already enrolled and re-enrolling children that have previous unpaid balance.
6. There will be a \$30 service fee for any returned checks.
7. All changes must be made in writing at least 10 days prior to the change. Changes made without 10 days' notice may result in a \$25 fee.
8. Changes resulting in a refund will result in a \$25 change fee.
9. Once a week of camp begins, there will be no credits or refunds for that week, regarding of illness, vacations, removal of camp due to disciplinary issues or other situations.

INITIAL PAYMENT:

Registration Fee: \$20 per child per summer

Registration Fee: \$20.00

Weekly Deposit: Number of weeks attending: _____ x \$25 deposit per week

Deposit: _____

Late Fee: Any registrations received after Wednesday for the following week are subject to a \$50 late fee.

This includes both new registrations and additional weeks added to current registrations.

Late Fee: _____

TOTAL INITIAL PAYMENT: _____

I have read and understand the payment policies and am aware that it is my responsibility to keep my payment and enrollment information up to date to avoid withdrawal from the program due to lack of payment. I understand that my registration will not be processed without payment and the \$20 registration fee and a \$25 deposit per week of enrollment will be processed at the time of registration. All credit/debit card charges will be charged the Wednesday prior to each week. Your child will not be registered for any weeks which payment or post-dated payment information has not been received.

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

Card Holder's Name: _____ Billing Zip Code: _____

Billing Address: _____

Card #: _____ CVV: _____ Exp. Date: _____

I give permission for the Regional YMCA of Western Connecticut to use the credit card information provided to make payment for YMCA Camp Greenknoll. I understand that charges will be made to my card at the time of enrollment and the Wednesday prior to each week that my child is registered. I have read and understand the payment policy and am aware that it is my responsibility to keep my payment and enrollment information up to date to avoid withdrawal from YMCA Camp Greenknoll due to lack of payment.

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