

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

Location Attending: \_\_\_\_\_ Weeks Attending: \_\_\_\_\_

## Summer Day Camp Registration Checklist

\_\_\_\_\_ YWCA Family Registration fee (\$75 per year)

\_\_\_\_\_ Payment of last WEEK of program for the child/ren Receipt# \_\_\_\_\_

\_\_\_\_\_ Front Desk payment sheet

\_\_\_\_\_ Enrollment Form / with **T-shirt size circled, # weeks attending, E-mail section complete**

\_\_\_\_\_ **Financial Acknowledgement signed & dated**

\_\_\_\_\_ Medical Health History Form (front) completed by parent, signed and dated

\_\_\_\_\_ Medical Health History Form (back) immunizations and physical, signed and dated by: Doctor,  
Nurse Practitioner or Physician's Assistant (OR copy of shot record & physical signed & dated)

### **ALL CAMPERS NEED THIS COMPLETED!**

\_\_\_\_\_ Current Physical- No older than 2 years (If we have one on file, this may be used)

\_\_\_\_\_ Written Medication Consent (if needed for on site medications)

\_\_\_\_\_ Swim Permission Slip

**DSS Clients:** \_\_\_\_\_ Approval Letter from DSS

\_\_\_\_\_ Caseworker Name: \_\_\_\_\_ Phone# \_\_\_\_\_

### **INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED**

PLEASE NOTE:

\*To begin camp on 7/1, **all completed paperwork must be submitted to the YWCA by 4:30pm, on Thursday 6/20.**

Paperwork received after 6/20 will result in your child not beginning camp until Week 2.

There will be no EXCEPTIONS

PAYMENTS FOR WEEK 1 MUST BE RECEIVED NO LATER THAN MONDAY JUNE 24<sup>TH</sup>

PAYMENTS FOR WEEK 2 MUST BE RECEIVED NO LATER THAN MONDAY JULY 1<sup>ST</sup>

PAYMENTS FOR WEEK 3 MUST BE RECEIVED NO LATER THAN MONDAY JULY 8<sup>TH</sup>

PAYMENTS FOR WEEK 4 MUST BE RECEIVED NO LATER THAN MONDAY JULY 15<sup>TH</sup>

PAYMENTS FOR WEEK 5 MUST BE RECEIVED NO LATER THAN MONDAY JULY 22<sup>ND</sup>

PAYMENTS FOR WEEK 6 MUST BE RECEIVED NO LATER THAN MONDAY JULY 29<sup>TH</sup>

PAYMENTS FOR WEEK 7 MUST BE RECEIVED NO LATER THAN MONDAY AUG 8<sup>TH</sup>

PAYMENTS FOR WEEK 8 Paid at time of registration

# YWCA of the NIAGARA FRONTIER

## 2019 SUMMER DAY CAMP ENROLLMENT FORM

**FULL TIME: 3- 5 DAYS \$160.00 PER WEEK, (\$145.00- 2<sup>ND</sup> CHILD)**

**PART TIME: 1-2 DAYS \$100.00 PER WEEK**

<b>T-Shirt Size (Please circle size)</b>		
<b>Children's: S (6-8)</b>	<b>M (10-12)</b>	<b>L (14-16)</b>
<b>Adults:</b>	<b>S M L</b>	

Select your location: <input type="checkbox"/> Lockport- Anna Merritt Elementary School-389 Green St. <input type="checkbox"/> Ken-Ton - Charter School for Applied Tech.-2303 Kenmore Ave. <input type="checkbox"/> Niagara Wheatfield- West St.- 5700 West St., Sanborn
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Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date \_\_\_\_\_ School \_\_\_\_\_ Gender  M  F Grade in Sept. 2019 \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_ Phone Number (Cell) \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_ Phone Number (Work) \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

Parent/ Guardian's Name \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_ Phone Number (Cell) \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_ Phone Number (Work) \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

**ATTENDING: Please specify FT (full time) or PT (part time). If part time indicate days attending:  
M (Monday), T (Tuesday), W (Wednesday), R (Thursday), F (Friday)**

<b>WEEK 1</b> _____ <i>07/1-07/5</i> No program 7/4	<b>WEEK 2</b> _____ <i>07/08- 07/12</i>	<b>WEEK 3</b> _____ <i>07/15 - 07/19</i>	<b>WEEK 4</b> _____ <i>07/22 - 07/26</i>
<b>WEEK 5</b> _____ <i>07/29 -08/02</i>	<b>WEEK 6</b> _____ <i>08/05-08/09</i> <i>Lkpt &amp; NW only</i>	<b>WEEK 7</b> _____ <i>08/12 - 08/16</i> <i>Lkpt &amp; NW only</i>	<b>WEEK 8</b> _____ <i>08/19 -08/23</i> <i>Lkpt &amp; NW only</i>

**CAN CHILD BE PICKED UP BY BOTH PARENTS?**  YES  NO  
If not, provide written documentation.

Child lives with  both parent's  mother  father  other \_\_\_\_\_

Custody Restrictions? Please elaborate \_\_\_\_\_

### Emergency Contact in Case Parents Cannot Be Contacted

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### List All Persons, Other Than Parents Who Have Permission To Pick Up Your Child

(Must be over the age of 18 years.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**YWCA of the Niagara Frontier**

**PARENT FINANCIAL OBLIGATION /ACKNOWLEDGMENT STATEMENT**

**FINANCIAL OBLIGATION**

- The last day for you to **DROP** weeks without being financially responsible is **Friday June 14, 2019**. After this date, you will be responsible for all weeks registered. Please plan carefully.
- **Deletion of Summer Day Camp weeks is not accepted after June 14, 2019. Should your child not attend a week for which he or she was registered, the parent is financially responsible.**
- The YWCA reserves the right to suspend children from the Summer Day Camp program due to non-payment of fees.
- Under **no** circumstance should the addition of Summer Day Camp weeks be done at the Summer Day Camp site. Additions require payment at the time of the addition and must be done by contacting the main office, 32 Cottage Street at 433-6714.
- All Erie/Niagara County Department of Social Services clients must have a letter of approval at the time of registration. The YWCA cannot accept your child without approval. The Department of Social Services can fax the approval letter to the attention of Kelly DeMatteo at 433-1929.
- Erie/Niagara County Department of Social Services will only pay for days and hours that the client is working or attending training. If your child attends Summer Day Camp on a day that is not approved by the Department of Social Services, you are financially responsible. M-F, each day is \$32.00 and must be paid in advance. If you choose to send your child to the program on a field trip day and you are not working on that day, you are responsible for payment in advance.

**REFUNDS**

- YWCA of the Niagara Frontier registration fees are non-refundable.
- Only fees for programs cancelled by the YWCA are refundable.
- Suspension or dismissal from the program does not result in refund.
- Absence from program does not reduce operation costs.
- A credit or refund will **NOT** be given for absences.

**PARENT ACKNOWLEDGEMENT**

- **Medical Release Consent** - In an emergency situation concerning my child, (i.e. accident or sudden medical problem), I do authorize the YWCA staff/volunteer to be my agent in obtaining emergency medical treatment. I understand that the 911 Emergency team and emergency department staff at Eastern Niagara Hospital/or nearest hospital will be utilized.
- **Photo Release/Consent** - I understand that any photographs taken of me/my children while at the YWCA will be used for public relations purposes and promotions of YWCA programs and services.
- **Acknowledgement of Parent Responsibility** – I understand that I am responsible to notify the YWCA of any changes in writing of my child's normal schedule.
- **Liability Waiver** - We agree to hold the YWCA and the Program staff harmless with regard to any injuries that may be sustained by our child during the operation of this program. Furthermore, we understand that the YWCA is NOT insured against any such contingencies. I give my permission that this disclosure information relating to my child, such as pictures, name and other pertinent information may be used at the discretion of the YWCA staff.
- I give **consent for my child to take part in field trips or excursions away from the facility** under proper supervision.
- I acknowledge the receipt of the Summer Day Camp handbook.
- I acknowledge responsibility for receiving this handbook.
- I understand that I am to contact the Summer Day Camp Director at 433-6714 if there are any questions about policies outlined in this handbook.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICIES.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**This side must be completed by a Licensed Physician, Nurse Practitioner or Physician's Assistant** the last twelve months. An examination for some other purpose during that same time period will also be acceptable. Please attach a copy.

**Immunization History** (Documentation using *MONTH* and *YEAR* is required by NYS Department of Health)

	1st	2nd	3rd	Booster
DPT				
Oral Polio/Sabin				
MMR				
Hib (haemophilus)				
Hepatitis B				
Varicella				
Tetanus				

**Health Examination** (Code: S = Satisfactory: X = Not Satisfactory: NE = Not Examined)

Height \_\_\_\_\_ Weight \_\_\_\_\_ B.P. \_\_\_\_\_ Eyes \_\_\_\_\_ Glasses \_\_\_\_\_  
Heart \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Teeth \_\_\_\_\_  
Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ Spine \_\_\_\_\_ Posture \_\_\_\_\_ Urinalysis \_\_\_\_\_

Allergies (please specify) \_\_\_\_\_

List all current special needs (allergies, OT, Speech, Counseling, PT) \_\_\_\_\_

List all current medications \_\_\_\_\_

List any triggers that may cause problems: \_\_\_\_\_

**Recommendations or restrictions while attending the YWCA of the Niagara Frontier**

Swimming or Diving \_\_\_\_\_ Trips away from the YWCA \_\_\_\_\_  
Strenuous Activity \_\_\_\_\_ Special Restrictions \_\_\_\_\_

**We strongly suggest bringing behavior modification medications to the YWCA of the Niagara Frontier. We believe it will increase the child's ability to have a successful experience.**

I have examined the person herein described and have reviewed the health history given by the parent/guardian on the other side of this form. It is my opinion that the individual is physically able to engage in all school/camp activities except as noted differently

Signature of examining Practitioner \_\_\_\_\_ Date \_\_\_\_\_

Name of examining Practitioner (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

**2019 MEDICAL HEALTH HISTORY**

THIS SIDE TO BE COMPLETED BY Parent/Guardian/Adult Staff

A Medical Health History form MUST be on file for every child and staff member attending the YWCA programs.

Child/Staff Name \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Age \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

In case of an emergency, and the *YWCA of Niagara* is unable to reach the parent/guardian, the following individual(s) have permission to make decisions regarding the care of my child/me, including permission to pick up my child/me from the YWCA in case of an emergency or dismissal from the *YWCA of the Niagara Frontier*.

Name \_\_\_\_\_ Relationship to child/staff \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone( \_\_\_\_\_ ) \_\_\_\_\_

**PARENTS:** If you will be away from home during your child’s time with us, please attach a separate sheet of paper with all the relevant information (hotels/phone numbers/itineraries/etc.).

**ARE YOU COVERED BY ANY HOSPITALIZATION/MEDICAL CARE POLICY?** YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Primary Insurance Company \_\_\_\_\_ Phone #( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

Policyholder’s Name \_\_\_\_\_ Policyholder’s Birthdate: \_\_\_\_\_

Policy # (including 3 letters): \_\_\_\_\_

Is policy through employer? \_\_\_\_yes \_\_\_\_no

**PARENT/GUARDIAN AUTHORIZATION:** To the best of my knowledge, this health history is correct and the designated child/staff may engage in all YWCA activities (except where noted by the examining physician or myself). I authorize the YWCA staff to supervise self-administration of sunscreen products by my child. In an emergency, I authorize the YWCA Day Camp Director to act for me/my child according to her/his best judgement where medical or surgical treatment is required. I accept responsibility for all medical bills resulting from the illness or injury while I/my child is in the care of the YWCA.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

**HEALTH HISTORY** – Indicate and explain as necessary.

Autism _____	Seizures _____	<b>ALLERGIES:</b>	
Asperger’s _____	ADD/ADHD _____	Bee Sting _____	Dairy _____
ODD _____	Hearing _____	Lactose Intolerant _____	Wheat _____
Asthma _____	Vision _____	Peanut _____	Insect Bites _____
Diabetes _____	Motor Delays _____	Tree Nuts _____	Penicillin _____

Learning Disability \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Dates of operations or serious injuries/illness \_\_\_\_\_

Chronic or recurring illness \_\_\_\_\_

Is the child/staff currently taking any prescribed medications? \_\_\_\_yes \_\_\_\_no. Please be sure to consult with your physician about bringing these medications to the YWCA of the Niagara Frontier.

Name of Dentist \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_

## Summer Camp 2019 Front Desk Information & Autopay Form

Choose your camp location:

Camp Lockport \_\_\_\_\_ Camp Niagara Wheatfield \_\_\_\_\_ Camp Ken-Ton \_\_\_\_\_

Part Time: 1-2 days (M, T, W, R, F)      Full Time: 3-5 days (M, T, W, R, F)

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ city / st./ zip \_\_\_\_\_

Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>WEEK 1</b> _____ 07/1-07/5 No program 7/4	<b>WEEK 2</b> _____ 07/08- 07/12	<b>WEEK 3</b> _____ 07/15 - 07/19	<b>WEEK 4</b> _____ 07/22 - 07/26
<b>WEEK 5</b> _____ 07/29 -08/02	<b>WEEK 6</b> _____ 08/05-08/09 Lkpt & NW only	<b>WEEK 7</b> _____ 08/12 - 08/16 Lkpt & NW only	<b>WEEK 8</b> _____ 08/19 -08/23 Lkpt & NW only

**ALL payments are withdrawn from your account on the Monday of the week prior to attending. Week 1 payment will be due on June 24<sup>th</sup>.**

**Automatic payment from your credit/debt card, please provide the information below:**

I, \_\_\_\_\_, authorize the YWCA of the Niagara Frontier to charge my account automatically each week during the Summer Day Camp program.

Amount: \_\_\_\_\_

Account No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (on back of the card): \_\_\_\_\_

Signature: \_\_\_\_\_

<u>Week #</u>	<u>Payment</u>	<u>Receipt#</u>	<u>Date</u>	<u>Week #</u>	<u>Payment</u>	<u>Receipt #</u>	<u>Date</u>
7/1-7/5	_____	_____	_____	7/29- 8/2	_____	_____	_____
7/8- 7/12	_____	_____	_____	8/5- 8/9	_____	_____	_____
7/15- 7/19	_____	_____	_____	8/12 - 8/16	_____	_____	_____
7/22- 7/26	_____	_____	_____	8/19- 8/23	_____	_____	_____

To be completed by YWCA Staff:

\$ \_\_\_\_\_ YWCA Registration Fee-  
 Receipt # & date paid for registration \_\_\_\_\_

\$ \_\_\_\_\_ First Week Payment

\$ \_\_\_\_\_ Total Due at Registration

\$ \_\_\_\_\_ Weekly Payment Thereafter

YWCA OF THE NIAGARA FRONTIER  
SUMMER DAY CAMP  
SWIM PERMISSION SLIP  
2019

As parent or guardian of \_\_\_\_\_, I hereby give my child permission to participate in all swimming and water related activities checked below. I understand that it is my responsibility to provide my child with all necessary items (swimsuit, beach towel, water shoes and sunscreen) for each activity. Any swim restrictions I feel are necessary are noted below.

\_\_\_\_\_ DARIEN LAKE AMUSEMENT PARK 8/2/2019

Weather permitting, camper groups may choose to participate in water activities which include: Flootation Station lazy river, Big Kahuna water raft ride, Swirl City Complex waterslides and Hook's Lagoon play area. Campers **will not** be permitted to use the wave pool. Camper participation in specific activities will be dependent upon height restrictions and previous designation as a swimmer or non-swimmer.

\_\_\_\_\_ LOCKPORT/ONLY-OPEN SWIM SESSIONS (Monday-Thursday, afternoons 1pm-3pm)

Open swim sessions will be held at the Outwater Community Pool. Campers will walk from Anna Merritt Elementary School to the pool. There they will participate in open swim sessions at the pool. Campers will be tested and designated as swimmers or non-swimmers based on preset testing criteria.

RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PARENT/ GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE