

Child's Name: _____

Location Attending: _____ Weeks Attending: _____

Summer Day Camp Registration Checklist

_____ YWCA Family Summer Registration fee \$25

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

_____ Front Desk payment sheet

_____ Enrollment Form with # weeks attending, **E-mail section complete**

_____ **Financial Acknowledgement signed & dated**

_____ Medical Health History Form completed by parent, signed and dated

_____ Copy of most recent shot record

_____ Current Physical- Not older than 2 years (If we have one on file, this may be used)

_____ Written Medication Consent (if needed for on site medications)

DSS Clients: _____ Approval Letter from DSS

_____ Caseworker Name: _____ Phone# _____

INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED

PLEASE NOTE:

*To begin camp on 6/27, **all completed paperwork must be submitted to the YWCA by 4:30pm, on Thursday 6/16.**

Paperwork received after 6/16 will result in your child not beginning camp until Week 2.

There will be no EXCEPTIONS

PAYMENT FOR WEEK 1 MUST BE RECEIVED NO LATER THAN MONDAY JUNE 20st
PAYMENT FOR WEEK 2 MUST BE RECEIVED NO LATER THAN MONDAY JUNE 27TH
PAYMENT FOR WEEK 3 MUST BE RECEIVED NO LATER THAN TUESDAY JULY 5TH
PAYMENT FOR WEEK 4 MUST BE RECEIVED NO LATER THAN MONDAY JULY 11TH
PAYMENT FOR WEEK 5 MUST BE RECEIVED NO LATER THAN MONDAY JULY 18TH
PAYMENT FOR WEEK 6 MUST BE RECEIVED NO LATER THAN MONDAY JULY 25TH
PAYMENT FOR WEEK 7 MUST BE RECEIVED NO LATER THAN MONDAY AUG 1ST
PAYMENT FOR WEEK 8 MUST BE RECEIVED NO LATER THAN MONDAY AUG 8TH
PAYMENT FOR WEEK 9 WILL BE PAID AT TIME OF REGISTRATION FOR CAMP

**YWCA of the NIAGARA FRONTIER
2022 SUMMER DAY CAMP ENROLLMENT FORM**

FULL TIME: 3- 5 DAYS \$180 PER WEEK

PART TIME: 2 DAYS \$80 PER WEEK

**Summer Registration Fee:
\$25.00 per family**

**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)**

**WEEK 1 (6/27-7/1) _____ WEEK 4 (7/18-7/22) _____ WEEK 7 (8/8-8/12) _____
WEEK 2 (7/5-7/8) _____ WEEK 5 (7/25-7/29) _____ WEEK 8 (8/15-8/19) _____
WEEK 3 (7/11-7/15) _____ WEEK 6 (8/1-8/5) _____ WEEK 9 (8/22-8/26) _____**

Child's Name _____ Nick Name _____ Age _____
Birth Date _____ School _____ Gender M F Grade in Sept. 2022 _____
Home Address _____ City, State, Zip _____

Parent/Guardian's Name _____ Phone Number -Home _____
Parent/Guardian's Address _____ Phone Number -Cell _____
Parent E-mail Address _____

Parent/ Guardian's Name _____ Phone Number Home _____
Parent/Guardian's Address _____ Phone Number Cell _____
Parent E-mail Address _____

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 10, 2022**. 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 10, 2022. 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 \$50.00 and must be paid in advance. If you choose to send your child to the program 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 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

Health History Form

Child's Name: _____ Date of Birth: _____
Child's Primary Care Physician's Name/Group _____ Phone #: _____
Preferred Hospital: _____ Phone # _____
Child's Dental Care: _____ 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 (_____) _____ Cell Phone(_____) _____

HEALTH HISTORY – Indicate and explain as necessary.

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

Child has any special needs/services: Early Intervention/Special Education _____ Occupational Therapy _____ Speech/Language _____ Physical Therapy _____

Learning Disability _____

Other diseases or details of above _____

Dates of operations or serious injuries/illness _____

Chronic or recurring illness _____

Is the child 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 along with the **MEDICATION CONSENT FORM**.

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.

Please initial:

- I consent to emergency medical treatment for my child _____
- I provided information on my child's special needs to the program to assist in caring for my child _____
- I agree to review and update this information whenever a change occurs and at least once every year _____
- A current copy of my child's physical and immunization records has been provided to the program. _____

PARENT/GUARDIAN SIGNATURE

DATE

Summer Camp 2022 Autopay Information Form

Part Time: 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 _____

Cell phone: _____ Email Address: _____

Week	Payment	Receipt #	Date
Week 1	_____	_____	_____
Week 2	_____	_____	_____
Week 3	_____	_____	_____
Week 4	_____	_____	_____
Week 5	_____	_____	_____
Week 6	_____	_____	_____
Week 7	_____	_____	_____
Week 8	_____	_____	_____
Week 9	_____	_____	_____

Registration Summer Fee (\$25) Date received _____

ALL payments are withdrawn from your account on the Monday of the week prior to attending. Week 1 payment will be due BY June 20th.

Automatic payment from your credit/debit 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: _____