

Child's Name: _____

SDC at CH Registration Checklist

- _____ Enrollment Form with E-mail section complete and legible
- _____ Parent 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)
- _____ Handbook Acknowledgement – Please keep & read this for important information

DSS Clients: ___ Approval Letter from DSS

_____ Caseworker Name: _____ Phone# _____

INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED

PLEASE NOTE: All completed paperwork must be submitted to the YWCA by 4:30pm Thursday, June 15th to start the first week of camp.

NO EXCEPTIONS

**YWCA of the NIAGARA FRONTIER
2023 SUMMER DAY CAMP ENROLLMENT FORM**

FULL TIME: 3-5 DAYS \$190 PER WEEK

PART TIME: 2 DAYS \$90 PER WEEK

**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 (6/26-6/30) _____ WEEK 4 (7/17-7/21) _____ WEEK 7 (8/7-8/11) _____
WEEK 2 (7/3-7/7*) _____ WEEK 5 (7/24-7/28) _____ WEEK 8 (8/14-8/18) _____
WEEK 3 (7/10-7/14) _____ WEEK 6 (7/31-8/4) _____ WEEK 9 (8/21-8/25) _____
**no camp on the 4th*

Child's Name _____ Nick Name _____ Age _____

Birth Date _____ School _____ Gender M F Grade in Sept. 2023 _____

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 9, 2023**. 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 9, 2023. 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 Jackie Pratt 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