

Stanly County Family YMCA

2010 Summer Camp Registration Package and Checklist

You must provide **ALL** of the following
before your child will be registered for camp.

- Signed and completed Health History, with shot records completed
- Signed Waiver form
- Completed Camper Information form, including Code Word
(Please fill out a separate form for each child)
- Either payment in full or the first installment of \$15 per week registered
(first installment is non-refundable)

Mail Registration Package to:

Stanly County Family YMCA
427 North First Street
Albemarle, NC 28001

Fax to: 704-982-4451

Bring Registration Package to:

Stanly County Family YMCA
YMCA Pavilion (2-6 p.m.)
Any after-school site (2-6 p.m.)

Email to: kellybigger@stanlycountyyymca.org

Please make checks payable to the Stanly County Family YMCA.

Parents,

Just as you are making your summer plans, so are we. To prepare for camp we are busy hiring staff, ordering materials, and planning schedules based on the number of day camp registrations. Please select your weeks carefully, as the first installment amounts are non-refundable. Registration is open to everyone through May 10th. After that time, registrations can only be accepted with a late fee and where space is available.

Thank you for allowing us to plan appropriately in order to give all campers a great day camp experience!

Registration Information

Registration Dates: A Camper Registration is processed on a first-come basis, by mail, fax or in person. Registration is open March 4th –May 10th. Late registration is open May 11th-August 14th where space is available.

Only the Family Services Director and/or Family Programs Coordinator can accept Late Registration, as space is available. With late registration, weekly fees are increased by \$5 which must be paid with the first installment.

Registration Changes: Please notify camp in writing at least one week in advance if you need to cancel, add or transfer a camp week. The forms may be obtained from the site director, online or the YMCA membership desk. CHANGES WILL NOT BE TAKEN BY PHONE.

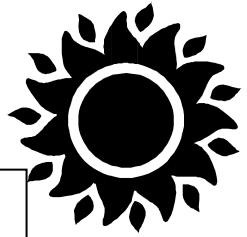
Additions: Use the "Change Form" to make any additions. They will be accepted if space allows.

Transfers: Use the "Change Form" to make any transfers. They may be requested up to one week prior to the start of a new session. Once a session begins, a transfer cannot be requested for that week.

Cancellations: Use the "Change Form" to make any cancellations. When a form is received by Site Director more than one week before the session, parents are only responsible for ½ of the second installment. **Cancellations made less than one full week before a session will result in your responsibility for camp fees for that session.**

Camper Emergency Information Sheet

Stanly County Family YMCA Summer Camp 2010



Name

Full time: (3-5 full days) \$114.00/week (YMCA members & ALL Running Creek) \$135.00/week (Pavilion Program Participants)
 Part time: (1-2 full days or part days/everyday) \$69.00/week (YMCA members & ALL Running Creek)
 \$80.00/week (Pavilion Program Participants)

CAMPER INFORMATION:

Camper's Name _____
 Home Address _____
 City _____ State _____ Zip _____ Home Phone _____
 Date of birth _____ Male/Female _____ School _____
 Grade (Aug. 10) _____ Stanly County Family YMCA member? yes/Pin # _____ no

RESPONSIBLE PARTIES: (Please check to indicate the parent to contact for payment or other questions.)

Father's name _____ Authorized to pick up child? yes no
 Home Phone _____ Work Phone _____ Cell Phone _____
 Address _____ City _____ State _____ Zip _____
 Employer _____

Mother's name _____ Authorized to pick up child? yes no
 Home Phone _____ Work Phone _____ Cell Phone _____
 Address _____ City _____ State _____ Zip _____
 Employer _____

Child lives with: (check one) Parents Mother Father Grandparents Other _____

EMERGENCY NUMBERS: (Parents are called first unless specified.)**

Name _____
 Home phone _____ Work phone _____ Cell Phone _____

Name _____
 Home phone _____ Work phone _____ Cell Phone _____

Name _____
 Home phone _____ Work phone _____ Cell Phone _____

Those allowed to pick up your child, if different from emergency contacts: (Name and phone)

1) _____
 2) _____

E-Mail address for the family _____

CODE WORD _____

(All campers must have a code word.) Code words are used as an added assurance when your camper is being picked up. This code will be confidential.
 Anyone who picks up your child must use this code.

Health History Form

Stanly County Family YMCA Summer Camp 2010

CAMPER'S NAME _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

INSURANCE INFORMATION:

Is camper covered by insurance? yes no

Carrier/Plan Name _____

Group # _____ Policy Holder # _____

Name of Insured _____

Relationship to Camper _____

ALLERGIES: Please list ALL known medication, food and other allergies.

MEDICATIONS: Please list ALL medications being taken and ANY dietary restrictions.

Camper WILL be taking medication to be administered at the following times: _____
 (A green medication form must be completed by parent and given to site director before camper begins.)

Camper is NOT taking any medication Camper does not eat: _____

HEALTH HISTORY:

I have enclosed a copy of my child's immunization record.

OR

I have completed this form and signed here _____

Doctor's Signature

Which of the following has the camper had?

- Measles German Measles
 Chicken Pox Mumps
 Hepatitis

Please give date of last immunization for:

Date	Vaccine	Date	Vaccine
_____	DTP	_____	Measles
_____	Rubella	_____	TD (Tetanus/diphtheria)
_____	Tetanus	_____	Varicella Zoster
_____	Polio	_____	Haemophilus Influenza B
_____	Hepatitis B		

Date of last TB Mantoux test _____
 Result _____

Please list ANY additional information about the camper's health history (behavior, physical, emotional or mental health) of which we should be aware:

Health History Form (cont.)

Stanly County Family YMCA Summer Camp 2010

General Questions (Please explain "yes" answers below)					
	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?			7. Ever been dizzy during or after exercise?		
2. Have a chronic or recurring illness/condition?			8. Ever had seizures?		
3. Have frequent headaches?			9. Have an orthodontic appliance being brought to camp?		
4. Wears glasses, contacts, or protective eyewear?			10. Have diabetes?		
5. Ever had frequent ear infections?			11. Have asthma?		
6. Ever passed out during or after exercise?			12. Other		

Please explain any "yes" answers, noting the number of the questions



WAIVER

****This information given is complete and accurate. My child has permission to participate in all activities unless otherwise stated in writing.**

****I understand that the Stanly County Family YMCA assumes no responsibility for injuries or illnesses my child may sustain as a result of his/her participation in day camp.**

****Prior to time of registration, I will discuss any special needs (behavioral problems or physical, emotional, psychological, or medication needs) with the Family Services Director or site director.**

****Campers will be transported on any field trips by SCUSA. My child has permission to ride SCUSA buses without holding the Stanly County Family YMCA or its Staff or Board liable if an accident occurs.**

****I give permission to the Stanly County Family YMCA to use pictures or videos of my child as a program participant in promotional literature/media published and used by the YMCA.**

****In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child.**

****I understand that I am responsible for primary insurance for my child.**

****I have read and agree to all of the policies and financial expectations of the Stanly County Family YMCA Summer Day Camp.**

Signature _____ Date _____

Will your camper be

Full time (3-5 full days per week)

Or

Part time (1-2 full days per week)

Please specify days: M T W Th F

OR

Part time (up to 5 hrs. day/each week day)

Please specify times: _____

Child's Name

T-shirt size: (please circle one)

YM(10-12) AS AM AL AXL AXXL

____ Yes, I would like to order an extra \$10 t-shirt for my child.

____ No, I do not want to order an additional camp t-shirt.
____ parent initials

Check the weeks your child will be attending camp

____ June 14-18

____ June 21-25

____ June 28-July 2

____ July 6-9 (closed 7/5)

____ July 12-16

____ July 19-23

____ July 26-30

____ August 2-6

____ August 9-13

____ August 16-20

____ Total weeks registered

TOTAL DUE AT REGISTRATION:

March 1-May 10

of weeks registered _____

X \$15=

First Installment: _____

May 11-August 14

of weeks registered _____

X \$20=

First Installment: _____

FIRST INSTALLMENTS MUST BE PAID UPON REGISTRATION & ARE NON-REFUNDABLE

Notations if 1st installments will be broken down into several payments. _____

Staff Initials for approval _____

Staff Use Only:

Is child a YMCA member? _____ If yes, PIN # _____

Amount paid _____ Receipt # _____

Ck # _____ I# _____ Cash _____

Paid by _____

Date _____ Staff initials _____

Please circle the site your child will be attending

Pavilion

Running Creek



Business Manager Use:

Second Installment Due \$ _____

Financial Assistance % _____ = \$ _____

Sibling Discount \$ _____

Continuous Care Discount (for children attending year-round) \$ _____

Weekly Fee Due \$ _____

SD _____ FSD _____ BM _____ ☀☀☀☀