



# MAQUOKETA AREA FAMILY YMCA

## A BRANCH OF THE SCOTT COUNTY FAMILY Y

### School Age Summer Camp Programs - Registration Packet

Please choose your site:  MAQUOKETA SUMMER DAY CAMP

- |   |   |  |   |   |  |
|---|---|--|---|---|--|
| <input type="checkbox"/> Week 1<br>June 3-7   | <input type="checkbox"/> Week 2<br>June 10-14 | <input type="checkbox"/> Week 3<br>June 17-21    | <input type="checkbox"/> Week 4<br>June 24-28 | <input type="checkbox"/> Week 5<br>July 1-5   | <input type="checkbox"/> Week 6<br>July 8-12 |
| <input type="checkbox"/> Week 7<br>July 15-19 | <input type="checkbox"/> Week 8<br>July 22-26 | <input type="checkbox"/> Week 9<br>July 29-Aug 2 | <input type="checkbox"/> Week 10<br>Aug 5-9   | <input type="checkbox"/> Week 11<br>Aug 12-16 |  |

This registration packet must be completed for all participants in Summer Day Camp program.

<b>Child's Name:</b>			<b>CHILD's School:</b>		
<b>Address:</b>				<b>Grade Completed:</b>	
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Primary Guardian's Name:</b>			<b>Email:</b>		
<b>Primary Ph#:( ) -</b>			<b>Alternative Ph#:( ) -</b>		
<b>Secondary Guardian's Name:</b>			<b>Email:</b>		
<b>Primary Ph#:( ) -</b>			<b>Alternative Ph#:( ) -</b>		
<b>Birth date: / /</b>		<b>Age:</b>		<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	

#### In Case of Emergency and Authorized Pick Up

Persons to contact in case of emergency if parents are unavailable and are authorized to pick the child up.

Name:	Relationship:	Phone: ( ) -
Name:	Relationship:	Phone: ( ) -
Name:	Relationship:	Phone: ( ) -

If there are any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child(ren) while in care at the center, please list the names of the person(s). If there is a custody or restraining order in place, we will need a copy of the document for the file.

#### COMPLETE ONLY IF ATTENDING SUMMER DAY CAMP

The following information is required by the Child and Adult Care Food Program the Y participates in.

My child's usual days and times of attendance will be:

Monday  Tuesday  Wednesday  Thursday  Friday

Arriving at \_\_\_\_\_ Arriving at \_\_\_\_\_ Arriving at \_\_\_\_\_ Arriving at \_\_\_\_\_ Arriving at \_\_\_\_\_

Leaving at \_\_\_\_\_ Leaving at \_\_\_\_\_ Leaving at \_\_\_\_\_ Leaving at \_\_\_\_\_ Leaving at \_\_\_\_\_

My child's anticipated meal participation will be:

Lunch  PM Snack

Ethnicity/Racial Identity of Child (Answering this question is voluntary)

Hispanic or Latino	Non-Hispanic or Latino	American Indian	Alaskan Native	Asian	White	Black or African American	Pacific Islander or Native Hawaiian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child Name :**

### **Waiver of Liability**

I understand that I am able and am speaking on behalf of myself and other individuals listed on this application. In consideration of my/our participation in the Scott County Family Y program(s) I/we do hereby agree to hold free from any and all liability the YMCA and it's respective officers, employees, and members and do hereby for myself/ourselves, my/our heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages that I/we may hereafter accrue to me/us arising from, or connected with myself/ourselves to be physically sound having medical approval to participate in the childcare program of the YMCA.

### **Transportation and Activity Authorizations**

I give permission for my child to participate in trips, tours, walks, and special events under the supervision of YMCA staff. Notifications of any activity will be given in advance of said activity. Please note that all Y activity classes that a child has signed up for will be considered a field trip from the center. The Y staff involved in teaching the class is/ are not considered a member of the childcare staff. I further understand the childcare staff will be responsible for preparing each child for lessons including assisting with changing clothes if the class requires special clothing (swim suits, gymnastic outfits, etc.). Children will be supervised at all times and no child will be allowed to go to or from any activity class without the supervision of a staff person from the childcare department.

### **Parent Payment Agreement**

Tuition for all programs is due in advance each Friday for the next week of service. Parents are required to pay a late fee if registering after the Friday before. There will not be any deductions for absence or holidays. Summer Camp Programs are paid on a weekly basis. We do not offer part time care in any of our programs. Families will be charged a late pick up fee of \$5.00 per every 15 minutes after program end time. There will be an additional fee in the event of a returned check. Weeks of absence must be reported the Wednesday prior to avoid being responsible for that week's program fees. In case of withdrawal of my child from the program, I agree to give the center a two week notice.

### **Photography Consent**

I  DO or  DO NOT give consent to let my child be photographed for use by the YMCA in newspapers or other media for the purpose of advertisement or publicity.

### **First Aid Consent**

I give my permission for staff to give first aid or apply antiseptic ointment if it is deemed necessary.

### **Permission to Apply Sunscreen to Child**

As the parent/guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at the **Scott County Family Y** to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he/she will be playing outside during the months of March through October and between the daily times of 10 a.m. and 4 p.m.. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle
- I have provided the following brand/type of sunscreen for use on my child:
- My child is allergic to some sunscreens. Please only use the following brand(s) and type(s) of sunscreen:
- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body

**Parent/Guardian full legal name (print):**

**Parent/Guardian signature:**

\_\_\_\_\_ **Date:** / /

# Scott County Family Y Summer Camp Programs Code of Conduct

The code of conduct for the Scott County Family Y Summer Camp Programs defines expectations for all participants to ensure that all participants are safe and to reduce disciplinary problems. A disciplinary problem is defined as one in which a child is hampering the smooth flow of the program by either requiring constant one on one attention; is inflicting physical or emotional harm on other children; is physically or verbally abusing staff or is otherwise unable to conform to the rules and guidelines of the program.

Child's Name

1. Check in to the YMCA Summer Camp Program upon arrival to site.
2. Do not bring personal belongings to the YMCA Summer Camp Program.
3. Remain seated and quiet during role call and announcements. Answer only for myself.
4. Follow all YMCA Summer Camp Program rules.
5. Follow all instructions given by the YMCA Summer Camp Program staff.
6. Respect all other children and the YMCA Summer Camp Program staff at all times.
7. Respect all YMCA Summer Camp Program and park or business supplies, equipment and property.
8. Help in cleaning up after myself in all activities.
9. Never leave the YMCA Summer Camp Program site or assigned group without permission from a YMCA Summer Camp Program staff member.
10. Follow the Time Out instructions of the YMCA Summer Camp Program staff  
For each code of conduct violation there may be a 5 – 15 minute Time Out, up to 3 Time Outs per day. Parents will be called to pick up any participant that receives more than 3 Time Outs.

My signature below indicates that I have read and understand the expectations of the YMCA Summer Camp Program; and that I will abide by the rules listed above.

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Child's Name

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Date

My signature below indicates that I have read and understand the expectations for the YMCA Summer Camp Program; and I support my child abiding by these rules.

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Parent's Name

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Date

# School-Age Child Health From/Parent Statement of Health

**Parent/Guardian please complete**

Child's Name:	Child's Birth date: / /	Name of School:
Parent/Guardian Name (#1):	Parent/Guardian Name (#2):	Grade: School Phone: ( ) -
Child's Home Address (#1):	Child's Home Address (#2):	Phone (#1): ( ) - Phone (#2): ( ) -
Parent/Guardian (#1) Place of Employment:	Work Address (#1):	Work Phone (#1): ( ) - Email:
Parent/Guardian (#2) Place of Employment:	Work Address (#2):	Work Phone (#2): ( ) - Email:

**In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian.  Yes  No**

**During an emergency, the child care provider is authorized to contact the following person when the parent or guardian cannot be reached.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Alternate Emergency contact person's name:** \_\_\_\_\_ **Phone:** ( ) -  
**Relationship to Child:** : \_\_\_\_\_ **Additional Phone:** ( ) -

Child's <b>Doctor's</b> Name:	Doctor's Phone: ( ) -	Hospital of choice:
Doctor's address:	After hours telephone: ( ) -	Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Company: ID #:
Child's <b>Dentist's</b> Name:	Dentist's Phone: ( ) -	Does your child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Company: ID #:
Dentist's address:	After hours telephone: ( ) -	<input type="checkbox"/> Help us find a family doctor or dentist <input type="checkbox"/> Help us find health or dental insurance
Other health care/mental health specialist name:		Phone: ( ) -