**START DATE: \_\_\_\_\_\_\_\_\_ RATE: \_\_\_\_\_\_\_\_\_**

**Telford Community Center YMCA**

**Smiles-A-Lot Summer Camp Enrollment Form 2024**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name   |  Gender Race  | Age  | Date of Birth  |
| Home Address, City, State, Zip   |   |   | Home Telephone  |
| Father’s Name DOB   | Home Address, City, State, Zip  |   | Cell  |
| Place of Employment   | Employer Address, City, State, Zip  |   | Business Phone  |
| Mother’s Name DOB   | Home Address, City, State, Zip  |   | Cell  |

Place of Employment Employer Address, City, State, Zip Business Phone

Email

Child’s Living Arrangements: ( ) Both Parents ( ) Mother ( ) Father ( ) Other Child’s Legal Guardian(s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other

**THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:**

Name Address, City, State, Zip Phone DOB Email Relation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**PERSONS TO CONTACT IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED:**

Name Address, City, State, Zip DOB Phone Email Relation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Do you receive assistance from the Dept. of Family & Child Services or Benefind? **YES NO**

**CHILD’S MEDICAL INFORMATION**

Child’s Physician or Clinic’s Name (Child’s Primary Health Source) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, the following is the preferred hospital for my child to be transported to – required- (Name, Number, Address & City of Hospital)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES THE CHILD HAVE ALLERGIES OR OTHER PHYSICAL PROBLEMS, MENTAL HEALTH DISORDERS, MENTAL RETARDATION OR DEVELOPMENTAL DISABILITIES; WHICH WOULD LIMIT THE CHILD’S PARTICIPATION IN THE PROGRAM AND ACTIVITIES?  **YES NO**

Specify: Current Prescribed Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Special Medical Needs and Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DOES CHILD HAVE ALLERGIES? (INSECT, MEDICATIONS, FOOD, ETC.) **YES NO**

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES THE CHILD HAVE A HIGHER RISK FOR SEVERE REACTION NEEDING EPINEPHRINE TO BE AVAILABLE IN THE PRIMETIME SITE AREA?  **YES NO**

If yes, a FOOD ALLERGY ACTION PLAN FORM is available.

My child will participate in the following meal plan for Summer Camp: Breakfast, Lunch and Afternoon Snack.

ARE ANY SPECIAL PROCEDURES REQUIRED IN CARING FOR CHILD?  **YES NO**

Please specify and give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**EMERGENCY MEDICAL AUTHORIZATION**

Should \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ suffer an injury or illness

 Child’s Name Date of Birth

while in the care of the Telford YMCA PRIMETIME program and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as necessary. I (we) shall assume responsibility for payment of services. I (we) agree to keep the Telford YMCA PRIMETIME program informed of changes in telephone numbers, etc. where I can be reached.

The program agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Known medical conditions (i.e. diabetic, asthmatic, drug allergies)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTAL AGREEMENT WITH TELFORD YMCA SUMMER PROGRAM**

The Telford YMCA Primetime Afterschool program agrees to provide Summer Camp Childcare for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on Monday through Friday 7:00 am to 6:00 PM from June 3, 2024– August 2, 2024.

Price:

Non- Refundable Registration Fee: $30.00
Member Rate Fee: $130/Week

Non-Member Rate Fee: $150/week

**TELFORD YMCA SUMMER PROGRAM RELEASE/WAIVER**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_
Zip Code \_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned parent/guardianship of the above said minor, give permission for the minor to participate in the TELFORD YMCA PRIMETIME SUMMER CAMP program. The minor is physically able and mentally prepared to participate in all PRIMETIME SUMMER activities.

In consideration of said minor being permitted to enter the TELFORD YMCA PRIMETIME SUMMER CAMP facility and participate in all activities I, as parent/guardian, hereby:

1. Release the YMCA, it’s directors, officers, employees agent and volunteers (collectively “Releases”) from all liability to me or to my minor child or ward named above for any loss or damage to property or injury or death to person, whether caused by Releases or otherwise and while such minor is in or near the YMCA facilities or participating in YMCA PRIMETIME activities at other locations.

1. I covenant not to sue Releasees for any loss, damage, injury or death suffered by the above named minor and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor’s presence in, upon or near the YMCA’s facilities, whether caused by the negligence of Releasees or otherwise.

1. I assume all responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees.

1. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.

1. I do hereby authorize the TELFORD YMCA PRIMETIME SUMMER CAMP program as agent for the undersigned, to consent with respect to said minor, to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to rendered under general or special supervision of, any physician and surgeon licensed in the State of Kentucky and any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the
2. TELFORD YMCA PRIMETIME SUMMER CAMP program is not responsible for costs incurred for medical care.
3. Before any medication is dispensed to my child, I will provide a written authorization which includes: date; name of child; name of medication; prescription number; dosage;

date and time of day for medication to be given. Medication will be in the original container with my child’s name marked on it.

1. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
2. I acknowledge it is my responsibility to keep my child’s records current to reflect any significant changes as they occur. For example: telephone numbers, work location, emergency contacts, child’s physician, child’s health status, etc.
3. The TELFORD YMCA PRIMETIME SUMMER CAMP program agrees to keep me informed of any incidents with the child, including illnesses, injuries, adverse reactions to medications, etc.
4. The TELFORD YMCA PRIMETIME SUMMER CAMP program agrees to obtain written authorization from me before my child participates in routing transportation, field trips, special activities away from the facility and water related activities occurring in water that is more than two (2) feet deep.
5. I give the Telford YMCA PRIMETIME SUMMER CAMP Program permission to take pictures of my child in his/her daily activities and use them in publications such as but not limited to: The Richmond Register, Newsletters, The YMCA Facebook & Instagram and Flyers.
6. I understand that if my child should pose a threat to himself/herself, to other children, and/or staff, and/or property I will be asked to sign a behavior report acknowledging the problem. If my child continues to pose a threat to any of the above mentioned and together we have not been able to make improvements in the child’s behavior, I am aware that I might be asked to remove my child from the program, giving me two weeks to find other means of school age childcare.
7. Name of the school your child will attend during the 2023 - 2024 school year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Grade your child will be going into for the 2023 – 2024 school year: \_\_\_\_\_\_\_\_\_\_\_\_\_
9. Age of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Will your child need a lifejacket? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Does your child currently have an IEP? \_\_\_\_\_\_\_\_\_\_\_

If so, please, provide prior to first day of camp.

1. T-shirt size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Please attach your child’s updated immunization record.**
3. **Please attach a current photo of your child:**

By signing below, I am stating that I understand and agree to abide by the policies and procedures for the Telford YMCA PRIMETIME program and acknowledge receiving a YMCA Primetime Parent Manual Handbook.

**PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
CHILDCARE DIRECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\* FOR 2023 SUMMER CAMP PROGRAM \*\*\*\*\***

Please, check ONLY the weeks, your child plans to attend:

WELCOME WEEK (June 3- June 7) \_\_\_\_\_\_

SPACE WEEK: (June 10- June 14) \_\_\_\_\_\_\_

DISNEY WEEK: (June 17- June 21) \_\_\_\_\_\_

SUPER HERO WEEK: (June 24- 28) \_\_\_\_\_\_

UNDER THE SEA WEEK: (July 1- July 5) \_\_\_\_\_ (CLOSED 4TH OF JULY!!)

DINOSAUR WEEK: (July 9- July 12) \_\_\_\_\_\_\_

OLYMPICS WEEK: (July 15- July 19) \_\_\_\_\_\_\_

STEAM WEEK: (July 22- July 26) \_\_\_\_\_\_\_\_

HAWAIIAN WEEK: ( July 29- August 2) \_\_\_\_\_\_