

2024 EDWARDSVILLE YMCA SUMMER CAMP REGISTRATION FORM



PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD Today's Date: _____

***NOTE:** IL State Law requires the YMCA to collect immunization records from each Summer Camper.

Camper's Name: _____ Name Camper Is Called: _____
 (Last) (First) (Middle)

Camper's Address: _____ Age: _____ Birth Date: _____
 (Street) (City) (Zip)

PLEASE CHECKMARK GRADE COMPLETED IN THE 2023-24 SCHOOL YEAR (MUST BE 5 YRS OLD & EXITING KINDERGARTEN)

SUMMER DAY CAMP: K ___ 1ST ___ 2ND ___ 3RD ___ 4TH ___ 5TH ___ **TEEN ADVENTURE CAMP:** 6TH ___ 7TH ___ 8TH ___

School: _____ Sex: _____ Shirt Size: _____

Edwardsville YMCA Member: _____ Non-Member: _____ CHASI: _____ Scholarship: _____

Weekly Fee (5 Days): Member: \$190 • Non-Member: \$260
DEPOSIT OF \$35/WEEK ATTENDING IS NON-REFUNDABLE

Camp Weeks		Draft Date	Select Week (Mark "X")	Camp Weeks		Draft Date	Select Week (Mark "X")
1	May 28 TH – 31 ST (4 DAYS)	May 24 TH		7	July 8 TH – 12 TH	July 5 TH	
2	June 3 RD – 7 TH	May 31 ST		8	July 15 TH – 19 TH	July 12 TH	
3	June 10 TH – 14 TH	June 7 TH		9	July 22 ND – 26 TH	July 19 TH	
4	June 17 TH – 21 ST	June 14 TH		10	July 29 TH – August 2 ND	July 26 TH	
5	June 24 TH – 28 TH	June 21 ST		11	August 5 TH – 9 TH	Aug. 2 ND	
6	July 1 ST – 5 TH (NO 7/4 • 4 DAYS)	June 28 TH					

PAYMENT INFORMATION

NAME AS IT APPEARS ON CHECKING ACCOUNT OR CREDIT/DEBIT CARD:

CHECKING (ATTACH A VOIDED CHECK)	OR	INDICATE CARD TYPE: CREDIT CARD ___ • DEBIT CARD ___			
STAFF USE ONLY: ACCOUNT NUMBER		TYPE (CHOOSE ONE)		EXPIRATION DATE	
STAFF USE ONLY: ROUTING NUMBER		MASTER CARD <input type="radio"/>	VISA <input type="radio"/>	DISCOVER <input type="radio"/>	/
		ACCOUNT NUMBER (16 DIGITS)			CVV NUMBER (3 DIGITS)
		-	-	-	

PLEASE INITIAL TO INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF THE FOLLOWING POLICY:

- ___ I give authority for the Y to draft my account on/near the Monday of the week my child is registered to attend camp.
- ___ The weekly draft payment is considered continuous, subject to rate increases, and in order to terminate or change the automatic plan, I must provide the Y with a written notice by the Wednesday prior to the next weeks draft.
- ___ If my payment is unable to draft for any reason, I will be responsible for that payment, a \$15 return fee, as well as any other recovery fees. These fees will be added to the amount drafted on the next draft date. These fees are in addition to any service fee my bank may charge.
- ___ If my account has a late pick up fee or late payment fee, the amount will be drafted from my account on the next draft date.
- ___ It is my responsibility to check my bank/credit card statement and report any discrepancies within 30 days of the draft in question.

_____/_____/_____
Account Holder Signature **Month Day Year**

OFFICE USE ONLY Collected Immunization Record: _____
 Amount Paid: _____ Date Reservation Accepted: _____ Staff's Initials: _____

Camper's Name: _____

Camper's Name: _____

DISCIPLINE PLAN

The program's philosophy of discipline is based on respect for the camper's self-esteem, setting reasonable limits and consequences, and encouraging increased self-discipline. Only constructive methods of discipline shall be used to promote good behavior. The staff will work with the camper and cooperate with the parents to resolve any problems that may arise.

When inappropriate behavior occurs, we will:

- Redirect behavior
- Discuss the problem with the camper to determine the causes and help the camper find ways to resolve it.

At times it may be necessary to:

- Separate a camper from the group (with supervision) allowing him/her to think about the situation. A camper may rejoin the group when he/she is prepared to cooperate with others.
- Give time out from play period, free time, or group activities.

If a camper's behavior consistently disrupts the flow of the program, physically or emotionally harms others, and otherwise conflicts with the program rules and guidelines, parents will be notified of the camper's actions at pick up or via phone conversation. In the event that the behavior(s) persists after all reasonable attempts have been made to address the behavior, the camper may be dismissed from the Summer Camp program at the discretion of the YMCA Summer Camp program staff.

In the event that a camper is dismissed (suspended/picked up by a parent early) due to discipline concerns during Summer Camp, the possibility of re-entry to subsequent Summer Camp days will be determined at the time the camper is picked up. This immediate conference shall include the Summer Camp Director and the parent(s). If needed, notations will be made to the camper's YMCA account to reflect the next possible date of re-entry. A camper's repeated actions during Summer Camp that result in suspension or early pick up by a parent may result in exclusion from Summer Camp until the beginning of the next Summer Camp.

In the event that your camper was dismissed from the previous summer's Summer Camp and you would like to enroll your child in an Summer Camp, you must perform the following BEFORE you can register your child: call or e-mail the Summer Camp Director to set up a brief meeting. At this meeting you should provide at least TWO of the following- the previous quarter's report card (specifically the behavior/social development section), letters from the student's teacher, principal or other school personnel that have contact with the student stating that they have had proper/ good behavior during the school year, a note from the student stating (in age appropriate fashion) that they will obey and follow the expectations of Y staff, the Summer Camp program, and the YMCA in general. Re-Admission to the Summer Camp program is at the discretion of the YMCA Summer Camp Program Staff.

ACKNOWLEDGEMENT

I have read and understand the discipline plan of the Edwardsville YMCA Summer Camp program and agree to abide by its provisions.

Parent/Guardian Signature

Date

**** ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED ****

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

***NOTE:** IL State Law requires the YMCA to collect immunization records from each Summer Camper.

2024 EDWARDSVILLE YMCA SUMMER CAMP REGISTRATION FORM



Camper's Name: _____

PARENT/GUARDIAN INFORMATION

Which Parent/Guardian Do We Contact First?: _____

PARENT/GUARDIAN 1:

Relationship To Child: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Cell Phone: _____

Secondary Phone: _____

Email: _____

PARENT/GUARDIAN 2:

Relationship To Child: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Cell Phone: _____

Secondary Phone: _____

Email: _____

Employer: _____

Marital Status: _____

EMERGENCY / PICK UP AUTHORIZATION

The following may be contacted in case of an emergency and are authorized to sign out and pick up my camper. *PLEASE PROVIDE COPIES OF COURT ORDERED CUSTODY ARRANGEMENTS TO PREVENT ANY UNAUTHORIZED PICKUPS.

1. Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Relationship: _____

2. Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Relationship: _____

3. Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Relationship: _____

4. Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Relationship: _____

PARENT CODE OF CONDUCT

I understand that the policies and procedures of the Summer Camp Dept. are in place for the safety of my camper and the YMCA staff. I pledge to respect and obey these rules (as displayed in the catalog, by signage and as brought to my attention by YMCA staff members) as they pertain to me as a parent. I understand that failure to adhere to these policies could result in my child's removal from the Summer Camp program.

PHOTO RELEASE

I grant the Edwardsville YMCA, its agents and the news media, the rights to use photographs of my camper for promotional (YMCA website, catalogs or Facebook) or news purposes (press releases). Please Note: Campers without photo release permission will wear a colored wrist band to aid staff in identifying campers without a photo release in order to avoid having their picture taken.

I Give Permission For Photos To Be Used

I Do Not Give Permission For Photos To Be Used

TRIPS, EXCURSIONS AND PUBLIC PARK FACILITIES

I authorize the Edwardsville YMCA staff to take my camper on walking trips, special excursions and to nearby public park facilities. I also authorize the camper to ride as a passenger in a vehicle owned or leased by the above-mentioned organization. I understand all such trips are under the supervision of the Edwardsville YMCA staff and that health and safety precautions will be taken.

Parent/Guardian Signature _____

Date _____



Camper's Name: _____

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

*NOTE: IL State Law requires the YMCA to collect immunization records from each Summer Camper.

MEDICAL INFORMATION

DOCTOR INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

MEDICAL INSURANCE INFORMATION

Carrier: _____

Insurance Number: _____

Group: _____

Ins Group Number: _____

Name On Card: _____

Plan Begin Date: _____

DENTIST INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

DENTAL INSURANCE INFORMATION

Carrier: _____

Insurance Number: _____

Group: _____

Ins Group Number: _____

Name On Card: _____

PREFERRED HOSPITAL INFORMATION

Name: _____

Address: _____

Phone: _____

ALLERGIES, ETC.

Will any medication need to be administered at camp? Yes ___ No ___

(If yes, a form will need to be fill out by the camper's physician.)

Please list any allergies, medical problems, or physical ailments the camper may have:

SPECIAL NEEDS

Please list any special assistance your camper may require: (Please provide a copy of IEP or 504 information.)

***Admittance contingent upon phone interview with director to review needs and concerns with parents.**

I understand that I will be notified in case of an accident or illness to my camper I will make arrangements for medical care of my camper with the physician or hospital of my choice. In the event of an emergency in which neither parent can be reached, I hereby authorize the Edwardsville YMCA to contact the above named physician or facility.

Parent/Guardian Signature

Date



PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

*NOTE: IL State Law requires the YMCA to collect immunization records from each Summer Camper.

Request For Medication To Be Administered At Summer Camp

TO BE COMPLETED BY PHYSICIAN

Name of Child: _____ Date of Birth: _____

Name of Medication: _____

Time of Medication Administration: _____ Discontinue Date: _____

Intended Effect of Medication: _____

Possible Side Effects of Medication: _____

Physician Name (Please Print): _____

Office Phone Number: _____ Date: _____

Physician Signature: _____

Emergency Phone Number (To Reach Physician): _____

Campers are not allowed to carry on their person prescriptions or over the counter medications at any time with the exception of inhalers, glucose tablets and epi pens.

PARENTS MUST BRING ALL MEDICATION TO CAMP.

PARENTS MUST DELIVER & CHECK IN ALL MEDICINE WITH THE CAMP DIRECTOR OR ADMINISTRATIVE STAFF.

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the YMCA staff, employees or agents, in my behalf and stead, to administer or to attempt to administer (or allow my child to self administer, while under YMCA staff supervision), lawfully prescribed medications in the manner prescribed above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than the camp nurse or administrative staff, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administrated or attempted to be administered, I waive any claims I might have against the YMCA of Edwardsville, its employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent(s)/Guardian(s) Name(Please Print): _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

PLEASE DO NOT SEND ANY PRESCRIPTIONS OR OVER THE COUNTER MEDICINES WITH YOUR CHILD.
PARENTS MUST DELIVER & CHECK IN ALL MEDICINE WITH THE CAMP DIRECTOR OR ADMINISTRATIVE STAFF.

**NO MEDICATION, EITHER PRESCRIPTION OR OVER THE COUNTER,
MAY BE BROUGHT TO CAMP OR TRANSPORTED BY A CAMPER.**

Inhalers, glucose tablets or Epi Pens require a prescription and must be checked in with the Camp Director or Administrative Staff, even though the camper may carry them.

If a student is found in possession of a prescription or over the counter medication, the student will meet with the Camp Director and a phone call will be made to the camper's parent or guardian. Failure to follow and abide by these guidelines could result in the dismissal of the camper from the YMCA Day Camp.

**SHOULD THE NEED FOR PRESCRIPTION OR OVER THE COUNTER MEDICATION ARISE,
THE FOLLOWING IS REQUIRED:**

1. Contact the Camp Director or Administrative Staff
2. Obtain this form
3. Physician and Parent/Guardian should complete page 1 of this form
4. Medication should be in its original container with proper label.

It is the parent/guardian's responsibility to properly inform the YMCA Summer Camp Director or Administrative Staff and assure that the licensed prescriber's order, written signed request, and properly labeled container (by physician or pharmacy) of medication are brought to camp by the parent or responsible adult. Again, Medications must be brought to camp in the original bottle.

When possible, the parent should administer the AM dose of the medication prior to sending your child to camp.

The medication will be stored in a locked space. All campers requiring inhalers must give the prescription order to the Camp Director or a member of the Administrative Staff. The camper may carry the inhaler on his/her person. In the event of a field trip, the Camp Director or Administrative Staff members will instruct staff in the group or grade level of the medication and/or medical treatment.