



CAMPER'S INFORMATION

PLEASE USE A SEPARATE FORM FOR EACH CAMPER YOU ARE ENROLLING,
MAKE PHOTOCOPIES OF THIS FORM IF NECESSARY.

Today's Date: _____

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

Name Camper Is Called: _____

Camper's Address: _____
(Street) (City)

Age: _____ Birth Date: _____ Sex: _____

2018 - 2019 Grade Level (must be at least 5 AND currently in K-5TH): _____

School: _____

Email Address: _____ Phone: _____

YMCA Member: _____ Non-Member: _____ **SNACK INCLUDED**

DAY(S) ATTENDING:

Thanksgiving: Tuesday, November 20TH: _____ Wednesday, November 21ST: _____

Christmas: Thursday, December 20TH: _____ Friday, December 21ST: _____

Thursday, December 27TH: _____ Friday, December 28TH: _____

EARLY REGISTRATION (Price Per Day): **Members: \$32 • Non-Members: \$42**

DAY OF CAMP REGISTRATION (Price per day): **Members: \$37 • Non-Members: \$47**

LUNCH (Price Per Day) (Snacks Included In Daily Fee): **\$3**

PLEASE DO NOT MARK IN THIS SECTION, OFFICE USE ONLY

Date reservation accepted: _____ By: _____
Staff Member's Initials

2018 ACTIVITY DAY CAMP HOLIDAY BREAKS ENROLLMENT FORM



Camper's Name: _____

PARENT/GUARDIAN INFORMATION

Which Parent Do We Contact First?: _____

Parent/Guardian 1:

Relationship To Child: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Employer: _____

Marital Status: _____

Parent/Guardian 2:

Relationship To Child: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Employer: _____

Marital Status: _____

EMERGENCY/PICKUP 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: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

2. Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

3. Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

4. Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

PARENT CODE OF CONDUCT

I understand that the policies and procedures of the Activity Day 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 Activity Day 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

2018 ACTIVITY DAY CAMP HOLIDAY BREAKS ENROLLMENT FORM



Camper's Name: _____

MEDICAL INFORMATION

DOCTOR INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

DENTIST INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

MEDICAL INSURANCE INFORMATION:

Carrier: _____

Insurance Number: _____

Group: _____

Ins Group Number: _____

Name On Card: _____

Plan Begin Date: _____

DENTAL INSURANCE INFORMATION:

Carrier: _____

Insurance Number: _____

Group: _____

Ins Group Number: _____

Name On Card: _____

PREFERRED HOSPITAL INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

ALLERGIES, ETC.

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

(If yes, a form will need to be filled 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

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 Activity Day Camp program at the discretion of the YMCA ADC program staff.

In the event that a camper is dismissed (suspended/picked up by a parent early) due to discipline concerns during an Activity Day Camp, the possibility of re-entry to subsequent ADC days will be determined at the time the camper is picked up. This immediate conference shall include the ADC 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 ADC's that result in suspension or early pick up by a parent may result in exclusion from Activity Day Camp until the beginning of the next Summer Camp (end of the current school year).

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 Activity Day 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 ADC Camp program, and the YMCA in general. Re-Admission to the ADC program is at the discretion of the YMCA ADC Program Staff.

ACKNOWLEDGEMENT

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

Parent/Guardian Signature

Date

2018 ACTIVITY DAY CAMP HOLIDAY BREAKS ENROLLMENT FORM



Request for Medication to be administered at Day 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 AND 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 mediation.

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

2018 ACTIVITY DAY CAMP HOLIDAY BREAKS ENROLLMENT FORM



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 Activity Day 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.