



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

For Membership Team:
 Date: _____ Time: _____
 Sign: _____

West Cook YMCA Day Camp 2019 Registration Form

Child's First Name: _____ Last: _____ Child's Nick Name:

Child's age (as of June 1, 2019): _____ T-Shirt Size: _____

Please circle camp group:

First Mates ages 5 Lookouts ages 6-7 Navigators ages 8-9 Voyagers ages 10-14

Camp Magellan

Hours: 9:00am to 4:00pm

Fee: Member: \$200 Program Member: \$265

Extended Care

Hours: 7:00am to 9:00am, 4:00pm to 7:00pm

Fee: Member: \$55 Program Member: \$65

Please check the appropriate boxes below to register:

Session Dates	Camp*	Extended Care
1. June 10 – June 14		
2. June 17 – June 21		
3. June 24 – June 28		
4. July 1 – July 5**		
5. July 8 – 12		
6. July 15 – July 19		
7. July 22 – July 26		
8. July 29 – August 2		
9. August 5 – August 9		
10. August 12 – August 16		
11. August 19 – August 23		

** No program will run on July 4th Adjusted Day Camp Fee – Member: \$160 Program Member: \$212

**No program will run on July 4th Adjusted Extended Care Fee – Member: \$44 Program Member: \$52

Looking to enhance your camper's day camp experience?

Sign up for a Summer Boost!

Refer to the second page for more details.

* A non-refundable deposit of \$25.00 per session per child must be made at the time of registration. This fee is included in the camp tuition. All final registrations and remaining payments must be received in full by the Wednesday before the week of service.

Child's Name: _____

SUMMER BOOSTS – Ages 6-14

A chance to focus on extra activities that are fun and just may impact your camper's future. All Summer Boosts are \$25 per child per session. The boost will meet for approximately one hour during our camp day, groups will not meet on Field trip days. For more details please refer to our Day Camp Handbook, Day Camp Brochure or online at www.westcookymca.org/daycamp.

S.T.E.M. (Science, Technology, Engineering, and Math): Explore your "mad scientist" side by being an active member of our discover teams. Create, discover, experiment and invent in this club.

Drama: Perform, create, and share stories through drama. Explore your inner actor, set a scene and create a stage set, to perform a wonderful piece together.

Art: Find your inner artist by learning different practices such as sketching, watercolors, murals, creative writing, and more.

Cooking: Become a chef. You will learn simple recipes that you can prepare for your family – full meals, desserts, snacks, and more.

Sports: Come learn more about some of your favorite sports! Throughout the summer, we will explore basketball, soccer, football, t-ball/baseball, and more.

STEM	
Session 2	
Session 6	
Session 10	
Drama	
Session 2	
Session 8	
Session 9	
Art	
Session 3	
Session 5	
Session 7	
Cooking	
Session 7	
Session 8	
Session 10	
Sports	
Session 3	
Session 6	
Session 9	

Please keep in mind that your camper can only select one boost per session as boosts are offered at the same time.

Child's Name: _____

GENERAL INFORMATION FORM

These guardians listed on this page are allowed to pick up on a regular basis and under any condition. (Please Print)

Child's Birthday (MM/DD/YYYY) _____

Home Address _____

City _____ State _____ Zip _____

Parent/Guardian 1 Name: First _____ Last _____

Home Address _____ City _____ State _____ Zip _____

Place of Work _____ Work Address _____

Phone: Work _____ Home _____ Cell _____

Email _____

Parent/Guardian 2 Name: First _____ Last _____

Home Address _____ City _____ State _____ Zip _____

Place of Work _____ Work Address _____

Phone: Work _____ Home _____ Cell _____

Email _____

Family Dynamics: (please share if you believe details would help your child while in our care)

Name and ages of other children in the home: _____

When necessary, who should be the first contacted? _____

Please give us any other information which would help us to know your child better such as habits, developmental barriers, medical needs, behavioral concerns, fears, or any other factors that would be important to know:

Child's Name: _____

APPROVAL FOR WEST COOK YMCA ACTIVITIES

Please check all the appropriate boxes that you are approving or not approving and sign and date at the end of the page.

Water Activity Permission Authorization:

- I give permission for my child to participate in swimming and other water activities offered as part of the YMCA program.
- I DO NOT give permission for my child to participate in water activities.

Transportation Permission Authorization:

- I give permission for my child to be transported off site for program activities.
- I DO NOT give permission for my child to be transported off site for program activities.

Photo/Video Permission Authorization:

- I give permission for my child to have their picture and/or video taken as part of the West Cook YMCA Program. I understand that the picture or video may be displayed within the facility, in the newspaper, or on other media outlets.
- I DO NOT give permission for my child to have their picture and/or video taken for the purpose of using within the facility, newspapers, or other media outlets.

Summer Food Service Program Authorization:

- Yes my child will participate in the Summer Food Service Program during the weeks it will be running. I know that I will need to provide a lunch for my child for the sessions that the Summer Food Service Program does not run.
- No my child will not participate in the Summer Food Service Program. I will provide my child with a lunch every day for all sessions attending.

I give authorization based on the above boxes checked

Sign and Date

Child's Name: _____

HEALTH HISTORY FORM

Child's Physician's Name _____ Phone: _____

Address, City, State, Zip _____

Child's Dentist's Name _____ Phone: _____

Address, City, State, Zip _____

Medications/Dietary Restrictions- _____

If your child needs medication administered to him/her during program hours please see School Age Coordinator to fill out necessary forms. Please list ANY additional information about your child's health history, behavior, and physical, emotional, or mental health about which the YMCA staff should be aware. All information given is confidential and will only be viewed by necessary YMCA staff.

EMERGENCY MEDICAL AUTHORIZATION

The purpose of this authorization is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under our supervision when parents or guardians cannot be reached.

- I hereby give my consent for the administration of any medical treatment deemed necessary by our family doctor or another licensed physician at the closest hospital facility.
- I DO NOT give my consent for the emergency medical treatment beyond basic first aid for my child. In the event of sudden illness or injury requiring emergency medical treatment, I hereby give the YMCA staff authority to do the following: _____

I approve as checked above and know the responsibility would rely on me for any medical costs that would come up.

Sign and Date

Child's Name: _____

WEST COOK YMCA PICK-UP AUTHORIZATION

All individuals who wish to pick up your child must be listed below. (Excluding parents and guardians listed on the general information sheet.) For the safety of your child, **anyone** picking up your child must have a picture I.D. Anyone without proper authorization will not be allowed to take your child.

If you do not wish to authorize additional individuals to pick up, please write 'NONE' on the first line.

Emergency contacts/ Individuals authorized to pick up child on a regular basis (apart from the guardians listed on the general information sheet):

Name _____ Relationship to child _____

Address _____ City _____ State ___ Zip _____

Daytime Phone _____ Evening Phone _____ Cell phone _____

Name _____ Relationship to child _____

Address _____ City _____ State ___ Zip _____

Daytime Phone _____ Evening Phone _____ Cell phone _____

I authorize the following additional people to pick up my child:

Name	City Located	Phone	Conditions for Releasing Child (If any)

If anyone other than those listed will be picking up your child, you must notify camp staff via e-mail. Phone authorization will not be sufficient. Reminder that all need photo I.D. needed for pick up authorization.

Child's Name: _____

WEST COOK YMCA SCHOOL AGE DEVELOPMENTAL HISTORY

Please list all siblings and their ages and other members of your house hold:

Developmental and Social Experience

How would you describe your child:

Does your child have any difficulties with speech or expressing themselves?

How does your child respond to being in large and small groups?

Language spoken at home: _____

Does your child have any fears: _____

Swimming and water experience: _____

Previous experience with other children:

Reaction to strangers: _____

How do you comfort your child? _____

What is the method of behavior management at home?

What would you like your child to gain from this experience? _____

Child's Name: _____

HEALTH HISTORY

Serious illnesses and/or hospitalizations: _____

Special physical conditions, or disabilities that may require accommodations (please be specific):

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions/intolerances:

Regular medications:

EATING HABITS

Dietary Restrictions

Special characteristics or routines: _____

Are there any more details or comments about your child we should know?

Parent/Guardian Signature _____ Date _____

Child's Name: _____

**West Cook YMCA
Day Camp 2019
Handbook and Policies Acknowledgement**

The West Cook YMCA understands that effective communication is a key component in helping to provide you and your family with quality programs. In an effort to help serve you better, please take some time to read and understand the 2019 Day Camp Family Handbook. If you have any questions or concerns, please contact Rebecca Boblett School Age Coordinator, rboblett@westcookymca.org 708-427-8268.

I acknowledge that I have received a copy of the West Cook YMCA's 2019 Day Camp Family Handbook, as well as, and am responsible for complying with all of the policies and procedures stated within. I also acknowledge that I am responsible for reviewing the Day Camp Typical Daily Schedule with my child.

Parent/Guardian Signature _____ Date _____