



# 2019 YMCA OF GREENWICH SUMMER DAY CAMP

## DISCOVERY CAMP ENROLLMENT FORM

RED TEAM (1 GRADE)

GREEN TEAM (2-3 GRADE)

BLUE TEAM (4-5 GRADE)

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Sep, 2019: \_\_\_\_\_ Languages Spoken @ Home: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Primary Emergency Contact & Relation to Child: \_\_\_\_\_

Home Address (if different from child): \_\_\_\_\_

Cellphone: \_\_\_\_\_ Would you like to be contacted via Text? If yes, please provide carrier: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/ Address: \_\_\_\_\_

**Current Greenwich YMCA Membership:**  Family  Youth  Non Member  
**T-Shirt Size (One per camper given by end of first day of camp)**  S  M  L  XL

### CAMP DETAILS

Early AM Drop off	Monday - Friday	7:30am - 9am
Full Day Camp	Monday - Friday	9am - 4:30pm
Extended PM Care	Monday - Friday	4:30pm - 6pm

SESSION DATES	AM DROP OFF	Y MEM FEE	NON MEM FEE	PM CARE	TOTAL
June 24-28	<input type="checkbox"/> \$50	<input type="checkbox"/> \$350	<input type="checkbox"/> \$410	<input type="checkbox"/> \$50	\$ _____
*July 1-5 (no camp July 4)	<input type="checkbox"/> *\$40	<input type="checkbox"/> *\$280	<input type="checkbox"/> *\$328	<input type="checkbox"/> *\$40	\$ _____
July 8-12	<input type="checkbox"/> \$50	<input type="checkbox"/> \$350	<input type="checkbox"/> \$410	<input type="checkbox"/> \$50	\$ _____
July 15-19	<input type="checkbox"/> \$50	<input type="checkbox"/> \$350	<input type="checkbox"/> \$410	<input type="checkbox"/> \$50	\$ _____
July 22-26	<input type="checkbox"/> \$50	<input type="checkbox"/> \$350	<input type="checkbox"/> \$410	<input type="checkbox"/> \$50	\$ _____
July 29-August 2	<input type="checkbox"/> \$50	<input type="checkbox"/> \$350	<input type="checkbox"/> \$410	<input type="checkbox"/> \$50	\$ _____
August 5-9	<input type="checkbox"/> \$50	<input type="checkbox"/> \$350	<input type="checkbox"/> \$410	<input type="checkbox"/> \$50	\$ _____
August 12-16	<input type="checkbox"/> \$50	<input type="checkbox"/> \$350	<input type="checkbox"/> \$410	<input type="checkbox"/> \$50	\$ _____

PAYMENT METHOD:  Check  Visa  MC  AMEX TOTAL \$ \_\_\_\_\_

CC Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Number: \_\_\_\_\_

I wish to enroll my child in the YMCA of Greenwich Summer Camp 2019. I understand and agree that my child will not be able to attend camp until all emergency information, medication authorization consent, current Health Forms, and parent consent agreements are completed and returned to the Y.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*ALL FEES DUE BY JUNE 1. NO REFUNDS WILL BE GRANTED AFTER JUNE 1  
 Please make checks payable to: YMCA of Greenwich, 50 East Putnam Ave, Greenwich, CT 06830



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# EMERGENCY CONTACTS

CHILD'S NAME: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

### OTHER PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Email: \_\_\_\_\_ Employer/ Address: \_\_\_\_\_

### EMERGENCY CONTACTS / AUTHORIZED PICK-UP PERSONS

Please list, in order to be contacted, individuals we may contact in an emergency/non-emergency, if you cannot be reached. Persons listed as "Emergency Contacts" are authorized to pick up your child from the program. NOTE: Parents/Guardians may not be listed under this section. The YMCA of Greenwich requires at least 3 emergency contacts listed for your child in addition to parents/guardians.

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACTS / AUTHORIZED PICK-UPS

Please list below additional individuals who are authorized to pick up your child from the program. (Optional)

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Please note any special instructions regarding individuals listed:** \_\_\_\_\_

\*Parents and legal guardians listed on enrollment forms are automatically authorized to pick up your child unless the program is given a copy of a current court ordered custody agreement or restraining order. All individuals authorized to pick up your child from the program must be at least 16 years of age. A license or other positive proof of identification must be shown at pick up. If you wish to change, add, or delete any of these authorizations, you must do so in writing.

INITIAL \_\_\_\_\_ Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police. This is for the child's safety.

### I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS AS STATED ABOVE

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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# MEDICAL INFORMATION & AUTHORIZATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Other Coverage (Including Dental): \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

### MEDICAL HISTORY

All children having disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease are required to have an Individual Plan of Care developed by the child's parents/guardians and center Director. Additional related persons (i.e. child's physician, Health Consultant, Education Consultant, etc.) may be required to assist with developing the plan based upon the child's condition and needs. Please contact the center Director in order to develop the child's Individual Plan of Care. Please write "NONE" if there are none.

Allergies	Reactions	Treatments

Special Disabilities/Needs/Chronic Health Conditions: \_\_\_\_\_

Does your child have an IEP?  Yes  No If yes, the YMCA requests information to be shared to enable us to provide the best camp experience for your child.

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

Current Medications: \_\_\_\_\_

Emergency Medical/Dietary Information/Religious Restrictions: \_\_\_\_\_

Behavioral Issues: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

### MEDICAL TREATMENT CONSENT

I hereby authorize the staff of the YMCA of Greenwich to give First Aid and CPR to my child as needed. I understand that the staff is trained in the basics of First Aid and CPR. In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility or to \_\_\_\_\_ and secure necessary medical treatment including, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby give permission to the physicians attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me of the emergency immediately. Any expenses incurred will be the responsibility of the parent/guardian.

INITIAL \_\_\_\_\_ I certify that a licensed physician has examined my child in the last 12 months and I have provided the YMCA of Greenwich Summer Camp with proper documentation, clearly stating date of physical & immunization records.

INITIAL \_\_\_\_\_ I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, etc.

### I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS AS STATED ABOVE

**Parent/Guardian Printed Name:** \_\_\_\_\_

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

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



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# AGREEMENT & CONSENT FORM

### PROMOTIONAL RELEASE

I hereby grant consent and authorize the use of photographs, slides, videotape, and film of my child participating in YMCA of Greenwich activities for commercial and art purposes in any medium of advertising, communication, publication, or publicity that will promote YMCA of Greenwich programs and services, and/or recognition of participants. I understand that the YMCA is a non-profit organization.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### SUPPORT STAFF CONSENT

The YMCA of Greenwich Programs have support staff that consists of educational resource advisors, consultants, family support specialists, and social services staff. In addition, student interns and/or volunteers may work within the program. I give permission for my child to interact with these support staff.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### FACILITY USES

I grant permission for my child to use all of the play equipment and participate in all of the activities of the program with the exception of \_\_\_\_\_.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### ACTIVITIES OFF SITE

I hereby grant consent for my child to leave the program premises under the supervision of a staff member in an authorized vehicle to the Main YMCA facility. I understand that any other activity destination or field trip will require my written permission.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### SWIMMING CONSENT

I hereby grant consent for my child to participate in swimming in life guarded places only.

My child's ability to swim is:  Non-Swimmer  Beginner  Intermediate  Advanced

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### PARENT AGREEMENT

INITIAL \_\_\_\_\_ I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children in personal vehicles at any time outside of the YMCA program.

INITIAL \_\_\_\_\_ I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is present to receive and supervise my child.

INITIAL \_\_\_\_\_ I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

INITIAL \_\_\_\_\_ The YMCA staff has specifically discussed the behavior management techniques that are used in the program.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_