



Today's Date: _____

2022 YMCA OF GREENWICH DAY CAMP WINTER VACATION CAMP ENROLLMENT FORM | HALF DAY

Child's Name: _____ Nickname: _____ Gender: _____

Date of Birth: _____ Age: _____ Grade in Sept., 2021: _____ Languages Spoken at Home: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian Name(s): _____

Primary Emergency Contact & Relation to Child: _____

Home Address (if different from child): _____

Cellphone: _____ Work Telephone: _____ Work Hours: _____

Email: _____ Employer/ Address: _____

Current YMCA Membership: Youth Family Non Member

CAMP DETAILS

Early AM Drop off	Monday - Friday	8am - 9am
Full Day Camp	Monday - Friday	9am - 12pm

Session Dates	AM Drop-off	Y Mem Fee	Non Mem Fee	Total
Mon Jan 17	<input type="checkbox"/> \$10	<input type="checkbox"/> \$35	<input type="checkbox"/> \$55	\$ _____
Mon Feb 14	<input type="checkbox"/> \$10	<input type="checkbox"/> \$35	<input type="checkbox"/> \$55	\$ _____
Tue Feb 15	<input type="checkbox"/> \$10	<input type="checkbox"/> \$35	<input type="checkbox"/> \$55	\$ _____
Wed Feb 16	<input type="checkbox"/> \$10	<input type="checkbox"/> \$35	<input type="checkbox"/> \$55	\$ _____
Thu Feb 17	<input type="checkbox"/> \$10	<input type="checkbox"/> \$35	<input type="checkbox"/> \$55	\$ _____
Fri Feb 18	<input type="checkbox"/> \$10	<input type="checkbox"/> \$35	<input type="checkbox"/> \$55	\$ _____
Mon Feb 21	<input type="checkbox"/> \$10	<input type="checkbox"/> \$35	<input type="checkbox"/> \$55	\$ _____

PAYMENT METHOD:
 Check Visa MasterCard AMEX Card on File: CVV: _____ **TOTAL \$** _____

CC Number: _____ Expiration Date: _____ CVV: _____

I wish to enroll my child in the YMCA of Greenwich Vacation Camp 2022

Signature: _____

How did you hear about the Y? Word of Mouth Ad Social Media Flyer/Brochure Other

Please make checks payable to: YMCA of Greenwich, 50 East Putnam Ave, Greenwich, CT 06830

2022 YMCA OF GREENWICH DAY CAMP

EMERGENCY CONTACTS

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: _____

2022 YMCA OF GREENWICH DAY CAMP

MEDICAL INFORMATION AND AUTHORIZATION FORM

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: _____

2022 YMCA OF GREENWICH DAY CAMP AUTHORIZATION & 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. 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 at any time outside of the YMCA program.

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: _____