

YMCA of Greenwich Day Camp 2024 C.I.T. APPLICATION



Personal Information :

All required questions are marked with a *.

Full Name : *

Nickname :

Date of Birth : *

Age : *

Gender : *

Grade In Sept '24 (circle one) : *

8th 9th 10th Other

T-Shirt Size (circle one) : *

Small Medium Large X-Large XX-Large

Primary Language(s) : *

Home Address : *

Street

Town

State

Zip Code

Parent/Guardian Information :

All required questions are marked with a *.

Primary Parent/Guardian
(considered 1st emergency contact) :

Full Name : *

Gender : *

Date of Birth : *

Relation : *

Phone Number : *

Email : *

Secondary Parent/Guardian
(considered 2nd emergency contact) :

Full Name : *

Gender : *

Date of Birth : *

Relation : *

Phone Number : *

Email : *

Authorized Pick Up Information :

Additional adults authorized to pick up C.I.T. Must be over 18yo and present government ID at pick up. Considered additional emergency contacts if camp is unable to reach either parent/guardian.

Full Name :

Phone Number :

Submit all forms to Julia Borges via email at Jborges@gwymca.org OR
in person at the **YMCA of Greenwich** at 50 E. Putnam Avenue, Greenwich, CT 06830.

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Medical Information :

All required questions are marked with a *.

Do you have medical insurance? (circle one)*

YES NO

Insurance Provider (if none, enter NONE) : *

Does you have an IEP? If yes, the YMCA requests it be shared with us to provide the best camp experience for you (circle one). *

YES NO

Insurance Policy # (if none, enter NONE) : *

Physician's Full Name : *

Physician's Phone Number : *

Physician's Address : *

Street

Town

State

Zip Code

Dentist's Full Name (if none, enter NONE) : *

Dentist's Phone Number (if none, enter NONE) : *

Dentist's Address (if none, enter NONE) : *

Street

Town

State

Zip Code

List of all allergies/reactions and treatments below. Care plan may be required (if none, enter NONE). : *

List any current medications taken. Emergency and/or daily medications that may need to be administered during camp hours, require a Medication Authorization form, care plan and medication drop off BEFORE a C.I.T.'s first day in attendance. Contact the Camp Director for further details (if none, enter NONE). : *

Does you have any behavioral or other health concerns (i.e. chronic health conditions, special needs, medical devices, etc.)? Care plan may be required (if none, enter NONE). : *

Care plan may be required (if none, enter NONE). : *

Does you have any dietary restrictions? Care plan may be required (if none, enter NONE). : *

Does you have any religious restrictions as they relate to camp activities? Care plan may be required (if none, enter NONE). : *

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Payment Information :

All required questions are marked with a *.

Payment Method (circle one) : *

Cash Check AMEX Discover MasterCard Visa

Check Number (if applicable) :

Card Expiration Date (if applicable) :

Full Name On Card (if applicable) :

Card Number (if applicable) :

Card CVV (if applicable) :

How did you hear about our program (circle one)? : *

Word of Mouth Ad Social Media Flyer/Brochure Other

C.I.I. Session Selection :

Select one OR both sessions. *

Regardless of session selected, all C.I.T.s are required to attend orientation training the week of June 17th 2024, specific dates and times TBA. Session selection does not guarantee registration. No camp on July 4th & 5th.

Select	Session	Dates	Cost
<input type="checkbox"/>	Session A	June 24 - July 19	\$360
<input type="checkbox"/>	Session B	July 22 - August 16	\$400

Questionnaire :

All required questions are marked with a *.

Camper Group Preference (circle all that apply) : *

Pre-K Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade Swim Only No Preference

Are you a swimmer? If no, please explain comfort level in shallow and deep bodies of water. : *

List any current certifications and attach copies to application (if none, enter NONE). : *

List any dates you would be unavailable during your selected session (if none, enter NONE). : *

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List hobbies/interests/skills (if none, enter NONE). : *

Explain your level of experience with children, be specific (if none, enter NONE). : *

Explain your interest in the C.I.T. program, be specific. : *

List 2 references (teachers, coaches, counselors, etc. recommended) : *

Full Name : *

Relationship : *

Phone Number : *

Email : *

Full Name : *

Relationship : *

Phone Number : *

Email : *

Camp Waivers: Parent/guardian signature for ALL waivers required to complete application.

Parent & Participant Statement of Agreement: *

I understand that I may not leave my child at the YMCA unless a YMCA staff member receives them and that my child will not be allowed to leave the program with an unauthorized person or staff member. I understand that the YMCA is mandated by Connecticut state law to report any suspected cases of child abuse or neglect. I understand that I will be charged a late fee if I fail to pick my child on time and that YMCA staff may NOT baby-sit, transport, or care for children other than during YMCA program hours. I understand that my child may be removed from YMCA for inappropriate behavior of a child/parent that endangers anyone involved with the YMCA and/or failure to observe any of the conditions listed in the YMCA Camp Parent Handbook. Failure to sign this agreement does not nullify this agreement. I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS AS STATED ABOVE.

Parent/Guardian Signature

Date

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Payment Agreement: *

I wish to enroll my child in the YMCA of Greenwich Day Camp 2024. I understand all payments are due at time of registration with no refunds granted after June 1, 2024. Payment plans available upon request.

Parent/Guardian Signature

Date

Authorized Pick Up Consent: *

I understand parents and legal guardians listed on enrollment forms are automatically authorized to pick up my child unless the program is given a copy of a current court ordered custody agreement or restraining order. All individuals authorized to pick up my child from the program must be at least 18 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 to the camp director. Persons listed as "Emergency Contacts" are authorized to pick up my child from the program. If you cannot be reached, emergency contacts may be contacted in an emergency/non-emergency.

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 Signature

Date

Facility Uses Consent: *

I grant permission for my child to use all of the play equipment and participate in all of the activities of the program. I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS AS STATED ABOVE.

Parent/Guardian Signature

Date

Activities Off Site Consent: *

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

Parent/Guardian Signature

Date

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Support Staff Agreement: *

The YMCA of Greenwich Programs have support staff that consists of activity instructors, 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. I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS AS STATED ABOVE.

Parent/Guardian Signature

Date

Swimming Consent: *

I hereby grant consent for my child to participate in swimming in life guarded places only. I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS AS STATED ABOVE.

Parent/Guardian Signature

Date

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

Parent/Guardian Signature

Date

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 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.

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

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