



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## SALLY'S YMCA 2012 Summer Day Camp Registration Form

By choosing YMCA Day Camp you are choosing more than a summer day care service. Your child will learn and grow through our carefully planned, mission-centered curriculum, that teaches your child to make **healthy choices, build relationships, develop skills and become a servant leader.**

Dear Campers and Parents,

Included on this form is the general information for all Day Camps at the Sally's YMCA which includes payment policy, camper-to-counselor ratios, counselor qualifications, and information about how we handle medical issues, emergencies and more. Please keep this form for your records.

For more information about these policies and more, check our website at [www.ymcacharlotte.org/sallys](http://www.ymcacharlotte.org/sallys). If you have any additional questions please feel free to e-mail [julie.foreman@ymcacharlotte.org](mailto:julie.foreman@ymcacharlotte.org) or call the Sally's YMCA at 704-716-7300. Like us on Facebook 'Lincoln County & Sally's YMCAs' and receive more information about camp including payment reminders!

Thank you for allowing us the opportunity to be a part of your family this summer. You will receive further communication by e-mail within 3-weeks of registration (please be sure that your most recent e-mail address is on your registration form). We're looking forward to another great summer!

- The Sally's YMCA Day Camp Team

### CAMP COUNSELORS

The Sally's YMCA is committed first and foremost to the safety of your child. We place a serious emphasis on safety standards by offering remarkable counselor to camper ratio and requiring our counselors to complete 30 hours of pre-camp training, including youth and adult CPR, First Aid and AED training. All YMCA Staff go through background checks and drug screenings prior to hiring.

### WEATHER POLICY

The Sally's YMCA camp directors and staff pay close attention to weather each day of the summer. Camp programming is modified based on inclement weather (heat index, rain or storm warnings).

STAFF TO CAMPER RATIO	
Preschool	1:6
Rising K	1:8
1st - 5th grades	1:10
6th - 10th grades	1:12

### PRE-CAMP Checklist

The following forms must be turned in and completed at time of registration:

- Camper registration/health form
- Copy of current immunization records
- Deposit paid for all camp sessions

### DISCIPLINE POLICY

The philosophy of our program is based on character development and the principles of caring, honesty, respect, responsibility and faith. It is expected that our staff show respect and courtesy to each participant and we expect participants to show courtesy and respect to each other and staff. The staff will make every effort to relate to campers on an individual basis.

- Staff will help participants learn self-control, choose alternatives, identify feelings and develop, an understanding and respect for the feelings of others.
- Every effort will be made by the staff to enlist the cooperation of the children and parents to solve problems.
- Please note: There is no financial compensation/refund for time missed due to behavioral problems.

## MEDICATIONS

Please administer all medications at home before camp. If medications are required during the camp day please send enough for the entire session. All medications must remain in the original container that identifies the prescribing physician, name of medication, dosage, and frequency of administration. All original containers should then be placed into a ziploc bag. Refrigeration will be provided if necessary. All medication including over the counter items must be dispensed by the camp office. **DO NOT PACK ANY TYPE OF MEDICATION IN YOUR CHILD'S BACKPACK OR LUNCH.** It is our policy that all inhalers are kept with the camp counselor during the day. A medication consent form must be filled out before any medications can be dispensed at camp. This form can be filled out Monday morning at drop off.

## ILLNESSES

We cannot provide care for sick campers. A child who is sick should be kept at home for his or her own sake and that of other campers. If a camper becomes ill at camp a parent will be contacted and asked to pick up their camper. If a parent cannot be reached, the staff will call an emergency contact listed on the health form. If a sick child needs to leave camp for the day and return home, the YMCA cannot provide transportation to the home.

## EMERGENCIES

Routine scrapes and cuts will be treated by our staff. In the case of serious accident or illness, camp staff will contact you directly. In the event that you cannot be reached, the authorization signed on your health form allows the staff to provide prompt treatment. Please note that in the event of serious injury, 911 will be called first. All staff are certified in CPR/AED and First Aid.

## SPECIAL EMOTIONAL & PHYSICAL NEEDS

Campers with special emotional or physical needs should be called to the attention of the camp director by fully describing any unique requirements of the camper at least two weeks prior to arrival. Please call the camp office if you have questions regarding children with special needs. We will make every reasonable accommodation possible to serve all children however, some of our physical settings could make it difficult to provide effective care to some campers. Please contact the camp director regarding special circumstances.

## AUTHORIZED PICK UP

For the safety of your child, participants will only be released to the legal guardian or responsible adult listed on the camper's registration form. Every adult must present a photo ID at rides out. In the event that a child will be picked up by an adult not listed on the registration form, a parent note (including the person's name as it appears on their photo ID) is required and photo ID must be shown during rides out. Help us speed up the rides out process by having your ID ready.

## PAYMENT POLICIES

Facility Member/Program Participant rates are determined by the campers YMCA Membership status. All balances to date must be paid in full in order for a camper to attend a session. All campers are required to make the appropriate deposits per session in order to register.

### Deposits

- All deposits are non-refundable and non-transferable
- Deposits collected are deducted from the total balance due for camp
- All campers require a \$10 deposit on each week of camp.

### Payment Options

1. **Pay in full** at time of registration.
2. **Payment in person.** Payments will be accepted at the front desk in the form of cash, check or credit card. For this option, a valid credit card must be left on file. If payment is not made by the due date, the full balance plus a \$20 late payment fee will be applied to the credit card.
3. **Credit card on file.**

DAY CAMP PAYMENT SCHEDULE		
Camp Weeks	Dates	Payment Due
1	June 11-15	May 15
2	June 18-22	May 15
3	June 25-29	May 15
4	July 2-6	June 15
5	July 9-13	June 15
6	July 16-20	June 15
7	July 23-27	June 15
8	July 30-August 3	June 15
9	August 6-10	July 15
10	August 13-17	July 15
11	August 20-24	July 15

### Late Payment Policy

- The credit card that you provided at the time of registration will be charged if payment is not received by the due date. The \$20 late payment will be applied if we have to manually charge your card for fees due.
- If payment cannot be secured by the credit card provided at the time of registration, all sessions will be cancelled and all deposits forfeited.

### Late Registration

- All camp sessions incur a late fee of \$10 per session on the **Sunday, 8 days prior** to the start of that camp week.

### Cancellation/Transfer Policy

- Cancellations and requests to transfer programs must be made in person in writing at the Membership Services desk.
- Any changes (including transfer to another week of camp) or cancellations will result in a \$10 fee on your order.
- Cancellations must be received by the **Sunday 8 days prior** to the start of that camp week. Cancellations not received by the deadline will result in a forfeiture of all deposits and fees paid towards that camp week, and payments that have not been made will still be collected.

# PARENT ORIENTATION

## All Parents

June 4  
6:00 - 7:00 PM

# YMCA of Greater Charlotte

## Summer Day Camp Registration Form 2012



### SELECT YOUR BRANCH:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Harris YMCA         | <input type="checkbox"/> McCreory Family YMCA | <input type="checkbox"/> Siskey YMCA               |
| <input type="checkbox"/> Johnston YMCA       | <input type="checkbox"/> Morrison Family YMCA | <input type="checkbox"/> Steele Creek YMCA         |
| <input type="checkbox"/> Lake Norman YMCA    | <input type="checkbox"/> Sally's YMCA         | <input type="checkbox"/> Stratford Richardson YMCA |
| <input type="checkbox"/> Lincoln County YMCA | <input type="checkbox"/> Simmons YMCA         | <input type="checkbox"/> University City YMCA      |
| <input type="checkbox"/> Lowe's YMCA         |   |  |

### PARTICIPANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

		/			/				
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 DOB Age: \_\_\_\_\_ Gender: Male / Female

Rising Grade: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 Please Circle: Home Work Cell

Primary Email: \_\_\_\_\_

### PARENT AND AUTHORIZED PICK UP CONTACT INFORMATION (Please list in order of call preference)

Authorized Pickup 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

		/			/				
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 DOB Phone: \_\_\_\_\_  
 Please Circle: Home Work Cell Please Circle: Home Work Cell

Authorized Pickup 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

		/			/				
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 DOB Phone: \_\_\_\_\_  
 Please Circle: Home Work Cell Please Circle: Home Work Cell

Authorized Pickup 3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

		/			/				
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 DOB Phone: \_\_\_\_\_  
 Please Circle: Home Work Cell Please Circle: Home Work Cell

Authorized Pickup 4: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

		/			/				
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 DOB Phone: \_\_\_\_\_  
 Please Circle: Home Work Cell Please Circle: Home Work Cell

Children will only be released to the legal guardians or responsible adult listed above. Every authorized individual must present a photo ID at rides out. In the event that a child will be picked up by an adult not listed above, a parent note (including the person's name as it appears on their photo ID) is required and a photo ID must be shown.



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# Summer Day Camp Registration Form

## PARTICIPANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

## PREFERRED MEDICAL PROVIDER

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_


Preferred Hospital: \_\_\_\_\_

Is participant covered by insurance: Yes / No

## INSURANCE AND MEDICAL INFORMATION

Carrier/Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

 **I have enclosed a copy of my child's immunization records.**

Please list any/all allergies your child has experienced: \_\_\_\_\_  
\_\_\_\_\_


Please list any/all medications your child is currently taking: \_\_\_\_\_  
\_\_\_\_\_


Please list any/all Serious/Chronic Illness or Diseases your child has experienced: \_\_\_\_\_


Please list any/all Special Considerations that may affect your child's experience such as diet: \_\_\_\_\_

Please list any additional information concerning medical conditions, special instructions or any activity restrictions about the participant's prior health history that the camp should be aware of: \_\_\_\_\_

## PAYMENT INFORMATION (Please choose from the following options by initialing in the space provided)

 **Pay in full at time of registration.** The FULL COST for all camp fees has been paid at the time of registration.

 **Pay in Person** according to the payment schedule provided. By initialing, you are aware of the payment schedule and agree to come in person to the YMCA to make a payment. If your payment is overdue, you will be charged an additional \$20 late payment fee.

 **Credit Card** according to the payment schedule provided. By initialing, you are aware of the payment schedule and agree to allow the YMCA to process your payment using your debit/credit card. If your payment is overdue your card will be charged for the full balance owed plus a \$20 late fee.

# Summer Day Camp Registration Form



## WAIVER AND AUTHORIZATION FOR TREATMENT

Please initial to verify that you understand and accept each statement and sign at the bottom.

- The health history is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand that the YMCA of Greater Charlotte assumes no responsibility for injuries or illness which my child may sustain as a result of his/her participation in camp, athletics, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activities. I agree to hold harmless the YMCA, its staff and volunteers for accidents of injuries arising out of my child's participation in activity. Initial \_\_\_\_\_
- While the YMCA of Greater Charlotte will make every effort to provide reasonable accommodations for mentally and physically challenged children, Day Camp will not accept children who are (1) of danger to themselves, (2) of danger to others, (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy the Day Camp programs. Any of the above reasons will be grounds for dismissal from the program. The YMCA follows the guidelines of the ADA. If my child requires special accommodations, I understand that I must contact the camp director. Initial \_\_\_\_\_
- I agree to have my child examined medically within a reasonable time period by the family physician stating he/she is free from communicable disease and has not been exposed to such. I hereby give my permission to the medical personnel selected by the YMCA director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for myself/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA director to secure and administer treatment including hospitalization for my child. I understand that no accident or medical insurance is provided with this activity. Initial \_\_\_\_\_
- I understand that all deposits will not be able to be refunded or transferred to another program. I have read and accept the payment schedule, late payment fees, late registration fees, and cancellation deadlines and fees as put forth by the YMCA of Greater Charlotte. Initial \_\_\_\_\_
- I give permission to the YMCA of Greater Charlotte, without limitation or obligation to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use. Initial \_\_\_\_\_
- I give my consent for my child to leave the YMCA site, participate in authorized YMCA trips, and swim at approved facilities and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program. Initial \_\_\_\_\_

I have read and agree to all the policies set forth by the YMCA of Greater Charlotte Day Camp Program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

<b>Staff Use Only:</b>		
____ Health Info has been added	____ Child pick up has been added	____ Demographic Information has been updated

# Sally's YMCA

## Day Camp Order Form

Camper Name: \_\_\_\_\_

Rising Grade: \_\_\_\_\_

SESSIONS											
	1 JUN 11 - 15	2 JUN 18 - 22	3 JUN 25 - 29	4 JUL 2 - 6	5 JUL 9 - 13	6 JUL 16 - 20	7 JUL 23 - 27	8 JUL 30 - AUG 3	9 AUG 6 - 10	10 AUG 13 - 17	11 AUG 20 - 24
CAMP ENTER CAMP NAME											
ENTER FULL DAY OR HALF DAY											

### CAMP T-SHIRTS

CAMP SHIRTS \$7	SIZE:	QTY:
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### CREDIT CARD INFORMATION (required for all registrations unless all sessions are paid in full at time of registration)

Payment Options (check one):

I would like to have my credit card charged when payment is due. Please allow five business days for processing.

I will come in to make payments when they are due. (Late payments will be charged to credit card below.)

Credit Card Number (last 4 digits only): \_\_\_\_\_ Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Card (circle one) Visa MC AE Discover

By registering for camp, I accept the transfer, cancellation and payment policies as stated. I understand that past due balances will be charged to my credit card.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# QUICK REFERENCE GUIDE

(LISTED BY AGE/GRADE)

PRESCHOOL												
Age/Rising Grade	Camp	1	2	3	4	5	6	7	8	9	10	11
3-4 years	Mon-Fri (half day only)		•		•		•		•		•	

SCHOOL AGE												
Age/Rising Grade	Camp	1	2	3	4	5	6	7	8	9	10	11
Rising K-5th	Art		•									
	Baseball / Softball											•
	Boys Rock					•						
	Dance/Cheer									•		
	Day Camp	•	•	•	•	•	•	•	•	•	•	•
	Girls Rock					•						
	Go Green Art Camp								•			
	Golf				•							
	Lacrosse										•	
	Nature Camp	•										
	Soccer						•					
	Splash Camp							•				
	Water Polo Camp			•								
Rising 6th-10th	Babysitting				•							
	Day Camp Teen		•					•			•	
	Jr. Lifeguarding								•			
	Leaders in Training			•		•				•		•
	Road Trippin'						•					
	Teen Boot Camp	•										

## DAY CAMP THEMES

Session 1 - Mission Impossible  
 Session 2 - Bugs & Slugs  
 Session 3 - Flashback  
 Session 4 - Proud to be an American  
 Session 5 - Cartoon Weeks  
 Session 6 - Hogwarts Express

Session 7 - Zeros to Heros  
 Session 8 - Olympic Week  
 Session 9 - Spirit Week  
 Session 10 - Star Wars  
 Session 11 - Happy Trails