



FAMILY YMCA OF MARION & POLK COUNTIES

2019 SUMMER DAY CAMP

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Before you return your registration packet, please be sure your registration packet includes:

- Enrollment Form: Please complete front and back, sign and date. A complete packet must be submitted for each child registering for Y Care.
- Please make sure you select your camp location: Henry Hill (MIY), Brush College Elementary, Bush Elementary or Cummings Elementary
- Payment Authorization Form: All participants are required to make their monthly payment via automatic bank draft. You can choose to draft directly from your bank account (provide a check) or from a credit or debit card scanned at the time of registration (Visa, MasterCard, American Express, or Discover).
- Please make sure you have either read the Parent Handbook online, or ask for a paper copy.

All forms in enrollment packet must be completed and submitted at time of registration.

FINANCIAL ASSISTANCE: The Family YMCA of Marion and Polk Counties is committed to helping people become the best they can be. We strive to keep the Y accessible to everyone regardless of their ability to pay. With the support and generosity of our donors through our Annual Campaign, we assist everyone who qualifies.



Don't forget to "Like" and follow us on social media to receive important updates!

HAVE QUESTIONS? PLEASE FEEL FREE TO CALL OR VISIT:

DAY CAMP

Youth Development Office

(P) 503 399 2788

(E) ffisher@theyonline.org

Family YMCA of Marion & Polk Counties
PO Box 110 Salem, OR 97308



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Child's Last Name: _____ First Name: _____

School: _____ Grade: _____ Male/Female: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Child lives with: Both Parents: _____ Mother: _____ Father: _____ Other: _____

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____ Auth. to Pick Up? Y N*

Employer: _____ Work Phone: _____ Email: _____

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____ Auth. to Pick Up? Y N*

Employer: _____ Work Phone: _____ Email: _____

Other Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____ Auth. to Pick Up? Y N*

Employer: _____ Work Phone: _____ Relationship to Child: _____

* APPROPRIATE COURT DOCUMENTS MUST BE IN PLACE AND A COPY MUST BE PROVIDED TO DENY PARENT ACCESS.

Emergency contact other than parents: _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone: _____ Auth. to Pick Up? Y N*

LIST ALL NAMES OTHER THAN ABOVE WHO ARE AUTHORIZED TO PICK UP YOUR CHILD (YOU MUST LIST AT LEAST ONE):

Name: _____ Phone#: _____ Relationship to Child: _____

Name: _____ Phone#: _____ Relationship to Child: _____

CHILD'S HEALTH INFORMATION

You MUST provide the name of a doctor or clinic to be contacted for medical emergencies.

Physician/Clinic Name: _____ Phone #: _____

Dentist/Clinic Name: _____ Phone #: _____

PLEASE EXPLAIN IF YOUR CHILD HAS A KNOWN HISTORY OF THE FOLLOWING:

Bee Sting Reactions (if yes, an emergency kit must be provided): _____

Seizures/Convulsions: _____ Diabetes: _____ Respiratory: _____

Allergies/Food Allergies: _____

Current Medications: _____

Any Limitations on Activities: _____

Any other information our staff should be aware of: _____

YMCA Branch Staff: (INITIAL) _____ Reg. _____ Draft Agreement	YMCA Youth Development Admin Staff: (INITIAL) _____ Daxko _____ Draft _____ FA _____ Site Copy
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I AGREE TO PAY THE: WEEKLY RATE or COPAYMENT OF: \$ _____
\$10 weekly deposit waived when Electronic Funds Transfer is authorized.

BRUSH COLLEGE BUSH CUMMINGS HENRY HILL (MIY)

WEEK	DATE	MEMBER FEE	NON-MEMBER FEE	SCHOLARSHIP APPLIED	TOTAL
1	6/17-6/21	\$175	\$245		
2	6/24-6/28	\$175	\$245		
3	7/1-7/5	\$175	\$245		
4	7/8-7/12	\$175	\$245		
5	7/15-7/19	\$175	\$245		
6	7/22-7/26	\$175	\$245		
7	7/29-8/2	\$175	\$245		
8	8/5-8/9	\$175	\$245		
9	8/12-8/16	\$175	\$245		
10	8/19-8/23	\$175	\$245		
TOTAL					

PARENT/GUARDIAN AGREEMENT

I UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING: (PLEASE INITIAL EACH LINE.)

_____ I understand that as the registering party, I am ultimately responsible for payment of childcare fees.

_____ **TWO WEEKS WRITTEN NOTICE** to the Y Youth Development Office is required when cancelling or changing my child's schedule. Notice may not be given my child's Day Camp teacher or Camp Greider Counselor.

_____ I understand that all refund requests will be reviewed and processed within 30 business days.

_____ I acknowledge that I have received a copy of the Parent Handbook by either going online (www.theYonline.org) or by requesting a paper copy, from the Family YMCA of Marion and Polk Counties. While I understand that the Parent Handbook is neither a contract nor a legal document, I recognize that it is my responsibility to read and understand the policies, provisions, and procedures contained in the Parent Handbook.

_____ My child may be served 1% milk.

_____ My child may participate in swimming and wading activities.

_____ Staff may apply sunscreen to my child. Unless I provide sunscreen, staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____



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Drop-off opens each morning at 7am. Children must be picked up each day by 6pm.

Two daily snacks and lunch will be provided by the Y.

For registration, please circle the camps below.

Members: \$175 per week | Non-Members: \$245 per week

Day Camp: Children must be between the ages of 5 and 12 years.

Date	K & 1	2 & 3	4 & 5
6/17-6/21	Animals	Animals	Animals
6/24-6/28	Sports Galore	Sports Galore	Sports Galore
7/1-7/5	Stars & Stripes	Stars & Stripes	Stars & Stripes
7/8-7/12	Travel the world	Travel the world	Travel the world
7/15-7/19	Inventor's Workshop	Inventor's Workshop	Inventor's Workshop
7/22-7/26	Water Explorers	Water Explorers	Water Explorers
7/29-8/2	Superheroes	Superheroes	Superheroes
8/5-8/9	Under the Sea	Under the Sea	Under the Sea
8/12-8/16	Sports Galore	Sports Galore	Sports Galore
8/19-8/23	Water Explorers	Water Explorers	Water Explorers
8/26-8/30	CLOSED	CLOSED	CLOSED

WAIVER AND RELEASE FROM LIABILITY

MEDICAL TREATMENT: In the event my child as named above is injured or becomes seriously ill and I cannot be reached, I authorize YMCA staff or volunteers to seek and authorize any and all hospital, medical, dental and surgical treatment deemed advisable by the circumstances. I understand any of the foregoing care will be at my expense. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

INSURANCE: I understand that the YMCA does not provide any accident or health insurance for its members or participants and I further understand it is my responsibility to provide such coverage.

PROPERTY LOSS: I understand that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

PHOTOGRAPH PERMISSION: I give permission for the YMCA to use, without limitation or obligation, photographs, art work, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

PARTICIPATION: I authorize the YMCA to share any pertinent information concerning my child with the school staff. I give permission for my child to participate in all planned activities, field trips and overnights, with the understanding that competent leadership will be provided. I acknowledge that I have received a parent packet and a copy of the discipline procedures. I understand the importance of reading the provided material and understanding their contents. I understand that I am ultimately responsible for payment of child care fees and must have written approval for state-pay program or Y financial assistance.

ACCEPTANCE: This release is given for myself and on behalf of the minor members of my family listed. I acknowledge the conditions for enrollment stated above. If any portions of this release are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or have had read to me, and voluntarily sign this release.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____



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PAYMENT AUTHORIZATION FORM

PROGRAM

(Complete if requesting scheduled payments)

Participant's Name:

First Name M.I. Last Name

Indicate Choice(s):

- Before and After Club or Preschool
(select payment date)
 - Once per month (1st) **OR**
 - Twice per month (1st and 15th)
- Camp Greider Camp Silver Creek Day Camp
(processes 10 days prior to start of camp)
- Other _____
(processes on due date of the program segment)

MEMBERSHIP

(Complete if revising current draft info)

Primary Member's Name:

First Name M.I. Last Name

Type of Change:

- Change Payment Option
 - YES (complete payment option section below) **OR**
 - NO
- Change Payment Date
 - 1st of each month **OR**
 - 15th of each month

PAYMENT OPTIONS (Select One)

Electronic Funds Transfer (Checking or Savings Account)

Name on Account: (Please print)

Bank Name:

Routing Number:

Account Type: Checking Savings

Account Number:

Recurring Debit or Credit Card Charge

Name on Card: (Please print)

Type:

VISA MC AMEX Discover

Card Number:

Expiration Date:

Card Billing Address:

Street

City

State

Zip Code

I hereby authorize a monthly electronic funds transfer or debit/credit card charge on or after the date specified above. The YMCA may charge collection fees for any declined transactions and will make multiple attempts to collect funds for returned debit/credit card charges. I further understand and agree to the following:

- Transfers/charges will continue until I give written notice to change or terminate them. The frequency and occurrence of visits/usage has no bearing on fees. Scheduled program payments continue until registration ends.
- I will **provide a minimum of 15 days written notice for childcare and 30 days' notice for membership**, prior to my next scheduled draft, to cancel this authorization. If I fail to provide adequate notice, I will draft one additional time before the cancellation takes effect and that payment is non-refundable.
- I am responsible for notifying the YMCA of changes in my account number and expiration date. However, the YMCA may attempt to roll forward credit card expiration dates, where possible.
- I understand that rates are subject to change and as a result the amount transferred/charged may change. The YMCA will notify me in advance of increases in my fees by mail or email. I am responsible for notifying the YMCA if my address or email changes.
- It is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they are processed by my financial institution. After 60 days, I waive my right to dispute such discrepancies.

Signature of Account Holder: _____ Date: _____