



FAMILY YMCA OF MARION & POLK COUNTIES

YMCA Spring Break Camp 2020

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

544 Ferry Street Suite #2 Salem OR 97301 – 503.399.2788 – ffisher@theyonline.org

YMCA SPRING CAMP: AM & PM Monday- Friday Brush College Bush Cummings Henry Hill	MEMBER: Salem \$300.00 Henry Hill \$200.00 NON MEMBER: Salem \$350.00 Henry Hill \$250.00 Drop In Service \$60.00
	Camp Dates - Salem: March 19-27 Henry Hill March 23-27

Child's 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 _____ Immun. _____ Drop In	YMCA Youth Development Coordinator: (INITIAL) _____ Daxko _____ Draft _____ FA _____ Site Copy
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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 YMCA Camp fees.

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

_____ I am aware that the only prorated months of childcare are September and June. I understand I will be billed for the full month of March (if applicable) and that Spring and Winter Break Camps are available for an additional fee, if I registered my child for Option 1.

_____ My account will be assessed a \$20.00 late fee if paid after the 5th of the month unless an alternate arrangement has been made with the Youth Development Office Coordinator.

_____ I understand that I am responsible for payment at the time of registration unless I register at least 5 days prior to the 1st or the 15th of the month and a draft is scheduled.

_____ I will adhere to all Y policies stated within the Parent Handbook (a copy of the Handbook can be provided by request and is available at www.theYonline.org).

_____ My child may be served 1% milk.

_____ My child may participate in swimming and wading activities.

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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DROP-IN POLICY AGREEMENT

This document explains the policies and the procedures that we require all participants to abide by:

Please review and sign this agreement as an acknowledgement of the program policy, even if you are not currently registering for the Drop-In Program.

- Participants in the Drop-In Program follow the same registration procedures as full-time participants. Registration requires a \$45 registration fee, and a complete registration packet (excluding the Draft Authorization form).
- Drop-In care may only be used if there is space available. You must call the Youth Development Office at least **one business day** in advance of your desired care date to secure a spot for your child. (503) 399-2788
- Regular school days half day of drop in care is \$25 a full day of care is \$40. Drop in service for all camps is \$60 full day of care only.
- All drop in service days must be paid prior to day of care or camp.

Please call the Youth Development Office (503) 399-2788 if you have questions or if you need a phone number for one of our sites.

By signing this document I agree to the policies and procedures listed above and acknowledge that I am financially responsible for any charges that may accrue from my child’s attendance.

Signature of Parent or Guardian _____ Date _____

Child’s Name _____



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PARENT HANDBOOK ACKNOWLEDGEMENT

I, the undersigned, acknowledge that I have received a copy of the School Age 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.

In addition, I understand that the contents of the Parent Handbook are subject to change. I acknowledge that the Parent Handbook will be revised in accordance with the rules or regulations of state, federal, and accrediting entities, best practices for child care service providers, or at the discretion of Vice President of Youth Development. I recognize that any such revisions will supersede, modify, or eliminate the current contents of the Parent Handbook.

I acknowledge that it is my responsibility to stay informed of policy and procedure revisions to the Parent Handbook, which will be posted on the YMCA's web site at <http://theyonline.org/programs-services/childcare/>. In the event I do not have internet access, I understand that I can obtain a hard copy of the updated Parent Handbook upon request to the Youth Development Office Coordinator.

Moreover, I recognize that it is my responsibility to contact the Site Director for any questions I might have about the contents of the Parent Handbook now and in the future.

Guardian Name (Print)

Guardian Signature

Date

Date Hard copy of Parent Handbook Provided: _____

Youth Development Representative – Signature: _____

Child Registered in Program: _____



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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):

- School-Age Enrichment Program
(select payment date)
 - Once per month (1st) **OR**
 - Twice per month (1st and 15th)
- Camp Greider Camp Silver Creek YMCA 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: _____



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