



2019 SUMMER DAY CAMP REGISTRATION

Child: First Name _____ MI _____ Last Name _____

YMCA Member Non Member Email _____ Enrollment Date _____

SUMMER DAY CAMPS

CHOOSE YOUR CAMPS & LOCATION:

- Ages 5-12 (must have attended kindergarten)
- Ages 4-5 (Sarpy YMCA ONLY)

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- Armbrust YMCA Mills County YMCA
 - Downtown YMCA Sarpy YMCA
 - Charles E. Lakin YMCA Southwest YMCA
 - Maple Street YMCA Twin Rivers YMCA

Member: \$145/week; 2 children: \$275/week; 3 children: \$405/week
 Non member: \$180/week; 2 children: \$345/week; 3 children: \$510/week

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CHOOSE YOUR DAY CAMP WEEKS:

Please check all weeks that apply.

- May 27-31 _____ Fun & Fitness
- June 3-7 _____ Going Green
- June 10-14 _____ S.T.E.A.M.
- June 17-21 _____ Space is the Place
- June 24-28 _____ Sports Extravaganza
- July 1-5 (no camp July 4) _____ Stars & Stripes
- July 8-12 _____ Under the Sea
- July 15-19 _____ The Amazing Race
- July 22-26 _____ Tropical Paradise
- July 29-August 2 _____ YMCA County Fair
- August 5-9 _____ Superheroes
- August 12-16 (Iowa only) _____ Fun & Fitness

SPECIALTY CAMPS

CHOOSE YOUR CAMPS & LOCATION:

FULL DAY SPECIALTY CAMP: Member: \$200/week • Non member: \$250/week
 HALF DAY SPECIALTY CAMP: Member: \$125/week • Non member: \$150/week

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CHOOSE YOUR FULL DAY SPECIALTY CAMPS:

Please check all weeks that apply.

- June 3-7 _____ Mad Scientist (ages 5-12): Armbrust YMCA
 - June 10-14 _____ Awesome Animals (ages 5-12): Armbrust YMCA
 - June 17-21 _____ Artful Antics (ages 5-12): Armbrust YMCA
 - June 24-28 _____ Outdoor Adventure (ages 8-12): Armbrust YMCA
 - June 24-28 _____ Dance & Cheer (ages 7-12): Southwest YMCA
 - July 8-12 _____ Build It (ages 5-12): Armbrust YMCA
 - July 8-12 _____ Amusement Fun (ages 9-12): Southwest YMCA
 - July 15-19 _____ MusicMania (ages 5-12): Armbrust YMCA
 - July 15-19 _____ Discover Adventure (ages 9-12): Southwest YMCA
 - July 22-26 _____ Master Chef (ages 5-12): Armbrust YMCA
 - July 22-26 _____ Animal Adventures (ages 7-9): Southwest YMCA
 - July 29-Aug. 2 _____ Wacky Water (ages 5-12): Armbrust YMCA
 - July 29-Aug. 2 _____ Magnificent Museum (ages 8-10): Southwest YMCA
 - August 5-9 _____ End of Summer Bash (ages 5-12): Armbrust YMCA
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CHOOSE YOUR HALF DAY SPECIALTY CAMPS:

Please check all weeks that apply.

- June 10-14 (AM) _____ Babysitting Certification (ages 10-14): Armbrust YMCA
- June 17-21 (AM) _____ Babysitting Certification (ages 10-14): Sarpy YMCA
- June 17-21 (AM) _____ Babysitting Certification (ages 10-14): Downtown YMCA
- June 24-28 (PM) _____ Getting Messy (ages 5-8): Armbrust YMCA
- July 8-12 (AM) _____ Dance & Cheer (ages 5-8): Armbrust YMCA
- July 15-19 (AM) _____ Dance & Cheer (ages 9-12): Armbrust YMCA
- July 15-19 (AM) _____ LEGO-mination (ages 8-12): Sarpy YMCA
- July 15-19 (AM) _____ Babysitting Certification (ages 10-14): Downtown YMCA
- July 29-Aug. 2 (AM) _____ Babysitting Certification (ages 10-14): Armbrust YMCA

PAYMENT AGREEMENT

Scheduled Payments: Weekly Payments must be scheduled at time of registration. Payments will be withdrawn automatically 3 days prior to the camp start date.

DEBIT/CREDIT CARD INFORMATION

Card Type (check one): Visa Mastercard American Express Discover

Last 4 of credit card _____ (Card must be presented at time of registration)

Please use the account the YMCA has on file. Last 4 of credit card _____

Please note:

Returned payments will be assessed a \$10 return payment fee and may be electronically collected. Camp Fees not collected will be referred to an outside collection agency.

Child Care Subsidy: Families who receive State Assistance will be responsible for all unpaid fees, copays, or fees if authorization expires. Proof of Authorization must be provided to YMCA before child can be registered for Camp. Copays are due at the beginning of each month.

Attendance: I understand I am responsible for payment of all weeks registered, whether my child attends or not. I also understand that my child cannot attend if payment has not been made. All weeks are filled on a first come, first serve basis.

•The registration fee is a one time \$25 administrative fee.

•A non-refundable \$20 deposit per child/per week is required to secure your child's spot at time of registration. The remaining weekly fee is due 3 days prior to the week of camp your child is attending.

•Registration fee and deposits are non-refundable.

Signature _____ Date _____

SCHOLARSHIP OPPORTUNITIES

Scholarships are available to those in need of financial assistance. Child Care Subsidy is accepted at all locations except for Armbrust YMCA, Southwest YMCA, YMCA Camp Platte and specialty camps. Scholarship is given after Child Care Subsidy options have been denied.

Please complete the financial aid application (available at the Welcome Center) and return with your Child Care Subsidy denial letter. Scholarships are awarded on a first come, first serve basis within the resources of the Y.

I'D LIKE TO SPONSOR A KID WITH A CAMPSHIP

Many of our campers attend Summer Day Camp each week on scholarships. We could not provide this to these families without help from people like you. Make a difference for a child & family in need.

By checking this box, I give the YMCA permission to add \$_____ to my payment for a one-time tax deductible contribution to the Strong Communities Campaign.

CHILD INFORMATION & HEALTH FORM

Child: First Name _____ MI _____ Last Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Gender _____

Birthday _____ Age _____ School _____ Grade in the Fall _____

ANY KNOWN ALLERGIES/INTOLERANCES (food, insects, pollens, etc.) _____

Details: _____

ANY KNOWN SPECIAL NEEDS OR HEALTH ISSUES? _____

Medication, if any _____ Possible side effects _____

Will this medication be taken while he/she is at camp? YES NO If yes, please speak with the director.

Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of? _____

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REGISTRATION INFORMATION

How did you hear about us? _____

Mother's (or guardian) First Name _____ Last Name _____ Mother's DOB _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed by _____ Address _____

Father's (or guardian) First Name _____ Last Name _____ Father's DOB _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed by _____ Address _____

Name of Family Doctor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Dentist _____ Phone _____

Address _____ City _____ State _____ Zip _____

Family's Annual Income

- 0-\$14,999
- \$15,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000+
- Unknown

Ethnic Background

- Hispanic or Latino
- Not Hispanic
- Unknown

Race

- Native American
- Asian
- Black
- Pacific Islander
- White
- Other
- Unknown

In case of EMERGENCY, we should contact the following person(s)
if parents cannot be reached:

(Please list names in order you would like them to be called)

A. Name _____ Phone _____

Address _____ Relation _____

B. Name _____ Phone _____

Address _____ Relation _____

C. Name _____ Phone _____

Address _____ Relation _____

**PLEASE PUT
YOUR CHILD'S
MOST RECENT
SCHOOL
PICTURE HERE**

AUTHORIZED PERSON(S) TO TAKE CHILD FROM SITE:

(You **MUST** list anyone who may pick up your child, including parents, guardians and emergency contacts)

A. Name _____ Relation to child _____

B. Name _____ Relation to child _____

C. Name _____ Relation to child _____

Please list any additional names on an additional sheet of paper.

Please speak with the Director if there is a person that is **NOT** authorized to pick up or see the child.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I (we) expect to be notified at once in case of accident or illness to my/our child; I/we will make arrangements for medical care of my/our child with the physician or hospital of my/our choice; If I/we cannot be reached to make the necessary arrangements, I/we hereby authorize the YMCA to contact:

Dr. _____ at _____

PREFERRED HOSPITAL ADDRESS

PHONE

or the nearest hospital for emergency medical treatment of _____

CHILD'S NAME

Furthermore, I/we certify that my child is, to my/our knowledge, in good health and free of disabilities that would endanger him/her or other children in the YMCA programs.

Parent's signature _____ Date _____

**MEDICATION PERMISSION AND
COMPETENCY**

I _____ have
determined that the YMCA staff is competent to give or apply
medication to my child(ren). I understand that YMCA has the
responsibility to assess the ability of staff to give or apply
medication safely and may give or apply medications to my
child.

Parent Signature:

Date: _____

Parent/Guardian Permission (check all that apply)

- My child has permission to swim during camp.
- My child has permission to swim in the deep end.
Swimming ability: Non-Swimmer Fair Good
**Child must pass a deepwater test prior to being
allowed to swim in the deep end EVERY DAY.**
- I give my child permission to participate in field trips
during camp. **Field Trips will include both walking and
bus transportation.**
- I give to the YMCA, its nominees, agents and assigns,
unlimited permission to use and publish testimonials,
photos, videos, etc. for purposes of advertising and/or
education.

Signature

TRANSPORTATION RELEASE

Parent or guardian: This form must be completed entirely as a necessary prerequisite for participation in transportation services. The YMCA of Greater Omaha (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs. Transportation may be provided by a private provider, a YMCA owned and operated vehicle and/or public transportation systems in the area. I (we) the undersigned understand and authorize the YMCA to transport

my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the YMCA Association and it's agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the transportation program. We fully understand the nature of the transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA Association, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA Association and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Association.

THE UNDERSIGNED further expressly agrees that the forgoing **RELEASE, WAIVER AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE (Parent and/or Guardian)

_____ Printed name of participant
(First, Middle, Last, Suffix (Jr./Sr./II/III))

_____ Signature of parent or guardian

_____ Date of signature

_____ Other names used by parent or guardian
(Maiden/Previous Married/Alas/Nicknames)



Description of Services

The Charles E. Lakin YMCA strives to give all kids the opportunity to discover who they are and what they can achieve. We offer a variety of enrichment activities that help each participant learn, grow, and thrive. Youth participate in small, age-appropriate groups where they build self-esteem and learn new skills. Our experiences are built on the Y's core values of caring, honesty, respect, and responsibility.

Days/Hours of Operation:

School Year: 7:00 am-6:00 pm

Ages of Children Served: 5-12 years old (must have attended Kindergarten)

Location Information

Charles E. Lakin YMCA
235 Harmony ST
Council Bluffs, IA 51503
712-322-6606

Program Director:	Sabrina Stevens
Senior Program Director:	Kyle Gay
Executive Director:	Leo McIntosh
CEO/President:	Chris Tointon

The Program Director is your primary contact for all information or any questions you have. We strongly encourage and invite parental participation and communication. All programs have an open door policy and we hope you take an active role in your child's day. If you have any questions concerns or grievances that you feel have not been addressed by the Program Director, please contact the Executive Director.

Special Services Provided

Swimming: We will swim at least 3 days during Summer Day Camp.

Field Trips: We will have at least 1 field trip a week during Summer Day Camp.

Parents Expectations

Parents are expected to be involved in the quality experience

- Complete needed paperwork and provide up to date immunization records
- Share concerns or comments with program leadership
- Communicate any changes in health, behavior or other areas that might impact the children

Center Policies

Exclusion of Ill Children

Children who are ill may not return until they are symptom free for 24 hours. They must also be fever free for 24 hours, without the use of fever reducers. If your child becomes ill during program hours, you will be notified and requested to pick up your child immediately. Our staff will administer first aid for minor injuries. You will be notified if your child needs prompt medical care.

Fees

Fees must be paid by check, cash or credit card prior to dropping your child off for the day. You also have the option to keep a credit card on file for payments.

Attendance and Pick Up

Only people you authorize in writing may pick up your child from the program. Children must be picked up from the program on time, or late charges will apply. Staff may ask for identification at time of pick up.

Termination of Care

We will make every attempt to work with children and teach appropriate behavior however we will suspend or terminate children as a last resort. We have the right to suspend or expel children from our program if they or their families threaten safety or interfere with the sustainability of a quality program.

Personnel Policies

Staffing is a key to a high-quality child care program. Each staff member goes through an extensive hiring process including a criminal history background check, reference checks, and interviews. We follow the DHHS staff qualification and training guidelines. Staff receive annual training relating to children, health and safety skills and are First Aid and CPR certified. Staff must complete a health physical (no requirement of immunization record).

Staff discipline procedures are outlined in the Employee Handbook/Child Care Center Standards.

Parents will receive a copy of the Parent Information Brochure from DHHS and return the Receipt of Parent Information Brochure.

Received Parent Information Brochure

I have received a copy of the Parent Information Brochure and the Center's Description of Services and Policies.

Parent Signature

Date

SUNSCREEN PERMISSION

I hereby give permission for the YMCA Summer Day Camp to apply Sunscreen on my child _____ during the duration of Summer Day Camp 2019.

If by chance my child should develop a sensitivity to certain sunscreens, I will inform the Director, Assistant Director or a camp Counselor.

Preferred Sunscreen provided by parent

Parent signature

Date signed

