

2017 TAYLORSVILLE SUMMER DAY CAMP REGISTRATION FORM



Youth's Last Name _____ Youth's First Name _____

Please circle the program(s) and price that best meets your family's needs.

PROGRAM	Traditional Camp	Sunrise Camp	Sunset Camp	Sunrise/Sunset Combo
AGES	6-14 years old	6-14 years old	6-14 years old	6-14 years old
TIMES	Monday-Friday 8:30am-5:00pm	Monday-Friday 6:30am-8:30am	Monday-Friday 5:00pm-6:30pm	Monday-Friday 6:30am-8:30am & 5:00pm-6:30pm
FULL PRICE	<input type="checkbox"/> \$190 per week	<input type="checkbox"/> \$55 per week	<input type="checkbox"/> \$55 per week	<input type="checkbox"/> \$90 per week
VOLUNTARY PRICE	<input type="checkbox"/> \$171 per week	<input type="checkbox"/> \$44 per week	<input type="checkbox"/> \$44 per week	<input type="checkbox"/> \$81 per week
APPLY FOR FINANCIAL ASSISTANCE	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required

SELECT THE WEEKS YOU NEED:

\$25 non-refundable deposit required at time of registration per week of camp

- | | |
|---|---|
| <input type="checkbox"/> Week 1: June 5-9—The Great Outdoors | <input type="checkbox"/> Week 6: July 10-14—When I Grow Up |
| <input type="checkbox"/> Week 2: June 12-16—Move It or Lose It | <input type="checkbox"/> Week 7: July 17-21—Mad Scientist |
| <input type="checkbox"/> Week 3: June 19-23—Fantastic Beasts | <input type="checkbox"/> Week 8: July 25-28—Travel Through Time *4 day week |
| <input type="checkbox"/> Week 4: June 26-30—Captain Planet | <input type="checkbox"/> Week 9: July 31-August 4—In a Galaxy Far, Far Away |
| <input type="checkbox"/> Week 5: July 5-7—Stars and Stripes *3 day week | <input type="checkbox"/> Week 10: August 6-11—H2-Oh! |

PAYMENT DUE DATES:

WEEKLY FEE'S ARE DUE IN FULL 2 WEEKS PRIOR TO EACH WEEK OF CAMP

Week 1: June 5-9 — Monday, May 22nd	Week 6: July 10-14 — Monday, June 26th
Week 2: June 12-16 — Monday, May 29th	Week 7: July 17-21 — Monday, July 5th
Week 3: June 19-23 — Monday, June 5th	Week 8: July 25-28 — Monday, July 1
Week 4: June 26-30 — Monday, June 12th	Week 9: July 31-August 4—Monday, July 17th
Week 5: July 5-7 — Monday, June 19th	Week 10: August 6-11— Monday, July 25th

PRICING - ENSURING EVERYONE HAS THE SAME OPPORTUNITY

INCOME BASED PRICING: The YMCA realizes that families have differing abilities to pay and has introduced a income based pricing system to enable all families the opportunity for a quality experience for their children. All children receive the same quality programs regardless of the income based pricing.

Full Price: This rate reflects the actual cost of the program.

Income Based Pricing: Financial Assistance is made possible by donations to the YMCA for families who have need for financial assistance. Please complete a financial assistance application and provide proof of one months of your family's income.

Youth Information: Last Name: _____ First Name: _____

Primary Address: _____ City, State, Zip: _____

Gender: Male Female Date of Birth: ___/___/___ Grade Fall 2016: _____ School: _____

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic Start Date: _____

Race (check all that apply):

White Black/ African American Asian Native Hawaiian/ Pacific Islander American Indian/ Alaskan Native

Parent/Guardian 1 Information: Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Receive Text Messages: Yes No Provider: _____

Email: _____ Relationship to participant: _____

Gender: Male Female Date of Birth: ___/___/___ Head of Household Yes No

Place of Employment: _____ Job Title: _____

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic

Race (check all that apply):

White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Parent/Guardian 2 Information: Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Receive Text Messages: Yes No Provider: _____

Email: _____ Relationship to participant: _____

Gender: Male Female Date of Birth: ___/___/___ Head of Household Yes No

Place of Employment: _____ Job Title: _____

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic

Race (check all that apply):

White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Emergency Contacts (other than Parents) and Persons Authorized to Pick-Up

(Unless a court order prohibiting contact, all parents and guardians will be allowed to pick up their child per Utah State Law)

First & Last Name	Relationship to Child	Address	Phone #

Check if there are no emergency contacts available, other than parents

Check if there are no persons authorized to pick up the child, other than parents

Out of Area/State Contact Name	Relationship to Child	Address	Phone #

Check if there are no out of area/state contacts available.

Signature of Parent/ Legal Guardian _____ Date: _____

Staff Initial: _____

Youth's Last Name _____ Youth's First Name _____

MEDICAL HISTORY & INFORMATION

Check all that apply:

Does your youth have any known allergies or sensitivities to:

	No	Yes	
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods/Dietary Restrictions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other/Additional Health Info	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does your youth have any of the following conditions?

	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

Is the child covered by family/medical hospital insurance? Yes No

If yes, indicate carrier or plan name: _____

Name of youth's Medical Provider: _____

PERMISSIONS

- Yes No - In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.
- Yes No - I give my permission for me or my youth to appear in media coverage.
- Yes No - As parent/legal guardian, I give consent to have YMCA Staff apply both sunscreen and/or bug spray on my youth as needed. I understand that it is my responsibility to provide sunscreen and/or bug spray for my youth.
- Yes No - I give permission for my school age youth to participate in field trips to Fremont Elementary School located at 4219 S. Atherton Dr, Taylorsville, UT between 7:00am-8:00am & 3:20pm-6:30pm.
- Yes No - I give permission for my youth to participate in walking & bus transported Field Trips.
- Yes No - I give permission for my youth to participate in swimming and/or wading at public pool.
- Yes No - I give permission for the YMCA to transport my child to/from school
- Yes No - I give permission for my youth to walk home from program. Time to Release _____: _____ **PM**

We are grateful for our many sponsors and grantors who contribute to the YMCA Programs. In order to continue receiving funding, they have requested we collect the following information. All information is for grant reporting purposes only.

Number of people in your household: _____ Marital Status: _____

Household Income (circle): \$0- \$20,450 \$20,45 - \$34,100 \$34,101 - \$54,550 \$54,551+

Primary Language Spoken in Home: _____

How did you hear about us? Mark all that apply.

- Billboard Email Family / Friend Flyer Internet Search Magazine Newspaper Previous Customer
- Radio School Referral Signage TV YMCA Website The Y called me Continuous Customer
- Returning Customer Walk by/Drive by YMCA Handout At an event Social Media/Blog Other: _____

For the protection of our building and the safety of your youth, we will be using a 4 digit code to verify identity when making account changes or informing us if your youth will not be attending program. Please provide us with a four digit code that you will remember to be able to notify staff over the phone: _____

Please only share this code with those that you want to have authorization to notify us of changes in regards to your youth.

Signature of Parent/ Legal Guardian _____ Date: _____

Youth's Last Name _____ Youth's First Name _____ Site: _____

YMCA Payment Policies and Liability Release

The following terms and conditions apply for youth program accounts (please initial each item).

- _____ **Registration Fee:** A registration fee of \$20 per child is required with each registration form in order to hold your youth's space in our program. Registration fees are non-refundable.
- _____ **1st Day of Attendance:** We reserve the right to require 24 hours notice prior to your youth beginning in a YMCA Program. This is to ensure that the YMCA has fully processed your youth's registration paperwork and has added your youth to enrollment documents.
- _____ **Schedule/Rate Changes:** Services are billed according to the youth program schedule for which you have contracted. Any changes to your contracted schedule must be submitted on a Schedule Request Form two weeks prior to the date of change. Changes submitted without a two week notice will not take effect until the billing cycle following the upcoming one.
- _____ **Absenteeism (short-term):** Fees are not reduced for a child's absence on a day-to-day basis. Sick days and other short-term absences do not qualify for any type of credit. Please call our office to discuss any special accommodations.
- _____ **Payment Dates:** Our policy works on a prepayment basis—program fees must be paid prior to youth attending program for the upcoming month for program. The payment schedule is based on a month to month prepayment basis. All payments are due on the 20th day of the month prior to the intended month of attendance or the following business day. If payments are not received by the 20th, the YMCA cannot guarantee your youth's space in the upcoming month.
- _____ **Refunds:** Registration fees are non-refundable. Program fees are only refundable with a properly completed Schedule Change form 2 weeks before end of service and will be reflected on the next billing cycle. Refunds will not be given for dates in which service was provided or for behavior concerns.
- _____ **Late Payments and Termination of Services:** Balance must be paid in full before the first day of each month of Program before your child enters programming. No exceptions. If payment is not received in full your child will not be admitted to participate that month until fees are paid. If there is a wait list, your child's place will be forfeited and given to the next child on the wait list. An automatic fee of \$5 will be charged to your account per child if the fee has not been received by the last program day of the previous month.
- _____ **Collection of Fees:** The YMCA reserves the right to pursue collection of unpaid accounts through a collection agency. If this becomes necessary, amounts due will be reported to the credit reporting agencies and the parent/guardian responsible for the account will be assessed any additional fees resulting from the collection process. If an account is turned over to collections a \$20 processing fee will be added to the account balance.
- _____ **Returned Payments:** An NSF charge up to \$25 will be charged to your account for returned items along with a late charge if applicable.
- _____ **Late Pick-up Policy:** It is expected that your youth be picked up by the end of program. If you pick up your youth after the closing time you will be charged \$2.00 for each minute per child after closing until 30 minutes after program ends at which time the local Police Department will be called if staff are not able to make contact with a parent/guardian or emergency contact. Late pick up fees incurred must be paid before your child can return to program. Your youth may be removed from program if this occurs 3 or more times.
- _____ **No Call Policy:** YMCA Youth Programs require that parents call the Site Coordinator to report their child absent prior to program times.
- _____ **Orientation:** I understand that a program orientation is available in person and I am encouraged to attend prior to my youth beginning program.

This is to certify that I give permission for my youth to attend the YMCA Youth Program(s). I release the YMCA from any liability. I understand that it is my responsibility to arrange transportation for my student after the program daily at a specified time. I understand there are late fees that apply if I am late picking up my youth. I also allow the program to access information from the school regarding my youth's lunch status for snack purposes. All information will be kept confidential. I support the efforts of the YMCA staff in caring for my youth. I understand that my student must abide by the code of conduct established by the YMCA, and also the discipline code set up by the school and school district my youth attends, and if these are not followed, my student may be dismissed from the program. I also understand that the YMCA programs work on a 1 staff to 20 youth ratio for ages 5-15 and a 1:12 ratio for youth 3-4 years of age. I understand that if my youth can not participate in an environment that is at this ratio they will be asked to withdraw from the program. I agree to pay all program and related student fees for my youth prior to participating in the YMCA Youth Program(s) and understand that if my account is unpaid, it will be turned over to collections, as described in the Youth Program Payment Policy, and I will be responsible for the service fees.

Print Name of Parent/ Legal Guardian _____ Date: _____

Signature of Parent/ Legal Guardian _____ Date: _____

Staff Initial: _____



PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me. I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____ Date: _____

Participant Printed Name: _____ Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____



YMCA PARENT HANDBOOK POLICIES AGREEMENT & OVERVIEW

Please initial the following statements to show your understanding and agreement:

_____ **Parent Handbook:** I acknowledge that I have received a copy of the YMCA's Parent Handbook and agree to comply with all policies and procedures listed therein.

_____ **Behavioral Issues:** I understand that, as listed in the Parent Handbook, if after all measures have been taken (behavioral coaching, parent meetings, implementation of behavioral contracts, etc.) behavioral issues continue, especially those regarding safety of my youth and others', that my youth may be removed from the program. This will be at the discretion of the Program Director.

_____ **Missed Field Trip Bus:** I understand that if my youth does not arrive on time to program and misses the scheduled field trip bus, I am not allowed to meet up with the bus or leave the camper at the Community Family Center if his/her age group is no longer on-site.

_____ **Cell Phones & Electronics:** I understand that my youth is not allowed to use cell phones or electronics of any kind during program. I also understand that if my youth is caught using his/her cell phone/electronics during program time that a YMCA staff will confiscate and keep the device until my youth is picked up.

_____ **Weapons:** Weapons of any kind whatsoever are NOT ALLOWED in YMCA programs or on YMCA property. If a youth is found with a weapon in his/her possession, whether accidental or not, they will be removed from program immediately and this may result in the inability of youth to return to future YMCA programs.

_____ **Late Pick-up:** I understand that unless I have registered for the extended care option (Sunrise or Sunset), pick up time for Traditional Summer Day Camp ends at 5:00pm. I understand that after the third time of being late (even if only 3-5 minutes), I will be charged a \$2.00 per minute in late fees, which must be paid before my youth can return to program the following day.

Print Name of Parent/ Legal Guardian _____ Date: _____

Signature of Parent/ Legal Guardian _____ Date: _____

Staff Initial: _____