



BEST. SUMMER EVER!

Bob Freesen YMCA
Summer Day Camp 2022
Registration & Enrollment Forms

Child's Name _____
Birth Date _____ Gender _____
Lives with _____
School Attending: _____
T-shirt size (circle): YS YM YL AS AM AL AXL AXXL

Program (please check appropriate line(s))
____ 3-5 Year Olds Summer Camp
____ 5-8 Year Olds Summer Camp
____ 9-12 Year Olds Summer Camp

Parent, Guardian, or Other Person(s) Placing the Child

Name _____ Relation to Child _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ EMAIL _____
Employer _____ Position _____ Working Hours _____
Work Address _____ City _____ State _____ Zip _____

Name _____ Relation to Child _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ EMAIL _____
Employer _____ Position _____ Working Hours _____
Work Address _____ City _____ State _____ Zip _____

Other Person(s) to Contact in Emergency and Authorized to Pick Up the Child

Name _____ Relation to Child _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ EMAIL _____

Name _____ Relation to Child _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ EMAIL _____

Other Person(s) NOT Authorized to Pick Up the Child

Name _____ Relation to Child _____
Name _____ Relation to Child _____
Name _____ Relation to Child _____
Name of Child _____

EMERGENCY MEDICAL CARE

This authorizes YMCA Staff to secure EMERGENCY medical care for my child when I/We cannot be immediately reached at the time of emergency. I/We will be responsible for the emergency medical charges upon receipt of the statement.

Preferred Physician _____ Phone _____
Hospital or Clinic _____
Address _____

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

SPECIFIC MEDICAL INFORMATION

If the child has any of the following, please explain:

Medical problems _____

Physical handicaps _____

Restrictions for play – outdoors _____

Restrictions for play – indoors _____

Other information that will help provide a positive experience for the child _____

LIABILITY RELEASE FORM

I release the Bob Freesen YMCA from any liabilities or claims arising from _____ (child's name) participation in a YMCA program. I agree that I will never prosecute or in any way aide in prosecuting any demand, claim, or suit against the Bob Freesen YMCA for any loss, damage, or injury to my child's person or property that may occur from any cause whatsoever as a result of taking part in this activity. I, _____, parent/legal guardian of the above-said child, consent to his/her taking part in this YMCA program and will abide by the above.

Signature Parent/Guardian

Date

ADMINISTER PRESCRIPTION MEDICINE

I/We authorize YMCA Staff to administer prescribed medicine to my/our child as specified in written instructions.

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

ADMINISTER PATIENT MEDICINE / EMERGENCY MEDICAL DECISIONS

I/We authorize YMCA Staff to administer patent medicine to my/our child as specified in written instructions and to make emergency medical decisions in my/our absence.

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/We authorize YMCA Staff to take my/our child on walking trips, special excursions, and to nearby park facilities. I/We also authorize the child to ride as a passenger in transportation provided by or for the program. I/We understand all such trips are under supervision of the program staff.

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

SUNSCREEN PERMISSION

I/We understand that I will apply sunscreen on my child prior to arrival at the YMCA Camps. Sunscreen will be applied at mid-morning, lunchtime and in the early afternoon. All children will have sunscreen applied. In the event my child shall need help applying sunscreen, I hereby give permission to the Camp Staff of the Bob Freesen YMCA to help my child apply additional sunscreen. I also understand that if at any time I fail to comply with the policy, my child will not be allowed to participate in the program and or its activities.

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

PHOTOGRAPHS

I/We give YMCA Staff my/our permission to take photos and videos of my/our child at YMCA programs. I/We understand the photos and videos may be used for promotional or display purposes (flyers, website, Facebook, Instagram, Twitter newsletter, brochures or other YMCA communications and publicity).

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

SWIMMING

I/We consent to my/our child using the swimming pool of the Bob Freesen YMCA and Nichols Park.

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

Health Information – check all that apply

Illness	Dates	Disease	Allergies
Frequent Ear Infections		German Measles	Hay Fever
Heart Attack / Disease		Mumps	Poison Ivy, etc.
Convulsions		Chicken Pox	Insect Stings
Diabetes		Other (describe)	Peanut
Bleeding Clotting Disorders			Other (describe)
Hypertension			
Tetanus Inoculation			
Mononucleosis			
Asthma			

Your Child’s Health

Current immunizations updated and turned into the YMCA ___Yes ___No Date of last Tetanus shot_____

Any camp activities from which your child should be exempted or limited in for health reasons

Other afflictions or details on items above

Medications taken at home (list all that apply)

Medications taken at camp (list all that apply – prescription only, send in original bottle)

Operation or serious injuries _____ Disability due to chronic or recurring illness _____

Any special needs (health, physical, educational, mental or psychological) your child has that require medication, treatment or special restrictions while at camp

Dietary Restrictions _____ Immunizations _____

Parent Authorization

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Bob Freesen YMCA. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and the Parent Handbook and understand the contents thereof.

Signature Parent/Guardian _____ Date _____

Parent or Guardian Permission

My signature below indicated that I have the legal authority to sign my child named on this form and that to the best of my knowledge the information on the application form is completed and accurate. I further understand that this application and the named child’s participation is contingent upon space being available in the program(s) as contained in the Information packet and that, furthermore, all necessary health, security, and waiver forms must be signed and on file with the YMCA prior to my child attending the program(s). Failure to comply with the above could result in the loss of the camp space.

Signature Parent/Guardian _____ Date _____



PARENT AGREEMENT FORM

Please read, sign, and return to program staff.

I/We have read the YMCA Day Camp Parent Handbook and agree to comply with the policies and procedures of the program regarding all items specified in the Parent Handbook. I also agree to discuss the child's responsibilities with my child.

I agree to pay a late fee of \$5.00 for every ten (10) minutes if I pick up my child after the YMCA program closes. I understand this fee is payable at the time of pick up.

I understand that a \$20 NSF fee will be added to all returned checks. I agree to pay this fee along with the amount of the returned check. After the third late payment, the fee will increase to \$30 per occurrence. I agree to pay the fee and check amount by money order, cash or credit card.

Signature Parent/Guardian

Date

Relationship to Child

Child(ren)'s First and Last Name

Camper Connection Form

(To be given to Counselors to help in understanding your child and making their experience the best it can be.)

At the Y we continue trying to build stronger relationships with our day campers. In order to do so we would like to ask you some questions regarding your child. Please take a few minutes to answer the following questions with your child. This will help our Camp Leaders get to know your child better.

Camper Name _____ Age _____ Birth Date _____ Parent email _____

Please circle sessions/weeks attending:

3-5 Year Olds: Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10 Week 11

5-8 Year Olds: Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10 Week 11

9-12 Year Olds: Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10 Week 11

Summer 2022 Parent Code of Conduct

As a parent of _____, a camper, I will...

- Support and teach the YMCA values of Caring, Honesty, Respect and Responsibility.
- Communicate questions or concerns to staff in a mature and private matter.
- Never discredit a staff member or another parent in front of a camper.
- Work with camp staff in a positive manner on all behavioral issues dealing with my child.
- Read the parent handbook so I am familiar with its information.

Signature Parent/Guardian

Date

2022 Camper's Creed

"During camp I pledge to do the best I can and to be the best I can be. I pledge to work as a team member and respect my fellow campers and all camp staff. I pledge to work to improve myself every day in spirit, mind and body."

Camper Name _____ Camper Signature _____

Signature Parent/Guardian _____ Date _____

Other Information

Is your camper on any behavior medications or taking a summer break from any medications? Yes No
Explain _____

Have any major life events occurred recently for your child? Yes No
Explain _____

Share your camper's previous camp experience _____

Does your camper have siblings at camp? Yes (name(s) of sibling(s)) _____ No

What types of responsibilities does your camper have at home? _____

What are the names of your camper's pets, if any? _____

What type of extracurricular activities does your camper participate in? _____

What else would you like us to know about your child? _____

Indicate your child's swimming abilities:

- Beginning Swimmer Some Swimming Skills Average Swimmer Strong Swimming Skills

Note: All children must pass a swim test with the lifeguard to be able to swim in the deep water. This may be done at the beginning of each week.

Camper Completes

When I'm not at school I like to:

My favorite thing about camp is:

I'm excited about going to camp because:

We are always trying to find new and interesting ways to help our YMCA Day Campers grow personally and learn about the world around them. If you or someone you know has a unique passion, interest, skill or vocation you think would be great to share with our campers, please let us know! We would love to try to find a way to incorporate the talents of our families and community members into our program.

Skill/Interest/Hobby for sharing:

Additional Contact Information:

Child's Name

CREDIT CARD/DEBIT CARD

The YMCA takes Credit and Debit Cards for payments. Come to the front desk to make payment(s) or once paperwork is completed and turned in you may call and do Credit Card Payment over the telephone with the front desk staff, 217-245-2141.

2022 Bob Freesen YMCA Summer Day Camp Costs are as follows:

Non-refundable Registration charge per child due at time paperwork for registration is turned in: \$25 per child.

Bob Freesen YMCA Member \$150.00 per week
Non-YMCA Member \$175.00 per week

Bob Freesen YMCA Member \$30.00 per day, with a minimum of two (2) days per week
Non-YMCA Member \$35.00 per day, with a minimum of two (2) days per week

Please Note: A \$35 non-refundable deposit is due with Registration

Fees include: Healthy snack, healthy lunch, field trips (unless otherwise notified) and daily activities (Swim Lessons 2 days per week for the 3-5-year-olds)

Half-Day Campers (must be picked up at noon)

Other Costs:

Optional Swim Lessons for 5-8-year-olds and 9-12-year-olds (for each 4-week session):

Members: \$25 (1 day per week); \$50 (2 days per week)
Non-members: \$45 (1 day per week); \$90 (2 days per week)

Late Payments or returned check fee:

A late fee of \$20 will be assessed when payment is not received on time. After the third late payment, the fee will increase to \$30 per occurrence.

Late Pick-Up

Y childcare ends at 6:00 p.m. and our staff is scheduled to leave. If you are running late, please notify your camp director. A late pick-up fee will be assessed after the program closes. There will be an additional charge of \$5 per child, for every ten (10) minutes payable to the YMCA. You will receive a receipt for your payment.

Parents who have not notified the director they will be late can expect the following sequence of events to occur. These steps are necessary to ensure the safety of the child as well as Y staff members.

- 6:00 p.m. Program closes. Staff member in charge begins calling parent work number to check for problems or miscommunications. If contact is not made, alternative contacts listed on the registration form will be called.
- 6:30 p.m. Staff member in charge contacts team leader, program director, and local authorities to apprise them of the situation.
- 6:45 p.m. If there is no contact from the parent and no other safe option, the child will be turned over to the city or county police department.

You risk dismissal from the program if:

- You fail to pay the late fee.
- You are late picking up your child three times within a 30-day period.

Parents must keep the Y office and staff notified of phone number changes for work, home, and emergency contacts at all times.

How will you pay for camp costs?

Weekly Every 2 Weeks Monthly Full Summer

(Please Note: All payments for camp must be received by the Thursday before each week begins.)

Summer Camp 2022

Week 1, June 1-3: Getting To Know You

Week 2, June 6-10: Getting to Know Nature

Week 3, June 13-17: Superhero Week

Week 4, June 20-24: Anything Goes

Week 5, June 27-July 1: Science Week

Week 6, July 5-8: Sports Week

Week 7, July 11-15: Craft Week

Week 8, July 18-22: Water Week

Week 9, July 25-29: Cooking Week

Week 10, Aug. 1-5: Clowning Around Week

Week 11, Aug. 8-12: So Long Summer, Kids Choice Week

Field Trips will be arranged and taken once per week for each camp.

Basic Day Camp Daily Schedules

(This is a general schedule and will be adjusted each week depending on special activities for each themed week – Library Reading program each week and other fun new activities.)

3-5 Year Olds (Field Trip Days Vary, Reading program at library)

7:00- 8:00 a.m.	Arrival: Coloring and toys in the lobby
8:00- 9:00 a.m.	Gym Time
9:00 a.m.	Pledge of Allegiance, Prayer and Attendance
9:15 a.m.	Walk the trail/Playground time
10:00 a.m.	Organized games and Snack
11:15 a.m.	Swimming Lessons (Tuesdays, Thursdays) Campers bring towels and swimming suit (goggles) For longer hair please bring hair tie
11:30 a.m.	Lunch (On Tues./Thurs. lunch is at 12:30 p.m.)
12:00 p.m. (noon)	Organized Game/Arts and Crafts
1:00 - 3:00 p.m.	Rest Time
3:00 - 4:00 p.m.	Toys and Games
4:00 - 4:30 p.m.	Snack
4:30 - 6:00 p.m.	Free Play

(More to come soon on special programs)

5-8 Year Olds (Wednesday Field Trip, Reading time at library)

7:00- 8:00 a.m.	Arrival: Coloring and toys in the lobby
8:00- 9:00 a.m.	Gym Time
9:00 a.m.	Pledge of Allegiance, Prayer and Attendance
9:15 a.m.	Walk the trail/Playground time
10:00 a.m.	Organized games and water break
11:30 a.m.	Lunch
12:00 p.m. (noon)	Organized Games/Gross Motor Skills
12:30 - 2:00 p.m.	Arts and Crafts/Fine Motor Skills
2:00 - 4:00 p.m.	Swimming Campers bring towels and swimming suit (goggles) For longer hair please bring hair tie
4:00 - 4:30 p.m.	Snack
4:30 - 6:00 p.m.	Free Play

(More to come soon on special programs)

9-12 Year Olds (Thursday Field Trip, Reading time at library)

7:00- 8:00 a.m.	Arrival: Coloring and toys in the lobby
8:00- 9:00 a.m.	Gym Time
9:00 a.m.	Pledge of Allegiance, Prayer and Attendance
9:15 a.m.	Walk the trail/Playground time
10:00 a.m.	Organized Game/Water break
11:30 a.m.	Lunch
noon	Organized Game/Gross Motor Skills
12:30 - 2:00 p.m.	Arts and Crafts/Fine Motor Skills
2:00 - 4:00 p.m.	Swimming Campers bring towels and swimming suit (goggles) For longer hair please bring hair tie
4:00 - 4:30 p.m.	Snack
4:30 - 6:00 p.m.	Free Play

(More to come soon on special programs)