

**Garland YMCA
2010 Summer Camp Enrollment Packet**

STEP I

Review Parent Handbook

Complete

STEP II

Fill out Registration Form Completely

Read and Initial all agreements. Sign all forms.
Forms will not be accepted if all information is not complete.

Complete

STEP III

(Optional) Fill out Draft Payment

Complete

STEP IV

Review Payment Schedule (On Back)

Payment must be received no later than 7 days prior to each camp week.
If payment is not received enrollment will be dropped.

Complete

STEP V

Attach Immunization Records

Complete

Week #	Paying for Week of	Due Date
1	June 7 st	June 4 th
2	June 14 th	June 11 th
3	June 21 st	June 18 th
4	June 28 th	June 28 th
5	July 5 th	July 2 nd
7	July 19 th	July 16 th
8	July 26 th	July 23 rd
9	August 3 rd	July 30 th
10	August 9 th	August 7 th
11	August 16 th	August 13 th

Week #	DRAFT *Must be setup by May 15 th	Amount
1 & 2 & 3	June 1 st	
4 & 5	June 15 th	
6 & 7	July 1 st	
8 & 9	July 15 th	
10 & 11	August 1 st	

You will be dropped from the program if payments are not received on time, the Friday before, *unless Drafting*. Your spot will be given away and you may only re-register if there is space and after paying a \$10.00 late fee.

We do not pro-rate days for absence. All withdraws must be in writing 1 week prior to last day of attendance.

YMCA Of Metropolitan Dallas Day Camp - Enrollment Form

Day Camp Site	Garland YMCA	Member #:	
Start Date:		Security Code: (password)	
Days of Care:	M T W TR F	Hours of Care:	7:30 AM – 6:30 PM

Child's Information:

Last Name:		First Name:	
Home Address:		City/State/Zip:	
Date of Birth:		Home Tele #:	
Age:		Ethnicity:	
School attending:		Gender:	
School Address:		School Tele #:	
May the YMCA release to non custodial Parent?	No Yes	Custodial Parent:	

Parent/Guardian Contact Information:

Name:		Date of Birth:	
Cell #:		Home Tel. #:	
Home Address:		City/State/Zip:	
Employer:		Work Tel. #:	
Email Address:			

Parent/Guardian Contact Information:

Name:		Date of Birth:	
Cell #		Home Tel. #:	
Home Address:		City/State/Zip:	
Employer:		Work Tel. #:	
Email Address:			

Emergency Contacts - Authorized to Pick Up My Child:

Name:		Home Address:	
Relationship to child:		Cell #:	
		Work #:	
Name:		Home Address:	
Relationship to child:		Cell #:	
		Work #:	

Additional Person(s) Authorized to Pick Up:

Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	

Signature _____ **Date** _____

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PERSONAL INFORMATION:

Person Responsible for Payment:	Camper Name:
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Please check the box to indicate the session requested.

	Full Week	Partial Week (2 day min. Payment)
Week 1 June 7 th - June 11 th		M T W Th F
Week 2 June 14 th - June 18 th		M T W Th F
Week 3 June 21 st - June 25 th		M T W Th F
Week 4 June 28 th - July 2 nd		M T W Th F
Week 5 July 5 th - July 9 th		M T W Th F
Week 6 July 12 th - July 16 th		M T W Th F
Week 7 July 19 th - July 23 rd		M T W Th F
Week 8 July 26 th - July 30 th		M T W Th F
Week 9 August 2 nd - August 6 th		M T W Th F
Week 10 August 9 th - August 13 th		M T W Th F
Week 11 August 16 th - Aug 20 th		M T W Th F

A \$25 deposit, for each week, is due upon registration.

PAYMENT AGREEMENTS:

Initial	Payments are due the Friday before the week of attendance. It is my responsibility to notify the YMCA of any changes to my situation or tuition plan.
Initial	I have reviewed and understand the tuition schedule and when tuition is due to the YMCA. I understand that I will be charged according to my payment plan regardless of absences or lapses in attendance.
Initial	I understand that if I am more than one week behind on my account that I will be suspended from the program and any YMCA programs throughout the YMCA of Metropolitan Dallas until my balance is reconciled. Accounts that are 45 days past due will be submitted to collections.
Initial	I agree to give one week notice to the YMCA if I plan to exit the program or transfer to another week. I will complete an exit or transfer form at this time. If I fail to give a week notice, or contact the Program Director to discuss emergency withdrawals, I am responsible for any payments up to the time of notification to quit. *Draft payments require 30 days notice to cancel.

SIGNATURE:

I understand and have read all payment policies and procedures, chosen and accept my payment plan, and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangements will result in my child being suspended from the program and that my YMCA of Metropolitan Dallas program privileges will also be suspended until my account is in good standing.

Signature _____ **Date** _____
(Parent/ Legal Guardian)

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Health History/Information

Allergies and Special Conditions

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

Medications being taken

Please list any medications your child is taking

I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA After-School and Day Camp programs. The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

Authorization for Medical Treatment

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid / or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician/Hospital: _____ Phone: _____

Address: _____
Street Suite# City Zip

Signature _____ Date _____
(Parent/ Legal Guardian)

* * * * *

Admission Agreement & Parent Information Packet Receipt/Releases

Parent/Guardian will indicate Receipt/Release by initialing on each blank

Transportation:

(Parent/Guardian Initials)

I give permission for my child to be transported in an authorized YMCA vehicle for YMCA events/field trips or to afterschool program locations. I, parent/guardian, understand that I will be informed of all planned field trips.

Water Activities:

(Parent/Guardian Initials)

I give permission for my child to participate in water activities during program hours at a predetermined day/time at the YMCA.

Movies:

(Parent/Guardian Initials)

I give permission for my child to watch a G rated movie. I understand that the movies, though not part of daily lesson plans, will be approved and viewed by the director.

Signature _____ Date _____

YMCA Of Metropolitan Dallas Day Camp - Enrollment Form

Policies and Procedures: I have received a copy of the YMCA After-School and/or Day Camp Program Parent Hand-book. (Contains school age information and statements)

(Parent/Guardian Initials)

Immunization, Hearing & Vision Screening: I certify that my child's current immunization records and TB test (if applicable) are included with this form. I certify that my pre-school age camper's Hearing & Vision screening results are also included.

(Parent/Guardian Initials)

Hours of Care: I understand that I will be charged an additional \$1.00 for every minute I am late after close of site. And unless payments have been worked out with Program Director, my bill must be paid in full for my child to attend the following week.

(Parent/Guardian Initials)

Child Custody: YMCA staff are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the information listed on page 1 of this document.

(Parent/Guardian Initials)

Behavior Policy Statement

The YMCA reserves the right to warn, suspend, dismiss or remove any program participant or member from our programs, program locations and facilities upon the following conditions:

- If their behavior poses a threat to themselves or others.
- If they require an inordinate amount of attention from the staff thereby causing inadequate levels of supervision for the remainder of the participants or members.
- If their behavior is determined to be inappropriate within the scope and spirit of the YMCA values.
- For any reason within the discretion of YMCA management.

I have read the **Admissions Agreement** and fully agree to its terms. I have also read and accept the **policies and procedures** listed in the parent handbook and stated within this agreement. I understand and agree to abide by the payment agreement set forth. I understand the penalties for failing to abide by this agreement. I also understand my child will be dropped from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying authorization and consent to medical treatment of minor and the parent information packet containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulation found in the parent information packet. I also understand that I will be given written notice at least 30 calendar days prior to any modifications of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

The YMCA is hereby granted permission to use any individual or group photographs and/or videotapes showing my child in YMCA activities for use in public relations, promotional or advertising purposes.

Signature _____ **Date** _____
(Parent/ Legal Guardian)

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2010 Summer Camp Draft Setup

Optional - Only complete if you wish to set up a draft payment

DRAFT AGREEMENT

Initial	I understand that if I elect to pay by draft, that I will be drafted based on the registered week's distribution amounts shown below.
Initial	I agree to pay all fees associated with my account due to insufficient funds, closed accounts or stopped payments or my failure to update information. The fee is \$25.00 per item.
Initial	I understand that I will be drafted regardless of absences, and that the YMCA will not prorate days due to attendance.
Initial	I agree to give 30 days notice for draft payment cancellations and I understand that my last draft will include any charges, fees, or balances left on my account.
Initial	I understand that if I elect to cancel my draft payments and change to manual payments that I will have to pay the \$25.00 deposit for any future weeks that have been waived for draft participants.

BANK DRAFT *INCLUDE A VOIDED CHECK

Bank Name: _____ Routing Number: _____ Account Number: _____

CREDIT CARD/DEBIT CARD *ONLY AVAILABLE BEFORE MAY 31st

Circle: Visa Master Card American Express Discover

Card Number: _____ Exp. Date: _____

DRAFT DISRIBUTION *ONLY AVAILABLE BEFORE MAY 31st

Draft on June 1 st for weeks 1 & 2 & 3	Wk 1 Amt. _____ + Wk 2 Amt. _____ + Wk 3 Amt. _____ = _____
Draft on June 15 th for weeks 4 & 5	Wk 4 Amt. _____ + Wk 5 Amt. _____ = _____
Draft on July 1 st for weeks 6 & 7	Wk 6 Amt. _____ + Wk 7 Amt. _____ = _____
Draft on July 15 th for weeks 8 & 9	Wk 8 Amt. _____ + Wk 9 Amt. _____ = _____
Draft on August 1 st for weeks 10 & 11	Wk 10 Amt. _____ + Wk 11 Amt. _____ = _____

SIGNATURE:

I understand and have read all draft policies. I commit, by my signature, to allow the YMCA to draft, where applicable, my bank account or credit card for payment of the YMCA summer camp program. Thirty days notice is required for draft cancellations. I understand that it is my responsibility to make necessary changes to my account by contacting the YMCA staff. If I cancel draft payment, I will be charged any outstanding balances on my account at that time and must pay the \$25.00 deposit towards any future camp weeks.

Signature _____ **Date** _____