

SALINA FAMILY YMCA DAY CAMP 2019 REGISTRATION FORM



Child's Name: _____
T-Shirt Size: (Circle) YS YM YL S M L XL

Birthdate: _____
Outgoing Grade: _____

PARENT/GUARDIAN INFORMATION

Primary: _____
Cell Phone: _____
Email: _____
Is it OK to call at work? yes no

Guardian: _____
Cell Phone: _____
Email: _____
Is it OK to call at work? yes no

EMERGENCY CONTACT

In the case that either parent is not able to be reached, we will call the Emergency Contacts. You must have two emergency contacts listed on this form (other than the parents/guardians) that would be close enough to pick up the child if needed and available to pick up within one hour.

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

CHILD RELEASE FORM

Please list any additional people that are permitted to pick up your child (other than Parents/Guardians and Emergency Contacts listed above). Attach additional page if necessary.

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

WEEK(S) ATTENDING

<input type="checkbox"/>	1	5/28-5/31
<input type="checkbox"/>	2	6/3-6/7
<input type="checkbox"/>	3	6/10-6/14
<input type="checkbox"/>	4	6/17-6/21
<input type="checkbox"/>	5	6/24-6/28
<input type="checkbox"/>	6	7/1-7/3 (3 day wk)
<input type="checkbox"/>	7	7/8-7/12
<input type="checkbox"/>	8	7/15-7/19
<input type="checkbox"/>	9	7/22-7/26
<input type="checkbox"/>	10	7/29-8/2
<input type="checkbox"/>	11	8/5-8/9

PAYMENT INFORMATION

- DIRECT PAYMENT TO THE YMCA** in person/online. Fees are due the **FRIDAY** of the week prior to attending. Failure to make payment will result in late fees and/or cancellation of my child's spot.
- AUTOMATIC WITHDRAWAL** (please complete form at Membership desk)
- THIRD PARTY SERVICES:** DCF St. Francis/KVC
 OTHER: _____
I understand that I am responsible for any fees not covered by DCF or other Third Party Services each week. I understand fees are to be paid in advance unless otherwise authorized by School Age Coordinator. I also understand that to receive any additional financial assistance through the YMCA that I must provide a copy of my DCF plan.

Parent/Guardian Signature: _____

Date: _____

Date Received: _____

Name of Child Care Facility as it appears on the license:

License #: **524-012**

Salina Family YMCA CAMP SWAT

While my child, _____, is attending YMCA Day Camp SWAT give permission for them to participate in the following activities:

Please initial if you give permission:

_____ Swimming activities, including the use of the diving boards and water slides, offered at the Salina Family YMCA, Northwest Branch YMCA in Wichita, Manhattan Water Park, and Kenwood Cove Water Park,.
Swimmers must pass a swim test prior to utilizing slides and deep end activities and areas.

I understand that some of the above activities are considered to be HIGH RISK, according to the Kansas Department of Health and Environment.

Please check if you give your permission for the following:

- Yes No My child has my permission to use all of the play equipment and participate in all camp activities provided at the YMCA and field trip areas.
- Yes No Any pictures or videos taken of my child may be used in newspapers, displays, bulletin boards or social media for the YMCA or partnering agencies.
- Yes No I hereby give my permission for my child to watch G & appropriate PG movies. Alternative activities will be provided for children not viewing the movie.
- Yes No Face painting, colored hair gel, and nail polish for various spirit activities. With the exception of nail polish, all items will wash out or off with regular soap and water. Campers will always have the opportunity to choose not to participate.
- Yes No Sunscreen administration. Each time campers will be outside for an extended period of time a minimum of SPF 30 Kids Sun Block/UVA-UVB Protection will be applied by the counselors. Sunscreen will be applied by the counselors as a protective measure, but this is not a guarantee against sunburn.
- Yes No The staff will be notified promptly of any changes in our family that would affect the child's attendance, activities or behavior. This includes updating information in this packet.

I have read and agree to follow the policies set forth on the Parent Handout including, but not limited to, Drop Off and Pick up, Late Pick Up, Illness Policy, Field Trips, Medication Policy, Major and Minor Emergencies, Behavior Management Policy, Payment Options, Swim Testing, Special Needs, and Heat Policy.

Parent/Guardian Signature: _____

Date: _____

Kansas Department of Health and Environment

Bureau of Child Care and Health Facilities
 1000 SW Jackson, Suite 200
 Topeka, KS 66612-1274
 Phone: (785) 296-1270 FAX: (785) 296-0803
 Website: www.kdhe.state.ks.us

**Parental Permission Form for Off Premise Trips****Group of Children to Multiple Locations on Multiple Dates**

Name of facility exactly as stated on the license or certificate Salina Family YMCA Camp SWAT		License/Certificate # 524-009	
Address of the Facility 570 YMCA Drive	City Salina	Zip Code+ 4 67401	County Saline

I give permission for my child, _____, to attend the following off-premise field trips with YMCA Staff, representatives of the above named facility between the dates of May 28, 2019 and August 9, 2019. I understand that my child may walk or be transported by vehicle to these locations.

Parent/Guardian Signature: _____ Date: _____

	Location	Address	Notes
1	Salina Arts Center	242 S Santa Fe Ave	
2	Smokey Hill Museum	211 W Iron Ave, Salina, KS 67401	
3	Bill Burke Park	1501 E Crawford St, Salina	
4	Carey Park	1600 S. Plum St. , Hutchinson	
5	Campbell Plaza	126 S Santa Fe Ave, Salina, KS 67401	
6	Indian Rock Park	300 S Indiana, Salina	
7	Jerry Ivey Park	735 E Magnolia, Salina	
8	Camp Wood	1101 Camp Wood Rd, Elmdale, KS 66850	
9	Kenwood Cove Water Park	701 Kenwood Park Dr., Salina	
10	Rolling Hill Zoo	625 N. Hedville Rd, Salina KS 67401	
11	Field Station	2999 N Rock Rd, Derby, KS 67037	
12	Starlite Skate Rink	2661 Market Pl, Salina, KS 67401	
13	Oakdale/Kenwood Park	821 Kenwood Park Dr., Salina	
14	All Star Lanes	624 S Broadway Blvd, Salina, KS 67401	
15	Salina Community Theatre	303 E Iron, Salina	
16	Salina Public Library	310 W Elm, Salina	
17	Wichita Ice Center	505 W Maple St, Wichita, KS 67213	
18	Oz Museum	511 Licoln Ave, Wamego, KS 66547	
19	Cosmophere	1100 N Plum St, Hutchinson, KS 67501	
20	Oxbow Park	901 Faith Dr., Salina	
21	Sunset Zoo	2333 Oak St, Manhattan, KS 66502	
22	Lakewood Discovery Center	205 Lakewood Dr, Salina, KS 67401	
23	Sonic	310 S Santa Fe Ave	
24	North Branch YMCA Wichita	3330 N Woodlawn St, Wichita, KS 67220	

PAYMENT AGREEMENT/AUTHORIZATION

Child: _____

Parent: _____

AUTOMATIC WITHDRAW Bank Account Credit Card

I authorize my bank to honor weekly drafts drawn by the Salina Family YMCA on my account for child care payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for payment. Should any draft not be honored by said bank when received by them, I understand that the payment is to be made by me in the amount of said payment plus a return fee of \$25.00. If full payment is not received, I understand that my child will be considered unregistered for camp and will not be able to attend until the payment is collected in full. Any changes must be submitted in writing with a two week notice of the change. Failure to do so may result in insufficient funds and the YMCA will not be responsible for fees or refunds. The weekly bank draft will be processed by the YMCA on the **1st Monday of each week.**

Use current account on file at YMCA.

Bank Name: _____

Name on the Account: _____

Routing/Transit #: _____

Account Number #: _____

CREDIT CARD DRAFT: VISA MASTERCARD

DISCOVER AMERICAN EXPRESS

Account #: _____

Expiration Date: _____ 3digit code: _____

Name as it is on card: _____

Zip Code: _____