

YMCA SUMMER DAY CAMP REGISTRATION 2023

CAMPER INFORMATION

Camper's Name _____ Entering Grade _____

[] M [] F

Birth Date _____ Nickname _____ Age _____

CONTACT INFORMATION

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Current YMCA Site (School) _____

I give permission for _____ to attend the YMCA Day
Camp. (Child's Name)

We (camper and parent) understand that it is the responsibility of each child to participate in the whole program including activities of work, play, and value-sharing. We understand and support policies prohibiting children from possessing tobacco products, alcoholic beverages, or unauthorized non-prescription and prescription drugs at our programs. We recognize that children must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful. Failure to adhere to program policies will be cause for child dismissal without refund of camp fees.

As a parent, I understand that my child may be photographed, and such photography may be used for future program promotions. I understand my child will not be released from the program site to anyone other than the persons specified on the emergency forms.

I am aware that my child will have the opportunity to participate in, and I approve of his/her participation in program activities involving a degree of risk. As children move into older programs, the degree of risk increases to include activities such as archery, etc. Recognizing that the program does its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the YMCA from all responsibility and liability of any nature resulting from my child's participation in any program activities. I do understand that the YMCA maintains the general liability insurance as required by AMC 16.55.210.

I give my child permission to use transportation provided by the YMCA.

I have read and understand the above information and parent packet. I give my full approval and consent for my child to participate in program activities and agree to the conditions stated herein.

Parent's Name – please print

Parent's Signature

Date

YMCA Summer Day Camp at Tudor Elementary

WHO

Pioneers – Entering 1st grade
Adventurers – Entering 2nd grade
Mountaineers – Entering 3rd grade
Voyagers – Entering 4th grade
Explorers – Entering 5th & 6th grade

WHAT

Come experience our YMCA Day Camp. It is our goal to make camp an exciting and active learning experience for all. During Day Camp each counselor plans activities that focus on developing skills and clarifying values resulting in personal growth. Our values of caring, respect, honesty and responsibility are emphasized in all activities. Weekly Activities include: Archery, Hiking, Swimming, Field Trips, Community Service Projects, Nature Crafts, Arts and Crafts, and STEM Activities. _

HOWTOREGISTER

This is a registration form. **FIRST PAYMENT MUST BE MADE BY MAY 15TH, 2023** please check the weeks that you want your child to attend this summer.

WHEN

- [] Week 1 June 5th -9th
- [] Week 2 June 12th - 16th
- [] Week 3 June 19th - 23rd
- [] Week 4 June 26th - June 30th
- [] Week 5 July 5th - 7th**
- [] Week 6 July 10th - 14th
- [] Week 7 July 17th - 21st
- [] Week 8 July 24th - 28th
- [] Week 9 July 31st - August 4th

****No Camp Monday July 3rd or Tuesday July 4th, Pro Rated Week \$180.00**

FEES:

All groups \$300.00 per week

WHERE:

Location Tudor Elementary School

DATES for PAYMENTS

If not paid in full by this date, your camper is dropped for those two weeks

Pay by Date	For Camp Weeks
May 15th both weeks \$600.00	Week 1 6/5 - 6/9 \$300.00 per week
	Week 2 6/12 - 6/16 \$300.00 per week
June 1st both weeks \$600.00	Week 3 6/19 - 6/23 \$300.00 per week
	Week 4 6/26 - 6/30 \$300.00 per week
June 15th both weeks \$480.00	Week 5 7/5 - 7/7 \$180.00 per week
	Week 6 7/10 - 7/14 \$300.00 per week
July 1st both weeks \$600.00	Week 7 7/17 - 7/21 \$300.00 per week
	Week 8 7/24 - 7/28 \$300.00 per week
July 15th \$300.00	Week 9 7/31 - 8/4 \$300.00 per week
	No Camp - School Starts Aug. 17th

If you need to cancel a week of camp give us at least 2 week notice and we will credit your account for a future camp week or the SACD program in the fall ONLY.

Please check the discount that apply:

You may receive one or the other discount, but not both:

[] 15% for active duty military families with proof of ID

or

10% for each additional sibling

Assistance Programs

Families on assistance programs do not receive military or sibling discounts. (For example: DCAP, CITC, OCS, DFS, etc.) must pay their co-pay amount **PLUS** any amount not covered by their assistance program. Be sure to note the maximum monthly total covered by your assistance program is less than our monthly charge for camp. Remember to provide us with a copy of your authorization and **keep it current**. **If you do not have a current authorization you will have to pay the full amount of care by credit card (which will be refunded once we receive your authorization) or be dropped from the program until you receive your authorization.** If you need any help figuring out your expected payment, please call Dave at 563-3211.



EMERGENCY RECORD CARD CHILD'S INFORMATION



Last Name:	Date of Birth:
First Name:	First Day in Care:
Siblings enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Custody Arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

NAMES OF PARENT(S) OR LEGAL GUARDIAN(S) CONTACT INFORMATION

Name:	Relationship:	Name:	Relationship:
Place of Employment / Other:		Place of Employment / Other:	
Phone:		Phone:	
Physical Home Address:		Physical Home Address:	
Cell Phone: <input type="checkbox"/> ok to send text msg.	Home Phone:	Cell Phone: <input type="checkbox"/> ok to send text msg.	Home Phone:
E-mail Address:		E-mail Address:	

PERSONS AUTHORIZED TO PICK-UP CHILD – Emergency / Routine

List the names and phone numbers of persons who can pick up your child. You must include at least one name and phone number of an individual who can assume responsibility for your child if you cannot be reached immediately in an emergency. Clarify whether these individuals can pick up the child in emergency situations only or at other routine times. Individuals cannot be under the age of 16.

Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine

Signature of Parent or Legal Guardian and periodic updates required below

MEDICAL INFORMATION and RELEASE FOR MEDICAL CARE

Child's Name:	Child Care Facility:
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My child has **NO** ongoing health concerns, including allergies or ongoing medications

- OR -

My child has the following chronic health concerns:

allergies (list all):
 Asthma Diabetes Seizures or epilepsy Other (list):
 My child takes the following ongoing medications:

PREFERRED MEDICAL FACILITY INFORMATION

Physician's Name:	Physician's Phone (recommended):
Preferred Hospital: <input type="checkbox"/> Providence <input type="checkbox"/> Regional <input type="checkbox"/> ANMC <input type="checkbox"/> JBER <input type="checkbox"/> Other:	

I, the parent or legal guardian of _____, am verifying that this medical information is correct and complete. I hereby give the above named facility permission to seek emergency medical treatment, including necessary emergency paramedic transport for my child. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care and any related medical transportation costs.

 Signature of Parent or Legal Guardian

 Date Signed

Information on this Emergency Record Card must be Reviewed and Updated Semi-annually

Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial

ANCHORAGE COMMUNITY YMCA
FAMILY INFORMATION SHEET

1. Camper's full name: _____
2. Nickname: _____
3. Does your camper have an IEP? _____
4. Number of brothers _____; Number of sisters _____
5. Any siblings enrolled in the Day Camp Program? _____
6. Who lives in the home? _____
7. Has your child been in a Day Camp setting before this? _____
8. How does your camper feel about joining the Day Camp Program? _____

9. What best describes your camper's ability to swim?

- None, new swimmer _____
- Can put face in the water, but does not float _____
- Can float, but can't swim _____
- Can swim about 10 feet _____
- Can swim about ½ length of the pool _____
- Can swim a full length on belly and back _____

10. What does your camper enjoy doing during free time? _____
11. What type of discipline works best with your camper? _____
12. What is your camper's primary language? _____

OPTIONAL FOR GRANT INFO!

13. Which of the following races best describes your camper?

- White Black Native Asian Hispanic Pacific Islander Other

14. Please check your family's annual income:

- \$0 to \$25,000 \$25,001 to \$35,000 \$35,001 to \$45,000
 \$45,001 to \$55,000 \$55,001 to \$65,000 \$65,001 to \$75,000
 More than \$75,001

AUTHORIZATION TO ADMINISTER INSECT REPELLENT AND/OR SUNSCREEN

I, _____, parent or guardian of

_____, give permission to YMCA staff to assist my child in the application of the following items as needed during our Day Camp Program.

- Sunscreen – Coppertone Sport Broad Spectrum SPF 30 or 50,
Kroger Sport SPF 30 or 50, Equate Sport SPF 30 or 50,
UP & UP Sport SPF 30 or 50
- Insect Repellent – OFF Family Care Smooth and Dry

OR

I am aware that the YMCA will be providing the products stated above. If my child is allergic to the product or products provided by the YMCA I,

_____, parent or guardian of
_____, will supply the items below. I will label each item with my child's name. On the last day of attendance in Day Camp I will claim the items below

Sunscreen _____

(Name of Product)

Insect Repellent _____

(Name of Product)

Parent or Guardian Signature

Date

AUTOMATIC BILLING FORM

This form is to be completed for the automatic withdrawal of camp dues

Anchorage Community YMCA Automatic Billing Authorization

Membership dues are required to be on auto withdrawal, unless you do not have a credit card. Then you are required to pay three months in advance.

I hereby authorize the Anchorage Community YMCA to initiate debit transactions to my account indicated below, and for the financial institute named below to debit the same such account between the first (1st) and the seventh (7th) of each month for my membership. Should the YMCA receive a NSF (non-sufficient funds) on my bank account, credit card or a returned check, I realize that I am still responsible for that payment. Failure to address any NSF will result in termination of my membership.

Autowithdrawal for your camp payment

Camp comes out on the 1st and 15th of every month
Starting May 15th thru Aug 1st, Please Sign below

Account Holder name (Print)

Financial Institution/Routing # (9 digits)

Account Holder Address

Bank Account #

Account Holder Phone

Credit Card (Last four digits)

Account Type:

Checking Visa Debit Savings Credit Card _____ V M D
(Expires)

Account Holder Signature _____

Pioneer's (1st Grade) Field Trips & Out/About

Field Trips

6/06/23: Thunderbird Falls
6/13/23: Byron's Glacier
6/20/23: Alyeska
6/27/23: Wasilla Wonderland
7/05/23: Dimond Skateland
7/11/23: Arctic Valley Hike
7/18/23: Hill Top Hike
7/25/23: Butte Hike
8/01/23: Kincaid Park

Out and About

6/07/23: Valley of the Moon/10th & E
6/14/23: Muldoon Park
6/21/23: Oceanview Park
6/28/23: South Anchorage Sports Park
7/06/23: Goose Lake
7/12/23: Dave Rose Park
7/19/23: Center Bowl
7/26/23: Fish Creek Park
8/02/23: Imaginarium

Parent/Guardian Signature: _____ Date: _____

Note: If there are any changes made to a scheduled field trip due to unforeseen circumstances you will be notified when you drop your child off for the day and a permission slip for the new field trip will need to be signed and dated by the parent.

Adventurer's (2nd Grade) Field Trips & Out/About

Field Trips

6/05/23: Thunderbird Falls
6/12/23: Byron's Glacier
6/19/23: Alyeska
6/26/23: Wasilla Wonderland
7/05/23: Dimond Skateland
7/10/23: Arctic Valley Hike
7/17/23: Hill Top Hike
7/24/23: Butte Hike
7/31/23: Kincaid Park

Out and About

6/08/23: Valley of the Moon/10th & E
6/15/23: Muldoon Park
6/22/23: Oceanview Park
6/29/23: South Anchorage Sports Park
7/06/23: Goose Lake
7/13/23: Dave Rose Park
7/20/23: Center Bow
7/27/23: Fish Creek Park
8/03/23: Imaginarium

Parent/Guardian Signature: _____ Date: _____

Note: If there are any changes made to a scheduled field trip due to unforeseen circumstances you will be notified when you drop your child off for the day and a permission slip for the new field trip will need to be signed and dated by the parent.

Mountaineer's (3rd Grade) Field Trips & Out/About

Field Trips

6/07/23: Thunderbird Falls
6/14/23: Byron's Glacier
6/21/23: Alyeska
6/28/23: Wasilla Wonderland
7/05/23: Dimond Skateland
7/12/23: Arctic Valley Hike
7/19/23: Hill Top Hike
7/26/23: Butte Hike
8/02/23: Kincaid Park

Out and About

6/06/23: Valley of the Moon/10th & E
6/13/23: Muldoon Park
6/20/23: Oceanview Park
6/27/23: South Anchorage Sports Park
7/06/23: Goose Lake
7/11/23: Dave Rose Park
7/18/23: Center Bowl
7/25/23: Fish Creek Park
8/01/23: Imaginarium

Parent/Guardian Signature: _____ Date: _____

Note: If there are any changes made to a scheduled field trip due to unforeseen circumstances you will be notified when you drop your child off for the day and a permission slip for the new field trip will need to be signed and dated by the parent.

Voyager's (4th Grade) Field Trips & Out/About

Field Trips

6/07/23: Thunderbird Falls
6/14/23: Byron's Glacier
6/20/23: Alyeska
6/28/23: Wasilla Wonderland
7/06/23: Dimond Skateland
7/12/23: Arctic Valley Hike
7/19/23: Hill Top Hike
7/26/23: Butte Hike
8/02/23: Kincaid Park

Out and About

6/09/23: Valley of the Moon/10th & E
6/16/23: Muldoon Park
6/23/23: Oceanview Park
6/30/23: South Anchorage Sports Park
7/07/23: Goose Lake
7/14/23: Dave Rose Park
7/21/23: Center Bowl
7/28/23: Fish Creek Park
8/04/23: Imaginarium

Parent/Guardian Signature: _____ Date: _____

Note: If there are any changes made to a scheduled field trip due to unforeseen circumstances you will be notified when you drop your child off for the day and a permission slip for the new field trip will need to be signed and dated by the parent.

Explorer's (5th & 6th Grade) Field Trips & Out/About

Field Trips

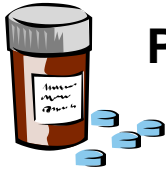
6/08/23: Thunderbird Falls
6/15/23: Byron's Glacier
6/22/23: Alyeska
6/29/23: Wasilla Wonderland
7/06/23: Dimond Skateland
7/13/23: Arctic Valley Hike
7/20/23: Hill Top Hike
7/27/23: Butte Hike
8/03/23: Kincaid Park

Out and About

6/05/23: Valley of the Moon/10th & E
6/12/23: Muldoon Park
6/19/23: Oceanview Park
6/26/23: South Anchorage Sports Park
7/05/23: Goose Lake
7/10/23: Dave Rose Park
7/17/23: Center Bowl
7/24/23: Fish Creek Park
7/31/23: Imaginarium

Parent/Guardian Signature: _____ Date: _____

Note: If there are any changes made to a scheduled field trip due to unforeseen circumstances you will be notified when you drop your child off for the day and a permission slip for the new field trip will need to be signed and dated by the parent.



Prescription Medication

Parent Authorization

(AMC 16.55.370)



I authorize _____ to administer the following
(name of facility)

prescription medication to _____
(child's name)

Name of medication as listed on label	Dosage (must match label's dosage)	Time medication is to be given	Start date	Stop date	Parent initials

Parent's signature: _____ Date: _____

Documentation of Administration of Medication

Date	Time	Dosage	Initials of person administering medication	Comments:

According to AMC 16.55.370 the following requirements apply to the administration of prescription medications. It is not a requirement to complete the following, but highly recommended by the Department.

- | | |
|---|--|
| Packaged in original container <input type="checkbox"/> yes <input type="checkbox"/> no
Clear dosage instructions <input type="checkbox"/> yes <input type="checkbox"/> no
Expiration date checked <input type="checkbox"/> yes <input type="checkbox"/> no | Child's name clearly listed on medication <input type="checkbox"/> yes <input type="checkbox"/> no
Permission matches label directions <input type="checkbox"/> yes <input type="checkbox"/> no
Pharmacy label attached <input type="checkbox"/> yes <input type="checkbox"/> no |
|---|--|

Staff signature _____ Date _____