



# BEST TIME EVER!

FRIENDSHIP. ACCOMPLISHMENT. BELONGING.

## Kodiak YMCA 2026 Summer Day Camp Packet

### INFORMATION

#### WHO

- Adventurer K - 1<sup>st</sup> Grade  
  Voyager 2<sup>nd</sup> - 3<sup>rd</sup> Grade  
  Trailblazer 4<sup>th</sup> - 6<sup>th</sup> Grade  
 \*Must be 5 and Enrolled in a Kindergarten program

#### CAMPER INFORMATION

Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth:     /     /     Grade entering in Fall 2026: \_\_\_\_\_

Time: 7:30am - 6:00pm     Start Date:     /     /     Grade: \_\_\_\_\_

Optional YMCA Membership:    Youth  Single Parent  Family     Active Duty Military:  Yes  No

#### REGISTERING ADULT INFORMATION

Registering Adult Name: \_\_\_\_\_

Adult's Date of Birth:     /     /     \_\_\_\_\_

Registering Adult Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

#### SUMMER DAY CAMP COST OF CARE:

Weekly Rate: \$300.00     Non-Refundable Registration Fee: \$50.00

#### FEES PAID BY THE FOLLOWING

- Registering Adult  
  CCAP  
  KANA  
  OCS  
  YMCA MFA

Payment method needed at the time of registration.

(Must attach a copy of assistance authorization or parent is responsible for childcare payment until we receive it.)

#### WE MUST HAVE THE FOLLOWING

- |   |   |
|---|---|
| <input type="checkbox"/> Kodiak YMCA Summer Day Camp Registration Packet    | <input type="checkbox"/> Automatic payment withdraw form for membership and childcare |
| <input type="checkbox"/> Parent Authorization Form                          | <input type="checkbox"/> Current shot record or Legal Exemption                       |
| <input type="checkbox"/> Emergency Contact Record and IEP (if there is one) | <input type="checkbox"/> State of Alaska Emergency Card (Yellow Card)                 |
| <input type="checkbox"/> Medical Information Form                           |   |
| <input type="checkbox"/> Special Activities Permission Slip                 |   |

#### PLEASE READ FOLLOWING STATEMENTS

I understand that the first Kodiak YMCA Summer Day Camp payment must be paid by the 15<sup>th</sup> of May 2026.

If on assistance my portion of the bill must be paid by this date also.

I have received a Kodiak YMCA Family Handbook and agree to abide by all policies and procedures in it.

A 2 week notice is required to change enrollment.

I understand that I am responsible for keeping my assistance authorizations current as I am ultimately responsible for all payments.

Permission is granted to the YMCA to use photographs of my child taken at the program for publicity and promotions.

Adult Signature: \_\_\_\_\_

Date:     /     /

Staff Signature: \_\_\_\_\_

Date:     /     /

## ADULT AUTHORIZATION FORM

I give permission \_\_\_\_\_ for to attend the Kodiak YMCA Summer Day Camp.

(Child's Name)

We (camper and adult) 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 prescription or non-prescription drugs at your 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 the responsible adult, 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 understand that I need to allow extra time on the first day of attendance to sign that week's field trip permission form.

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

### Photo / Audio Release

My child's photo, still or video, voice and first name may be used by Kodiak YMCA Summer Day Camp for promotional purposes.

Yes  No

### Administer Sunscreen / Insect Repellent

- Sunscreen – ALBA Botanica Broad Spectrum 50spf Coconut sunscreen  
 Insect Repellent – OR OFF! Deep Woods Dry 25% deet

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, \_\_\_\_\_, responsible adult, of \_\_\_\_\_, will supply the items below. I will label each item with my child's name. On the last day of attendance in Camp I will claim the items below

Sunscreen: \_\_\_\_\_  
(Name of Product)

Insect Repellent: \_\_\_\_\_  
(Name of Product)

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.

Adult Name (print): \_\_\_\_\_

Adult Signature: \_\_\_\_\_

Date:        /        /

## FAMILY INFORMATION

### Camper Information

Child's Full Name:

Nickname:

Does your child have an IEP?

Yes  No

If so, please provide a copy for review & records.

What is your child's primary language?

Number of Siblings:

Does your child swim?

Has your child been in a childcare setting before this?

Academic Strengths or Challenges:

Social Strengths or Challenges:

Hobbies & Interests:

Family Narrative:

Please write a short narrative to tell us more about your child and anything we may need to know.

### Race/Ethnicity (optional for grant info only)

Please check all that apply:

- White
- Black
- Alaska Native/Native American
- Asian
- Hispanic
- Pacific Islander
- Other

### Household Income (optional for grant info)

Please check your family's annual income:

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



## WHO

Adventurers – K and 1<sup>st</sup> grade  
Voyagers – 2<sup>nd</sup> and 3<sup>rd</sup> grade  
Trailblazers – 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> grade

## WHAT

Come experience our Kodiak 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.

## WHEN

Please check the weeks that you want your child to attend this summer:

- Week 1: June 8th - 12th
- Week 2: June 15th - 19th \*\*
- Week 3: June 22th - 26th
- Week 4: June 29th - July 3rd \*\*
- Week 5: July 6th- 10th
- Week 6: July 13th - 17th
- Week 7: July 20th - 24th
- Week 8: July 27th - 31st
- Week 9: August 3rd - 7th
- Week 10: August 10th-14th
- Week 11: August 17th-21st
- Week 12: August 24th-28th\*\*

\*No Camp Friday Due to June 19th Holiday, Pro-Rated Week \$280.00

\*No Camp Friday Due to July 4th Holiday, Pro-Rated Week \$280.00

\*No Camp Friday Due to After School Staff Training, Pro-Rated Week \$280.00

FEES: A Non- Refundable Registration fee of \$50 per camper

## WHERE

Location to be determined: East or Main Elementary

**DATE OF PAYMENTS**

| <u>Pay by Date</u> | <u>For Camp Weeks</u>   | <u>Member</u> |
|--------------------|-------------------------|---------------|
| 05/15/2026         | 06/08/2026 - 06/12/2026 | \$300.00      |
| 05/15/2026         | 06/15/2026 - 06/19/2026 | \$280.00      |
| 05/30/2026         | 06/29/2026 - 06/26/2026 | \$300.00      |
| 05/30/2026         | 06/29/2026 - 07/03/2026 | \$280.00      |
| 06/15/2026         | 07/06/2026 - 07/10/2026 | \$300.00      |
| 06/15/2026         | 07/13/2026 - 07/17/2026 | \$300.00      |
| 07/01/2026         | 07/20/2026 - 07/24/2026 | \$300.00      |
| 07/01/2026         | 07/27/2026 - 07/31/2026 | \$300.00      |
| 07/15/2026         | 08/03/2026 - 08/07/2026 | \$300.00      |
| 07/15/2026         | 08/10/2026 - 08/14/2026 | \$300.00      |
| 08/01/2026         | 08/17/2026 - 08/21/2026 | \$300.00      |
| 08/01/2026         | 08/24/2026 - 08/27/2026 | \$280.00      |

**DISCOUNT AVAILABILITY**

Please check the discount that apply (you may receive only one):

- 20% for KIBSD Employee
- 15% for active duty military families with proof of ID
- 10% for each additional sibling

**BILLING**

I hereby authorize the YMCA of Alaska to initiate debit transactions to my account indicated below, and for the financial institute named below to debit the same such account between the end of month (30th) and the (5th) 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, a non-refundable Returned Payment Fee of \$30 will occur for any payments that do not process. Failure to address any NSF will result in termination of my membership. All Members, Non-Members, and Program Participants agree to pay a Service Fee on all payments made by credit card, 3%, and ACH, .32%. There are no Service Fees on payments made by debit card, cash, or check.

**NAME OF ACCOUNT HOLDER OR DEBIT/CREDIT CARD**

Name (first/last):

Address:

Phone:

**EFT DRAFT**

Financial Institution/Routing #:

Account #:

Account Type:  Checking  Savings

**DEBIT/CREDIT CARD**

Card #:

Expiration #:

3-digit Code:

Card Type:  Visa  Mastercard  Discover

Responsible Party Signature: \_\_\_\_\_

Date:        /        /



## SPECIAL ACTIVITIES PERMISSION SLIP

### PARENT AUTHORIZATION FORM

Please review the activities listed below and indicate which activities you give permission for your child to participate in as part of the Kodiak YMCA School Age Child Development Program. These activities are designed to be fun, engaging, and age-appropriate. All activities will be closely supervised by trained program staff and conducted according to YMCA safety guidelines to help ensure a safe and positive experience for all children.

Camper's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### Specialized Activity Permissions

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Biking, Scootering, and/or Rollerblading            | <input type="checkbox"/> | <input type="checkbox"/> |
| Swimming *w/ certified lifeguard on duty            | <input type="checkbox"/> | <input type="checkbox"/> |
| Walking Field Trips *off site, within the community | <input type="checkbox"/> | <input type="checkbox"/> |
| Watching PG rated movies                            | <input type="checkbox"/> | <input type="checkbox"/> |

### Additional Information/Restrictions

Please list any medical conditions, concerns, or activity-specific restrictions.

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### Acknowledgement

I understand that my child's participation in the activities checked YES above is voluntary. These activities are intended to provide enjoyable, low- to moderate-risk recreational experiences that support physical activity, social development, and fun. I understand that reasonable safety precautions and appropriate supervision will be provided by Kodiak YMCA staff at all times. I acknowledge that, as with any recreational activity, there is a low to moderate level of inherent risk.

Parent/Guardian Signature: \_\_\_\_\_

Date:        /        /