



# CURIOSITY CREATES CHANGE!

IMAGINE. INNOVATE. IMPACT.

## YMCA of Alaska 2026 STEM Summer Day Camp Packet

### INFORMATION

#### WHO

- Entering 5<sup>th</sup> Grade  
  Entering 6<sup>th</sup> Grade  
  Entering 7<sup>th</sup> Grade  
  Entering 8<sup>th</sup> Grade

#### CAMPER INFORMATION

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

Date of Birth:     /     /     Has IEP?    Yes  No

Time: 9:00am - 5:00pm     Start Date:     /     /     Grade: \_\_\_\_\_

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

#### REGISTERING PARENT'S INFORMATION

Registering Parent's Name: \_\_\_\_\_

Parent's Date of Birth:     /     /

Registering Parent's Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

#### STEM SUMMER DAY CAMP COST OF CARE FULL DAY AND BEFORE/AFTER:

Full Day Member Rate: \$325.00   Full Day Non - Member Rate: \$350.00   Non-Refundable Registration Fee: \$50.00

B&A Member Rate: \$50.00 add-on (7:15am - 9:00am)   B&A Non - Member Rate: \$50.00 add-on (5:00pm - 6:30pm)

#### FEES PAID BY THE FOLLOWING

- Registering Parent  
  CCAP  
  CITC  
  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"/> STEM 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"/> Current Physical   |
| <input type="checkbox"/> Medical Information Form                           |   |
| <input type="checkbox"/> Field Trip Authorization                           |   |

#### PLEASE READ FOLLOWING STATEMENTS

I understand that the first STEM 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 Parent Packet 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.

Parent Signature: \_\_\_\_\_

Date:     /     /

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

Date:     /     /



## FAMILY INFORMATION

### Camper Information

Child's Full Name:

Nickname:

Does your child have an IEP?  Yes  No If so why?

Number of brother:

Number of sisters:

Any siblings enrolled in the School Age Program?

Who lives in the home?

Has your child been in a childcare setting before this?

How does your child feel about joining the School Age Program?

Does your child swim?

What does your child like to do during free time?

What type of discipline works best for your child?

What is your child's primary language?

### Race/ethnicity (optional for grant info)

Please check all that apply:

- White
- Black
- Native
- Asian
- Hispanic
- Pacific Islander
- Other

### ANNUAL INCOME

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

**EMERGENCY RECORD CARD**

Name (First/Last):

Date of Birth:      /      /

Siblings enrolled:    Yes    No

Start Date:      /      /

Custody Agreements:    Yes    No    N/A

**PARENT(S)/LEGAL GUARDIAN(S) INFORMATION**

Name (First/Last):

Relationship:

Place of employment/Other:

Work phone:

Physical Address:

City:

State:

Zip:

Home #:

Cell #:

OK to send text:    Yes    No

Name (First/Last):

Relationship:

Place of employment/Other:

Work phone:

Physical Address:

City:

State:

Zip:

Home #:

Cell #:

OK to send text:    Yes    No

**PERSONS AUTHORIZED TO PICK-UP CHILD**

Name (First/Last):

Daytime #:

Cell #:

Emergency    Routine

Name (First/Last):

Daytime #:

Cell #:

Emergency    Routine

Name (First/Last):

Daytime #:

Cell #:

Emergency    Routine

Name (First/Last):

Daytime #:

Cell #:

Emergency    Routine

**MEDICAL INFORMATION AND RELEASE FOR MEDICAL CARE**

Name (First/Last):

Child Care Facility:

My child has ongoing health concerns:    Yes    No

If you checked yes please explain below:

Allergies (List):

Asthma    Diabetes    Seizures/Epilepsy    Other (List):

My child takes the following medications (List):

Physician's Name:

Physician's #:

Preferred Hospital:    Providence    Regional    ANMC    JBER    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.

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

Date:      /      /

**MEDICAL INFORMATION AND RELEASE FOR MEDICAL CARE**

Date & Initial

Date & Initial

Date & Initial

Date & Initial

Date & Initial

## WHO

Explorers – Entering 5<sup>th</sup> grade  
Trailblazers – Entering 6<sup>th</sup> grade  
LITs – Entering 7<sup>th</sup> & 8<sup>th</sup> 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.

## 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

\*No Camp Friday Due to June 19th Holiday, Pro-Rated Week Non-Member \$260.00 Member \$280.00

\*No Camp Friday Due to July 4th Holiday, Pro-Rated Week Non-Member \$260.00 Member \$280.00

## WHERE

Northern Lights ABC School 2424 E Dowling Rd Anchorage, AK 99507

### DATE OF PAYMENTS

<u>Pay by Date</u>	<u>For Camp Weeks</u>	<u>Member</u>	<u>Non - Member</u>
05/15/2026	06/08/2026 - 06/12/2026	\$325.00	\$350.00
05/15/2026	06/15/2026 - 06/19/2026	\$260.00	\$280.00
05/30/2026	06/29/2026 - 06/26/2026	\$325.00	\$350.00
05/30/2026	06/29/2026 - 07/03/2026	\$260.00	\$280.00
06/15/2026	07/06/2026 - 07/10/2026	\$325.00	\$350.00
06/15/2026	07/13/2026 - 07/17/2026	\$325.00	\$350.00
07/01/2026	07/20/2026 - 07/24/2026	\$325.00	\$350.00
07/01/2026	07/27/2026 - 07/31/2026	\$325.00	\$350.00
07/15/2026	08/03/2026 - 08/07/2026	\$325.00	\$350.00

### DISCOUNT AVAILABILITY

Please check the discount that apply (you may receive one or the other discount not both):

- 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

# PRESCRIPTION MEDICATION

## PARENT AUTHORIZATION FORM

I authorize \_\_\_\_\_ to administer the following prescription  
(Name of Facility)  
 medication to \_\_\_\_\_  
(Child's Name)

### Name of medication as listed on the label:

Medication	Dosage	Times Taken	Start Date	Stop Date	Parent's Int.

Parent Name (print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date:     /     /

### Documentation of Administration of Medication:

Start Date	Times	Dosage	Staff Int.	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<br>Clear dosage instructions <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>Permission matches label directions <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Pharmacy label attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Staff Name (print): \_\_\_\_\_

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

Date:     /     /

( 5<sup>TH</sup> , 6<sup>TH</sup> , 7<sup>TH</sup> , 8<sup>TH</sup> GRADE) FIELD TRIPS & OUT AND ABOUT

TBA in April

Field Trips
06/11/2026
06/18/2026
06/25/2026
07/02/2026
07/09/2026
07/16/2026
07/23/2026
07/30/2026
08/06/2026

Out and About
06/08/2026
06/15/2026
06/22/2026
06/29/2026
07/06/2026
07/13/2026
07/20/2026
07/28/2026
08/03/2026

**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. Field trips and out/about with a \$ listed next to them will have an additional charge of \$8.00 to \$10.00 be paid at the time of registration.

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

Date:        /        /