BEST TIME EVER!

FRIENDSHIP, ACCOMPLISHMENT, BELONGING
YMCA of Alaska 2026 Leaders In Training Summer Day Camp Packet

INFORMATION

WHO

☐ LIT
7th Grade & 8th Grade

CAMPER INFORMATION

Name: Gender: ☐ Male ☐ Female

Date of Birth: / / Has IEP? ☐ Yes ☐ No

Time: 7:15am – 6:30pm 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: / / Email:

Registering Parent's Mailing Address: Zip:

Home #: Work #: Cell #:

SUMMER DAY CAMP COST OF CARE:

Member Rate: $380.00 Non – Member Rate: $400.00 Non-Refundable Registation Fee: $50.00

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

- ☐ Summer Day Camp Registration Packet
- ☐ Parent Authorization Form
- ☐ Emergency Contact Record and IEP (if there is one)
- ☐ Medical Information Form
- ☐ Field Trip Authorization
- ☐ Automatic payment withdraw form for membership and childcare
- ☐ Current shot record or Legal Exemption
- ☐ Current Physical

PLEASE READ FOLLOWING STATEMENTS

I understand that the first Summer Day Camp payment must be paid by the 15th 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: / /

PARENT AUTHORIZATION FORM

I give permission _____ for to attend the YMCA Summer 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 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 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 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 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, _____ , 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 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.

Parent Name (print): _____

Parent 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) INFORMATIION

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

LIT's – Entering 7th and 8th 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 1st –5th
- ☐ Week 2: June 8th – 12th
- ☐ Week 3: June 15th – 19th *
- ☐ Week 4: June 22th – 26th
- ☐ Week 5: June 29th – July 3rd *
- ☐ Week 6: July 6th– 10th
- ☐ Week 7: July 13th – 17th
- ☐ Week 8: July 20th – 24th
- ☐ Week 9: July 27th – 31st
- ☐ Week 10: August 3rd – 7th

*No Camp Friday Due to June 19th Holiday, Pro-Rated Week Non-Member $320.00 Member $300.00

*No Camp Friday Due to July 4th Holiday, Pro-Rated Week Non-Member$320.00 Member $300.00

WHERE

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

DATE OF PAYMENTS

Pay by Date	For Camp Weeks	Member	Non - Member
05/15/2026	06/01/2026 - 06/05/2026	$380.00	$400.00
05/15/2026	06/08/2026 - 06/12/2026	$380.00	$400.00
05/30/2026	06/15/2026 - 06/19/2026	$300.00	$320.00
05/30/2026	06/29/2026 - 06/26/2026	$380.00	$400.00
06/15/2026	06/29/2026 - 07/03/2026	$300.00	$320.00
06/15/2026	07/06/2026 - 07/10/2026	$380.00	$400.00
07/01/2026	07/13/2026 - 07/17/2026	$380.00	$400.00
07/01/2026	07/20/2026 - 07/24/2026	$380.00	$400.00
07/15/2026	07/27/2026 - 07/31/2026	$380.00	$400.00
07/15/2026	08/03/2026 - 08/07/2026	$380.00	$400.00

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

A ccording 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 ☐ Yes ☐ No
Clear dosage instructions ☐ Yes ☐ No
Expiration date checked ☐ Yes ☐ No
Child's name clearly listed on medication ☐ Yes ☐ No
Permission matches label directions ☐ Yes ☐ No
Pharmacy label attached ☐ Yes ☐ No

Staff Name (print): _____

Staff Signature: _____ Date: / /

LIT'S (7TH & 8TH GRADE) FIELD TRIPS & OUT AND ABOUT

TBA in April

Field Trips
06/05/2026
06/12/2026
06/19/2026
06/26/2026
07/03/2026
07/10/2026
07/17/2026
07/24/2026
07/31/2026
08/07/2026

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:** / /