



Gla-Da-Wen-Ta Registration

Child's Name _____ Grade (Fall 2020) _____

Membership Status Member Non-Member

Ethnicity Caucasian African American Hispanic Asian or Pacific Islander Other _____

Price & Cancellation Policy

Cancellations are due in writing one week before the first day of camp. A 50% refund will be issued if less than one week's notice is given to cover costs.

Monday–Friday Members: \$130/week
9:00 AM–4:30 PM Non-Members: \$160/week

Monday–Friday \$175/week
7:30 AM–5:00 PM

Admission Agreement *Please initial each line*

POLICIES AND PROCEDURES – I have reviewed or will access the camp handbook online, including the discipline policy, and understand all policies, including the cancellation policy, and procedures therein.
PAYMENTS – I understand that payments that are more than one draft behind will result in your child being removed from camp. It is required to have an EFT on file in order to register for the program.
MEDICAL INFORMATION – I certify that the documentation of physical examination and immunizations in accordance with the public schools health requirements are on file at my child's school.
AUTHORIZED FOR MEDICAL TREATMENT – I authorize the YMCA of Greater Michiana staff who are trained in first aid and CPR to give my child First Aid or CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I am unable to be reached, I hereby authorize YMCA of Greater Michiana to transport my child to the nearest medical care facility and/or hospital and secure necessary medical treatment for any child.
MEDICATIONS – I understand that a Medication Form is required to be completed and signed by a parent/guardian should my child need any medication administered during the program. I further understand that we allow the self-carry of emergency medications ONLY for children diagnosed with asthma or other relevant conditions. Self-carry is only permitted with the prescribing physician's written permission.
CUSTODY – YMCA requires a legal document or court decree; otherwise decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.
PHOTO RELEASE – The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional, or advertising purposes.
YMCA PROGRAM CLOSURES – I understand, during inclement weather or state's of emergency, the YMCA will not refund or pro-rate the fee.
FIELD TRIP PERMISSIONS – I give permission for my child to participate in the field trips associated with the camp program.

I have read the Admission Agreement and fully agree to its terms. I also agree to keep all information as it relates to this paperwork, up to date for the safety of my child. By signing, I hereby release the YMCA of Greater Michiana, its officers and employees from responsibility of personal injury or personal property damage associated with the program or its property. I consent to full understanding and knowledge of inherent risks and voluntarily accept responsibility for any such occurrence not related to gross negligence.

Parent/Guardian Signature _____ Date _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State Zip Code
Parent/Legal Guardian's Name		Home Phone ()	Parent/Legal Guardian's Name (Optional)	
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)	
City	State	Zip Code	City	State Zip Code
Email Address (optional)			Email Address	
Employer Name		Work Phone ()	Employer Name	
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.
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