



Youth Programs Registration Form

Child's Name _____ Age _____ Grade (Fall 2021) _____

Membership Status Member Non-Member

Ethnicity Caucasian African American Hispanic Asian or Pacific Islander Other

Program Y-Club Summer Day Camp Other _____

Program Location _____

Admission Agreement *Please initial each line*

	MEDICAL INFORMATION – I certify that my child is in good health with activity restrictions noted and the documentation of physical examination and immunizations are up-to-date and in accordance with the public schools health requirements are on file.
	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
	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.
	PLAYGROUND USE – I understand that this program uses the playground available at our school site locations and at YMCA locations, which meets the safety standards set by the State of Indiana for public schools.
	COVID-19 – I understand it is my responsibility to provide a mask for my child to comply with the state requirements according to the Governor's office and state reopening plan. I also understand the health risks.

I have read the **Admission Agreement** and fully agree to its terms. I have also read and accept the Policies and Procedures listed in the parent handbook and stated within this agreement. 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 Form

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		Phone ()	Parent/Legal Guardian's Name (Optional)	
Home Address (if not child's address)		DOB / /	Home Address (if not child's address)	
City	State	Zip Code	City	State Zip Code
Email Address			Email Address	
Employer Name		Work Phone ()	Employer Name	
Employer Name		Work Phone ()	Work Phone ()	
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.)				

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 _____ **YMCA of Greater Michiana** _____ 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 _____

Medication Permissions & Instructions

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
(Caregiver, Facility)
_____, to my child _____, as follows:
(Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

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Behavior Management Guidelines

It is the Y's goal to provide a healthy, safe, and secure environment for all youth program participants. Children who attend the program are expected to follow the behavior guidelines based on the Y's four core values and to interact appropriately in a group setting.

Behavior Guidelines:

- We will **care** for ourselves and for those around us.
- **Honesty** will be the basis for all relationships and interactions.
- People are **responsible** for their actions.
- We **respect** each other and the environment.
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When a participant does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the participant to more appropriate behavior.
2. The participant will be reminded of the behavior guidelines and rules, and a discussion will take place.
3. If the behavior persists, a parent or caregiver will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action is taken.
5. If the problem persists, the staff will schedule a conference that includes the parent or caregiver, participant, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
6. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent or caregiver may be notified and expected to pick up the child immediately.
7. If a problem persists and a child continues to disrupt the program, the Y reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a participant for the remainder of the current day and the next day:

- Endangering the health and safety of children or staff, members, and volunteers
- Physically hurting other children or staff, members, and volunteers.
- Stealing or damaging Y or personal property
- Leaving the day camp program without permission
- Continually disrupting the program
- Refusing to follow the behavior guidelines or day camp rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in an obscene manner

If any of these behaviors persist, a participant may be suspended a second time before expulsion. Immediate expulsion may occur if a camper is in possession of or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

Parent/Guardian Signature

Date

Participant Signature

Date

Billing Information

Parent/Guardian Name _____

Child's Name _____

Bank Draft - Attach voided check

Checking Savings

Last 4 digits of account number _____

Routing Number _____

Credit/Debit

Card Holder _____

Last 4 digits of card number _____

Expiration Date _____ / _____

Electric Funds Transfer (EFT) Agreement

I understand and agree to: *(please initial each line)*

- _____ This Program Draft Agreement Form allows the YMCA of Greater Michiana to automatically charge the account listed above according to the billing schedule.
- _____ I understand that the fees will be deducted from my account during the duration of the program or until I withdraw my child following the program withdraw policy and pending approval by Y administrative staff residing over the program. *Separate form.*
- _____ Insufficient funds may be attempted to be collected up to 3 times after the original draft date, by our collection department, and are subject to a late fee.
- _____ Non-payment will result in suspension in the usage of the program, may require payment in full, or alternative means of payment before attendance. All past due balances must be paid before attendance or registering for any other program.
- _____ I understand that it is my responsibility to keep the YMCA of Greater Michiana informed of any changes in billing as well as emergency and personal contact information in relation to the program. *New form required.*

Deposit and Cancellation Agreement

I understand and agree to: *(please initial each line)*

- _____ For all camps, there is a \$25 non-refundable deposit (per week) due at the time of registration. The deposit goes toward the weekly fee. All remaining balances are drafted two weeks on Friday before the first day of camp.
- _____ Any 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.

Signature _____ Date _____

Program Information

Summer Day Camp at O'Brien Fitness Center
7:00 AM-6:00 PM • Monday-Friday • Ages 4 years-8th Grade

Parent/Guardian Name _____

Child's Name _____

Weeks **without** Field Trips
Member: \$125
Non-Member: \$155

Weeks **with** Field Trips
Member: \$145
Non-Member: \$185

Week #	Dates	Theme	Field Trip	Initial
1	June 1-4	Lego Week	No	
2	June 7-11	It's a Zoo	No	
3	June 14-18	Grossed Out	No	
4	June 21-25	Out of This World	Yes	
5	June 28-July 2	Art Week	Yes	
6	July 5-9	Water, Water Everywhere	Yes	
7	July 12-16	STEM Week	No	
8	July 19-23	Superheroes	No	
9	July 26-30	Sports Week	No	
10	August 2-6	Survival & Nature	No	
11	August 9-13	Under the Sea	No	

Field trips during weeks 4, 5, and 6 will be to YMCA Camp Eberhart on Fridays.

If you attend that week/day of care, field trips are mandatory as there will be no care at the YMCA during that time.

**OFFICE
USE ONLY**

Desk Staff Initial _____ Member ID _____ Date _____