



YMCA of Greater Michiana  
Benton Harbor-St. Joseph YMCA • Building Blocks Preschool

## Young Adventure Care 2020

Parent's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_

### Price & Cancellation Policy

- A \$50 deposit is due at the time of registration for each week of camp. All remaining balances are drafted two weeks before the first day of camp.
- Cancellations are due in writing one week before the first day of care. A 50% refund will be issued if less than one week's notice is given to cover costs.

#### Traditional Care

Monday–Thursday  
9:00 AM–12:00 PM

- ☐ Members: \$85/week  
☐ Non-Members: \$110/week

#### Extended Care

Monday–Friday  
7:30 AM–5:00 PM

- ☐ \$175/week

Select your week(s):		Theme
<input type="checkbox"/>	<b>WEEK 1: JUNE 15–18</b> Under the Milky Way	Join us for a week of space exploration! Our space explorers will blast off on a grand adventure and learn about our solar system through fun games, crafts, play, and hands-on experiments.
<input type="checkbox"/>	<b>WEEK 2: JUNE 22–25</b> Princesses & Superheroes	Grab your favorite prince or princess outfit and your superhero costume and join us for a week of adventure. We will explore the exciting world of our favorite superheroes and our dashing royal friends with crafts, songs, and more!
<input type="checkbox"/>	<b>WEEK 3: JUNE 29–JULY 2</b> Party in the USA	When it's your 244th birthday, a party is definitely in order! We'll learn about the USA and what makes it special through crafts, games, songs, and more. We will end the week by celebrating the 4th of July!
<input type="checkbox"/>	<b>WEEK 4: JULY 6–9</b> Buggin' Out	Do you have a little adventurer who loves all things creepy-crawly? We will spend the week learning about our insect friends through science, crafts, play, and music!
<input type="checkbox"/>	<b>WEEK 5: JULY 13–16</b> Ooey Gooley	One of the best ways for kids to learn is through hands-on play and exploration! So leave the clean up to us and join us for a week of "ooey gooley" fun and learning.
<input type="checkbox"/>	<b>WEEK 6: JULY 20–23</b> Mermaids & Pirates	Dive deep into a week of fun and learning as we swim with mermaids and sail the seas with friendly pirates! We will explore why boats float and find out which marine animals can hold their breath for up to 15 minutes!
<input type="checkbox"/>	<b>WEEK 7: JULY 27–30</b> Diggin' Dinos	Through hands-on learning, play, songs, and more we will learn about the different types of dinosaurs, where they lived, and what they ate. We will also explore how scientists study dinosaurs and dig for some fossils.
<input type="checkbox"/>	<b>WEEK 8: AUGUST 3–6</b> Shark Week	Our adventurers will enjoy a fun week learning about these creatures of the deep. We will find out which bodies of water sharks live in, what they eat, and so much more. Join us for a "jaw-some" time as we wrap up our summer with a splash!

- 1. Admission Agreement Consent** – I 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, it's 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.
- 2. 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 the YMCA of Greater Michiana to transport my child to the nearest medical facility and/or Spectrum Lakeland Health Hospital and secure necessary medical treatment for any child.
- 3. Bounce House/Inflatable Use** – I give permission for my child to participate in activities related to the Bounce House/Water Slide while in care of the YMCA Camp Programs.
- 4. 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.
- 5. Medical Information** – I certify that the documentation of physical examination and immunization is in accordance with the public school's health requirements are on file at my child's school.
- 6. 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.
- 7. Photo Release** – I hereby grant permission for photographs or videos taken during the class or program represented by this registration to be used for the YMCA of Greater Michiana advertising or promotional efforts. \*If permission is not granted, please put this in writing to a Member Service Manager. I have read and understood this agreement and sign it freely and voluntarily.
- 8. YMCA Program Closures** – I understand, during inclement weather or states of emergency, the YMCA will not refund or pro-rate the fee.
- 9. Policies & Procedures** – I have reviewed or will access the Handbook online, including the discipline policy, and understand all policies and procedures therein.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Potty Training**

I understand that a parent/guardian must remain in the building if my child is not potty trained.

Please initial to acknowledge this policy: \_\_\_\_\_

# 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.

<b>For Provider Use Only:</b>		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 Phone (     )
Home Address (if not child's address)		Cell Phone (     )	Home Address (if not child's address)		Cell Phone (     )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone (     )	Employer Name		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.)					

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

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> 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.		(     )		(     )	
<b>Release of Child Only:</b> 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. (     )	

<b>Parent/Legal Guardian Initials:</b>
_____ 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.

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
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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**MEDICATION PERMISSION AND INSTRUCTIONS**  
**CHILD CARE HOMES AND CENTERS**  
Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems  
Child Care Licensing Division

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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