



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Care 2020

Child's Full Name: _____ Male Female

D.O.B. ____/____/____

Grade Entering Fall 20: _____ T-Shirt Size: Child Adult S M L XL

Parent/Guardian: Name _____

Address _____

Home # _____ Cell # _____

Work # _____ Email _____

Emergency Contact (Besides Parent/Guardian listed above)

Name _____ Home # _____

Work# _____ Cell # _____

PERSONS ALLOWED TO PICK UP YOUR CHILD

NAME _____ PHONE# _____

NAME _____ PHONE# _____

ANYONE **NOT** ALLOWED TO PICK UP YOUR CHILD:

NAME _____

I will pack lunch for my child _____

Please provide a Free lunch through OCO Summer food program _____

Week	5 Day (YMCA Member) \$130 per/wk	5 day (Non-member) \$150 per/wk	3 day (YMCA Member) \$95 per/wk	3 day (Non-member) \$120 per/wk	Extended Hours Am or Pm \$50/week	Extended Hours AM & PM \$85/week	Fieldtrip or In House Event (Add. Fees)	Date Balance Due
July 6-July 10							TBD	
July 13-July 17							TBD	
July 20-July 24							TBD	
July 27- July 31							TBD	
August 3- August 7							TBD	
Aug 10- Aug 14							TBD	
Aug 17- Aug 21							TBD	

Friday Field Trip Permission *(Please initial each agreement)*

I give my child permission to attend the following Field Trips and In House Events with the Oswego YMCA Summer Day Camp. _____

I understand he/she will be transported by bus to and from any designated field trip, and I will arrange to pick my child up. _____

I understand that my child will not be permitted to attend a Field Trip without a parent/guardian signature on this form _____

I understand that there is an additional charge per child for Field Trips and In House Events that must be paid prior to the day of the trip or event. _____

I understand there is a no refund policy for any field trip or in house event that is not attended by child. _____

Staff initials: _____
Date Received: _____

Health Information

TO BE FILLED OUT BY PARENT OR GUARDIAN ***(Current IMMUNIZATIONS records need to be submitted at time of registration)***

HEALTH HISTORY

Has your child had any of the following diseases?

Sickle Cell	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>
Rubella	<input type="checkbox"/>
Measles	<input type="checkbox"/>
Mumps	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>
Scarlet Fever	<input type="checkbox"/>
Poliomyelitis	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>
Other (please list)	<input type="text"/>

Does your child have any allergies?

Hay Fever	<input type="checkbox"/>
Poison Ivy	<input type="checkbox"/>
Bee Stings	<input type="checkbox"/>
Insect Bites	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>
Other (please list)	<input type="text"/>
	<input type="text"/>

Does your child have a tendency to get:

Constipation	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Eczema	<input type="checkbox"/>
Stomach Aches	<input type="checkbox"/>
Ear Infections	<input type="checkbox"/>
Eye Infections	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>
Infections	<input type="checkbox"/>
Other (please list)	<input type="text"/>
	<input type="text"/>

Does your child wear glasses? _____ Does your child have a hearing difficulty? _____

If your child is a girl, has she begun to menstruate? YES NO If not, does she know about the menstrual cycle? YES NO
Does your child have any chronic or recurring illness? YES NO If yes, what is the nature of this illness?

IS YOUR CHILD TAKING ANY PRESCRIBED MEDICATION REGULARLY?

Please list:

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

I hereby certify the information contained herein is true and accurate.

Signature _____ Print Name _____ Date _____

****Please attach a copy of your child's IEP at the time of registration****

financial Assistance *As a licensed child care provider, the Oswego YMCA accepts financial assistance provided by the Department of Social Services. Please fill out a Provider Form and submit with registration.*

Parental / Guardian Consent

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the Oswego YMCA and staff from any and all responsibility and liability of any nature, including claims of injury, illness, death, loss or damage, resulting from my child's participation in any program activities.

Medical Consent

As the parent, legal guardian, or authorized representative, I hereby give consent to the Oswego YMCA to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DO) or dentist (DDS) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

Participation Agreement *Please go over these items with your child. (Please initial each statement)*

- _____ Participant agrees to abide by rules and regulations set by the program for the health, safety and welfare of the participants.
- _____ All medications will be brought directly to the site staff in accordance with the Medications Policy.
- _____ Willful destruction of property will be the responsibility of the participant's parent / guardian.
- _____ Participants must remain within established boundaries wherever the program occurs on and off YMCA property.
- _____ Participants are not allowed to be in possession of any tobacco, alcohol, illegal drugs, firecrackers, firearms, or knives.



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Y Camp Extended Day AM/ PM

****Regular Y Day camp hours are 8am-5pm****

We are excited to offer our camp families the convenience of Extended care in the early mornings and evenings for an additional Fee.

The extended day AM and PM simply extends the fun that takes place at the YMCA Day Camp.

PRE- REGISTRATION IS REQUIRED, this is to ensure that we can have the proper staffing for you're children!

*****In order to hold Extended Day Camp hours a MINIMUM of 5 kids need to be registered for the extended Day hours.*****

Extended Day Am hours; 7am-8am

Extended Day Pm hours; 5pm-6pm

Pricing: Extended AM **or** PM hours \$50/week

Extended AM **and** PM hours price \$ 85/week

Extended Hours Agreement (Please initial each agreement)

I understand that I must pre-register for the Extended hours . _____

I understand that there will be an additional fee for the extended hours that I registered for.

I understand that the Extended hour fee is due on Friday the week prior to my child's scheduled camp week (refer to the Bank Draft Withdrawal Page) _____.

I understand that If there is **not** a minimum of 5 kids registered the Extended hours will not be held. _____

I understand there is a no refund policy for any days or times not used. _____



Camp Y 2020

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Oswego YMCA • 265 West First St. • 315-342-6082 • www.oswegoyymca.org
• Y Summer Camp •

Parent/Guardian Permission: Use of Sunscreen/Insect Repellent at Camps

Camper's Name: _____

Self Application

I give permission for _____,
to carry and self apply sunscreen/repellent. I understand that the following conditions must be met in order to promote proper and safe use of sunscreen at Camp:

The sunscreen will only be used to prevent overexposure to the sun.

Only sunscreen approved by the FDA for over the counter use will be permitted for use by the camper.

Signature _____ Date _____

Assisted Application

If _____
is unable to apply the sunscreen themselves, I give permission for the camp staff to assist in the application of the sunscreen/insect repellent.

Signature _____ Date _____



OSWEGO YMCA BANK DRAFT WITHDRAWAL AUTHORIZATION

Authorization Agreement for Automated Clearing House Entries (ACH)

I hereby authorize Oswego YMCA to initiate ACH entries and, if necessary, adjustments for any entries in error to my *please select one* :

() Checking () Savings or () Credit Card account

and my bank (named below) to credit or debit the same to my account.

Commercial Banks Only

Customer's Bank Name _____ Branch _____

City _____ State _____ Zip Code _____

Bank Transit Routing /ABA Number _____

Customer Account/Card Number _____ EXP Date: _____

Please attach a photocopy of check/credit card:

Please Initial:

I understand there is a non-refundable \$25 registration fee per child after June 1st, 2020 _____

I understand there is a \$15 non-refundable deposit that must be paid when registering for each camp option. This includes, 5 day or 3 day camp, and optional early AM/PM camp hours. This is per week and per child. _____

Please initial; Your initial indicates understanding and acceptance of the policy described

_____ I understand my account will be drafted on Friday the week prior to my child(ren) scheduled camp week.

Please indicate which week(s) . I approve the YMCA to draft Camp Fee: (Drafts will occur on due date)

- _____ Week 1: July 6-10Due July 3
- _____ Week 2: July 13-17.....Due July 10
- _____ Week 3: July 20-24.....Due July 17
- _____ Week 4: July 27-31.....Due July 24
- _____ Week 5: August 3-7.....Due July 31
- _____ Week 6: Aug 10-14.....Due August 7
- _____ Week 7: Aug 17-21.....Due August 14

_____ I understand I will be charged an additional fee of \$25 for failed Bank Drafts. (**NO** Exceptions)

Print Name: _____

Signature: _____ Date _____



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Y Summer Camp Field Trips Agreement Form

* Field trips are on Fridays every week, unless otherwise noted*

I understand that on field trip days my child(ren) are to wear the Y t-shirt that is provided. This helps the staff identify our campers efficiently.

I understand that my child(ren) are to bring a bag lunch on field trip days, OCO food program will **NOT** be offered on field trip days.

I understand that my child(ren) are to wear socks and sneakers on field trip days.

I understand that the Additional fee for field trips and in house events, is due when you register for the week.

By Signing Below, I Agree That:

- √ I have read and understand the parent/guardian consent.
- √ I have read and understand the field trip policy .

Signature of Parent/ Guardian Or Authorized Representative

Print Name

Date