

Please provide us with a current email address to receive notifications, reminders, newsletters and other important program information.

PARENT'S E-MAIL ADDRESS

CHILD'S NAME

CHILD'S HEALTH HISTORY

Please list any DIETARY or Physical Restrictions:

Please list any known ALLERGIES:

Treatment to be given when in contact with states ALLERGIES:

Please check all the following that apply to your child's health history

- ADD ADHD AUTISM
 DIABETES ASTHMA EPILEPSY
 ASPERGER'S DAILY MEDICATION
 OTHER: _____

I understand that the YMCA of Abilene Day Camp Programs generally have a staffing ratio 1:20. Do you feel this will be adequate for your child's needs? YES NO
 If no please explain:

Parent's Signature:

Date:

CAMP LOCATION

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the YMCA Director or person in charge to take my child to:

NAME OF PHYSICIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

HOSPITAL OR CLINIC: _____

ADDRESS: _____

PHONE NUMBER: _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

Unless selected otherwise, your child will be taken to the nearest emergency facility available.

Parent's Signature: _____ Date: _____

INSURANCE INFORMATION

My child does ____ does not ____ have medical insurance for accidents and ill-nesses. I understand that I will be responsible for any incurred medical costs due to any treatments, whether it is medical or emergency.

Name of Insurance Co. _____

ID # _____

Group # _____

Expiration Date _____

Parent's Signature: _____ Date: _____

YMCA of Abilene Day Camp Enrollment Agreement

- Welcome to the YMCA of Abilene Day Camp, "The Y's Summer of FUN!" Our Policies, Procedures, Philosophy, etc. are more fully stated in the **Child Care Parent Handbook**. Please read it carefully; your signature at the bottom will mean that you understand and will follow our procedures and policies.
- First weeks fees and \$25 registration fee are due in full at the time of registration.
- There is a \$10 fee that buys the participants' tee-shirt (required for all field trips).
- Weekly fees are due no later than 6:00 p.m. on the Friday prior to the week's service is to be provided. If payment is not received by Friday at 6:00 p.m. for the following week, a \$5.00 per day late charge will be added to the amount due.
- There is a \$5 discount for a second child attending from a family, and for every subsequent child from that family.
- Signing participants in and out (by authorized person) on a daily basis is required.
- Late Pick-Up Fee:** The YMCA Day Camp hours are 7:30 a.m. – 6:00 p.m. There is a late pick-up charge of \$1.00 per minute, or portion thereof for each child picked up after 6:00 p.m. Fee is due before or on the next day of attendance.

Please mark "X" next to the weeks your child will be attending Camp. We will ONLY reserve weekly spots if marked.

- | | | | |
|---|----------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> May 31 - Jun 3 | Don't Forget Your Passport | <input type="checkbox"/> July 11 - 15 | Picasso's Playground |
| <input type="checkbox"/> June 6 - 10 | Alien Invasion | <input type="checkbox"/> July 18 - 22 | Gimme that Remote! |
| <input type="checkbox"/> June 13 - 17 | Wonder Emporium | <input type="checkbox"/> July 25 - 29 | Nuts for Nature |
| <input type="checkbox"/> June 20 - 24 | Y-Olympics | <input type="checkbox"/> Aug. 1-5 | Time Travelers |
| <input type="checkbox"/> June 27 - July 1 | Prime Time Slime | <input type="checkbox"/> Aug. 8-12 | Clownin' Around |
| <input type="checkbox"/> July 5 - 8 | Put Me In, Coach | <input type="checkbox"/> Aug. 15-19 | It's not goodbye, It's See You Later! |

T-Shirt Size (circle one): to be worn on all field trips Child's S (6-8) M (10-12) L (14-16) Adult's S M L XL XXL

I understand and accept the YMCA of Abilene's terms and conditions of enrollment.

Parent or Guardian Signature _____

Printed Name _____

Date _____