



YMCA CAMP NEW ROC at New Rochelle YMCA

The following information is required by State of NY Licensing and the YMCA

I hereby reserve a place at YMCA CAMP NEW ROC for my child.

- Discovery (3-5 years)
- Adventure (6-8 years)
- Explorer (9-11 years)
- TAVTEC STEAM Camp-NEW! (9-13 years)
- Teen X-treme Team (12-15 years)

Camper's Name: _____ **Birthdate:** _____ **Age:** _____ **Male:** _____ **Female:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XLarge

Membership Fees: \$90.00 Youth Membership or Current Membership# _____ (our office will verify)

Late Fees: Will be assessed for late pick-ups - \$1.00 per minute after 5:00pm

2018 SUMMER DAY CAMP HOURS: Monday-Friday 9:00am – 5:00pm

Fee: \$320 per week / \$256.00 week 2 only (July 4th Holiday)

2018 TAVTEC STEAM CAMP HOURS: Monday-Friday 9:00am – 5:00pm (July 9th – August 3)

Fee: \$400 per week.

Additional Fees: (optional)

\$65.00 per/week - 7:30-9:00am - extended hours

\$65.00 per/week - 5:00-6:30pm - extended hours

\$100.00 per/week – Both AM & PM extended hours

If registering for 1 week of camp – FULL payment is REQUIRED at the time of registration. Cash, Check, Credit/Debit Cards accepted.

If registering for multiple weeks of camp – the first week MUST be PAID in FULL and a \$50.00 per week (non-refundable) deposit is required to reserve any additional weeks. AUTO-DRAFT is then set-up for the remaining weekly balance due using a credit/debit card. (Authorization form attached page 5)

ATTENDANCE DATES

Week 1 <input type="checkbox"/> June 25 - 29 Extended hrs. am__ pm__	Week 2 (no camp July 4th) <input type="checkbox"/> July 2 - 6 Extended hrs. am__ pm__	Week 3 <input type="checkbox"/> July 9 – 13 Extended hrs am__pm__ <input type="checkbox"/> Steam Camp Robotics -New	Week 4 <input type="checkbox"/> July 16 – 20 Extended hrs. am__pm__ <input type="checkbox"/> Steam Camp-New Game Design
Week 5 <input type="checkbox"/> July 23- 27 Extended hrs. am__pm__ <input type="checkbox"/> Steam Camp It's all about the Arts! -New	Week 6 <input type="checkbox"/> July 30 – August 3 Extended hrs. am__pm__ <input type="checkbox"/> Steam Camp Architecture and Entrepreneurs -New	Week 7 <input type="checkbox"/> August 6 – August 10 Extended hrs. am__ pm__	Week 8 <input type="checkbox"/> August 13 – August 17 Extended hrs. am__ pm__
Week 9 <input type="checkbox"/> August 20 – 24 Extended hrs. am__pm__			

PARENT/GUARDIAN INFORMATION

Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file at camp.

Name: _____ Relation to child: _____
 Address: _____ City: _____ State: _____ Zip _____
 (H) _____ (C) _____ (W) _____ (Email) _____

Name: _____ Relation to child: _____
 Address: _____ City: _____ State: _____ Zip _____
 (H) _____ (C) _____ (W) _____ (Email) _____

Method of Payment – Circle One – Cash / Personal Check / Visa / MasterCard / Amex / Discover

Third Party Payment – Circle One – 1199 / DSS / Other _____

Parent/Guardian Signature _____ Date _____

Printed Name _____



YMCA CAMP NEW ROC at New Rochelle YMCA

****The following information is required by State of NY Licensing and the YMCA****

Child's Physician: _____ Phone # _____
Address: _____ City: _____ State: _____ Zip: _____

Child's Dentist: _____ Phone # _____
Address: _____ City: _____ State: _____ Zip: _____

Allergies: _____ *Medication: _____ Dietary/Religious Restrictions: _____

If medications need to be taken during the day you must complete a Medication Authorization Form and submit to the Camp Director BEFORE your child starts camp.

EMERGENCY CONTACTS & PICK-UP AUTHORIZATION (Additional contacts cannot be mother/father/guardians). In an emergency situation, parents will be contacted first and Emergency Contacts will be contacted only if parents/guardians listed above cannot be reached. *Please list in order to be contacted. All individuals authorized to pick up your children from the program must be at least 18 years of age. A license or other positive proof of identification must be shown at pick up. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child.*

I give permission for the emergency contact persons listed below to authorize medical treatment or to pick up and/or transport my child from the program in my absence. I understand that persons listed as "Emergency Contacts" are automatically authorized to pick up my child from the program. In emergency situations only, I will give verbal and/or written permission for an individual, who is not on this list, to pick up my child. I understand no child will be released without emergency verbal/written permission.

1. Name: _____ Relation to Child: _____
(H) _____ (C) _____ (W) _____

2. Name: _____ Relation to Child: _____
(H) _____ (C) _____ (W) _____

ADMINISTRATION OF FIRST AID

These steps may include, but are not limited to the following:

- Contacting parent/guardian; authorized alternate persons; child's physician/dentist.

If we cannot contact any of the above, we will do one or all of the following:

- Call our medical or dental consultant.
- Call police or ambulance in emergency.
- Staff accompanies your child to the hospital in a program vehicle or staff car. Any expenses incurred for any of the above will be the responsibility of the parent/guardian.

ABSENT PARENT CONSENT FOR EMERGENCY TREATMENT OF A MINOR

- I hereby authorize the staff of the New Rochelle YMCA to give First Aid and CPR to my child as needed. I understand that the staff are trained in the basics of First Aid and CPR.
- In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility to secure necessary medical treatment.
- I give permission for the emergency contact persons to authorize medical treatment or to pick up and/or transport my child from the program in my absences
- In the event that I cannot be reached, I hereby authorize any licensed physician to provide proper treatment, order injections, hospitalize, give anesthesia or perform emergency surgery for my child. I give permission to the physicians attending to my child to secure and administer treatment as necessary. I understand that this authorization is given prior to any need for medical care, but is given to avoid unnecessary delay in emergency treatment, which the physician may deem advisable.
- I understand that the staff will make every effort to notify me of the emergency immediately.
- I hereby grant permission for the staff to take any steps necessary to obtain medical or dental care if warranted. The YMCA shall not be held responsible for anything that may happen as a result of false information given at the time of enrollment.

I have read, understand and agree to the conditions as stated above.

Parent/Guardian Signature _____ **Date** _____



YMCA CAMP NEW ROC at New Rochelle YMCA

The following information is required by State of NY Licensing and the YMCA

PARENT AGREEMENT

The following information is important for the safety of your child. Please read the information and sign below. Please keep and refer to your copy of the YMCA Camp Parent Handbook, which outlines our program Policies and Procedures. Your signature below indicates that you have received them, read them and will adhere to all regulations and requirements.

- ✓ I have received and read the parent handbook.
- ✓ I grant permission for my child to use all of the play equipment and participate in all of the activities of the program with the exception of:

-
- ✓ I hereby grant consent for my child to participate in swimming in life-guarded places only.
 - ✓ **My child's ability to swim is:** Non Swimmer Beginner Intermediate Advanced
 - ✓ I grant permission for my child to use all the play equipment and participate in all of the activities of the center.
 - ✓ I grant permission for my child to walk to nearby park and use the play equipment under the supervision of YMCA staff.
 - ✓ I grant permission for my child to leave the program premises under the supervision of a staff member for a field trip, in an authorized vehicle.
 - ✓ I hereby grant consent and authorize the use of photographs, slides, videotape and film of my child participating in New Rochelle YMCA activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote New Rochelle YMCA programs and services, and/or recognition of participants. I understand that the YMCA is a non-profit organization.
 - ✓ I understand that YMCA staff and volunteers are *not allowed to baby-sit or transport children at any time outside of the YMCA program*. The YMCA may take immediate disciplinary action toward staff and volunteers if a violation is discovered.
 - ✓ I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
 - ✓ I understand that my child will not be allowed to leave the program with an unauthorized person.
 - ✓ I understand that any person picking up may ask to verify a license at anytime.
 - ✓ I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
 - ✓ I understand that if my child is picked up after camps dismissal more than 3 times, I may be asked to leave the program.
 - ✓ I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
 - ✓ I certify that my child has my permission to apply self-supplied sunscreen and bug repellent as necessary.
 - ✓ I certify that a licensed physician has examined my child in the last 12 months and I have provided the New Rochelle YMCA with documentation with immunization records.
 - ✓ I understand that the New Rochelle YMCA can suspend any child at any time for inappropriate or dangerous behaviors.
 - ✓ I understand that only the person that signs this form may make changes to it.

PARENT STATEMENT OF UNDERSTANDING

The New Rochelle YMCA strongly believes that our summer camp program will most effectively meet your child's developmental needs by providing continuous care. The YMCA has made a commitment to maintain staff, curriculum and facilities that will enrich your child's learning and growth experiences. We seek a similar commitment from you. In signing this agreement, you have reserved your child's space for the 2017 summer session dates you indicated earlier and are responsible for full payment. Under no circumstances will the YMCA accept less than two weeks written notice of the withdrawal of your child from the program. The YMCA reserves the right to charge for full services throughout the notice period. Registration, deposit, late fees and membership fees are non-transferable and non-refundable if at any time you or the YMCA of New Rochelle terminates services.

I have read, understand and agree to the following:

- **Registration and Payment is Due Before Each Session.**
- **My Child Will Not Be Able To Attend Camp Until The Enrollment Form, Administration Of Medication and Child's Health Record Are Completed, Signed By All Parties And Returned to the Y.**
- **I Have Received A Copy Of The YMCA Camp Parent Handbook with Policies and Procedures.**

Parent/Guardian Signature _____ Date _____



YMCA CAMP NEW ROC at New Rochelle YMCA

****The following information is required by State of NY Licensing and the YMCA****

PICK-UP AUTHORIZATION FORM

YMCA POLICY: Your child will not be released into the custody of any person that you have not specified below as an accepted pick-up person, even including other family members. All individuals listed must be at least 16 years of age, and have a valid ID. Telephone approval is not acceptable. Please print below the full names of any and all persons you authorize to pick your child (list your name first).

My Child _____ may be picked up only by the following people:

- 1. _____ Phone # _____
- 2. _____ Phone # _____
- 3. _____ Phone # _____
- 4. _____ Phone # _____
- 5. _____ Phone # _____
- 6. _____ Phone # _____
- 7. _____ Phone # _____
- 8. _____ Phone # _____
- 9. _____ Phone # _____
- 10. _____ Phone # _____

I understand and agree that once my child is released into the custody of any of the above named individuals, the YMCA and its staff no longer has any responsibility for my child.

We recommend that you establish a secret password with your child to be used in an emergency situation.

Late Pick-Up: A grace period of 5 minutes will be allocated for your convenience. If a child is picked-up after 5:05 a charge of \$1.00 per minute will be applied to your bill. **Habitual late pick-ups may result in suspension from the program. Please be on time!**

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____



YMCA CAMP NEW ROC at New Rochelle YMCA

The following information is required by State of NY Licensing and the YMCA

Credit/Debit Card Authorization

By signing this form, I agree to pay the amount due the **MONDAY BEFORE** each new session of camp. It will be my responsibility to notify the New Rochelle Y in the event that I cancel my credit/debit card. I will also notify the Y when I receive a new expiration date on my card. If for some reason a transaction will not post (i.e. account closed or suspended, insufficient funds), I understand that I will be charged a \$35.00 fee. I understand that if my payment is not received prior to the start of the next session, then my child won't be able to attend YMCA Camp New Roc that session.

I authorize the New Rochelle YMCA to keep my signature on file and to charge my credit card on account, on an ongoing basis for amounts I owe. I understand that this authorization is valid for the duration of my child's enrollment and I may cancel the authorization at any time through a 30 day written notice.

Cardholder Name: _____

Cardholder Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Expiration Date: _____ Card Security Code: _____

Cardholder Signature: _____ Date: _____

All information on this form is correct as far as I know. I understand that the YMCA reserves the right to refuse an application, or terminate enrollment of any child based upon disciplinary difficulties or lack of payment.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Withdrawals Procedures

Withdrawals must be made in writing only. Withdrawals must be sent directly to the YMCA located at **50 Weyman Avenue, New Rochelle, NY 10805**. Weekly enrollment fees will be charged until the Director receives notification of withdrawal in writing.



YMCA CAMP NEW ROC at New Rochelle YMCA

****The following information is required by State of NY Licensing and the YMCA****



**IT TAKES A VILLAGE TO
EDUCATE A CHILD**

TAVTEC STEAM Camp Information Sheet * NEW FOR 2018*

Camper: _____

The **New Rochelle YMCA** and **It Takes a Village to Educate a Child** (TAVTEC) are pleased to offer you our **STEAM Specialty Camp**. **TAVTEC'S** programs operate within the New Rochelle School district to establish programs where typically developing children work alongside children with different abilities in a supportive environment. The goal of this camp is to develop and enhance social skills, mold leadership qualities and boost self-esteem while introducing your child to STEAM (Science, Technology, Engineering, Art, Math). **In order to give you the best service we ask that you please take 3-5 minutes to complete this survey.**

What are your child's interest or strengths? (art, science, tech, math, video games, etc.)? My child interests/strengths are _____.

Please rate your child's ability to socialize appropriately with peers?

1 2 3 4 5

Needs Improvement ←————→ Extremely Good

Does your child display leadership skills? Explain _____

Does he or she like to help others? ___Yes ___No

Is your child good at following instruction?

1 2 3 4 5

Needs Improvement ←————→ Extremely Good

Are there any behavioral triggers or challenges we should be aware of? Please explain _____

Briefly describe your child's weaknesses or challenges: _____

What steps do you take to calm him/her? _____

Does your child have an IEP ___Yes ___No

Please state one important goal you would like us to help your child achieve: _____

I hereby grant consent and authorize the use of photographs, slides, videotape and film of my child participating in TAVTEC activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote TAVTEC programs and services, and/or recognition of participants.

I have read, understand and agree to the following:

- **Registration and Payment is Due Before Each Session.**
- **My child will not be able to Attend Camp until The Enrollment Form, Administration of Medication and Child's Health Record are Completed, Signed by All Parties and Returned to the Y.**

Parent/Guardian Signature _____ **Date** _____