



# 2010 Day Camp Registration Form

## YMCA of Greater Williamson County

Parent Name: \_\_\_\_\_  
 Work Number: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Home/Cell Number: \_\_\_\_\_  
 Child's Current Afterschool Program: \_\_\_\_\_  
 Child's Grade: \_\_\_\_\_

<b>Rates:</b> <ul style="list-style-type: none"> <li>YMCA Family Member \$125</li> <li>Community Member/ Program Participant \$135</li> </ul> \$35 Non Refundable Registration Fee ___ T-Shirt** ___ Hydration Pack** **While Supplies last School Location: _____		<b>Registration Fee</b> (One Time/ Non Refundable)  \$35 Paid	<b>Deposit</b> (Non Refundable)	<b>Round Rock ISD</b> (4 School Locations TBD)	<b>Pflugerville ISD</b> (2 School Locations TBD)	<b>Hutto ISD</b> (1 School Location TBD)	<b>Leander ISD</b> (1 School Location TBD)	<b>Twin Lakes Family YMCA</b> <b>Facility Camp</b>
<b>Week 1</b> Week of 5/31 thru 6/4 RRISD ONLY / Pro Rated for Holiday Week		\$25		N/A	N/A	N/A	N/A	
<b>Week 2</b> Week of 6/7 thru 6/11		\$25					N/A	
<b>Week 3</b> Week of 6/14 thru 6/18		\$25					N/A	
<b>Week 4</b> Week of 6/21 thru 6/25		\$25					N/A	
<b>Week 5</b> Week of 6/28 thru 7/2		\$25					N/A	
<b>Week 6</b> Week of 7/5 thru 7/9		\$25					N/A	
<b>Week 7</b> Week of 7/12 thru 7/16		\$25					N/A	
<b>Week 8</b> Week of 7/19 thru 7/23		\$25					N/A	
<b>Week 9</b> Week of 7/26 thru 7/30		\$25					N/A	
<b>Week 10</b> Week of 8/2 thru 8/6		\$25					N/A	
<b>Week 11</b> Week of 8/9 thru 8/13 LISD School Site Not Available		\$25				N/A		
<b>Week 12</b> Week of 8/16 thru 8/20 LISD School Site Not Available		\$25				N/A		
<b>Total Number of Sessions</b>								

All payments on the bank draft system are attached to your checking account or credit card account. Payments will be withdrawn on the 1<sup>st</sup> and 15<sup>th</sup> of each month beginning May 15<sup>th</sup>.

Registration Fees~ A one time \$35 Registration fee is charged per child. The registration fee is **non-refundable and non-transferable**. Deposits are **non-refundable**. Deposits may be transferred to other summer camp weeks or a different summer camp location (**excluding Camp Twin Lakes**) for a \$10 processing fee. Transfers can not be used for Camp Twin Lakes or for the Afterschool Program. You are reserving a space for your child. This form contains the weeks you have reserved and the fees you have paid. **There is no credit given for absent days**. Your deposit and reserved space will be forfeited if the payment does not clear your account.

By signing below you are agreeing to the above terms:

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration Fee \$35 + ( \_\_\_ # of Session X \$25) \_\_\_ = \_\_\_\_\_ Total Amount Due

Paid by: Check # \_\_\_\_\_ CASH Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Password

# Y DAY CAMP REGISTRATION FORM

Summer of 20\_\_

\_\_ SACC

Child's Name \_\_\_\_\_ Circle: Boy Girl Grade \_\_\_\_\_  
 Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Parent/Guardian's Day Phone # \_\_\_\_\_  
 Child's Date of Birth \_\_\_\_\_ Parent/Guardian's Email Address \_\_\_\_\_  
 Name of Parent/Guardian responsible for payment \_\_\_\_\_ Phone # \_\_\_\_\_

\*\* (Parent(s) responsible for payment are the only person(s) allowed to make changes to the child's registration form.)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Other Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Local Person to call in case of emergency if parent/guardian cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby authorize the YMCA staff to allow by child to leave the facility ONLY with the following persons:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

*All information on this form is required by Texas Department of Protective and Regulatory Services or the YMCA to ensure the safety of your child.*

**MEDICAL INFORMATION:** In the event of an emergency and a parent/guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management/transportation. Refer to medical waiver.

Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

**List any special problems that your child may have**, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information the staff should be aware of: \_\_\_\_\_

Treatment to be given: \_\_\_\_\_

	Phone	Address	City/Zip
Licensed Physician			
Hospital/Clinic			

### PARENT'S/GUARDIAN'S ACKNOWLEDGEMENTS (Please Initial all lines)

\_\_\_ **Family Guide:** I acknowledge that I received a copy of the YMCA Family Guide. I accept responsibility to read and adhere to billing procedures and all policies as set forth in the Family Guide.

\_\_\_ **ADA Policy (Required):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

\_\_\_ **Permission for Transportation (Required):** I grant permission for the YMCA Staff to transport my child to and from his/her camp site for field trips and other planned events. I understand that reasonable precautions will be taken to insure the safety and health of my child.

\_\_\_ **Waiver for Medical Treatment (Required):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or nearest hospital/ emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

\_\_\_ **Waiver for Participation (Required):** I understand that YMCA activities may have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all YMCA programs and facilities including transportation to and from said activities. I further release, absolve,

indemnify, and agree to hold harmless, the YMCA, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity, whether located on YMCA property or not.

\_\_\_ **Refund/Transfer Policy (Required):** Refunds will be given if cancellation is received in writing two weeks prior to the start of the camp session for

which you are requesting. Registration fees are non refundable and non transferable. Deposits are non refundable. Deposits may be transferred for a

\$10 processing fee. Please allow two weeks for processing and mailing of your refund check.

\_\_\_ **Waiver for Photo and Video Release (Optional):** I give my consent for any photos taken of my child involved in YMCA programs to be used for

YMCA promotions or display.

By signing below you are agreeing to the above terms:

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

\_\_\_\_\_  
Date



## Discipline and Guidance Policy for YMCA Summer Camp

- ❖ Discipline must be:
  1. Individualized and consistent for each child
  2. Appropriate to the child's level of understanding
  3. Directed toward teaching the child acceptable behavior and self-control
  
- ❖ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:
  1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
  2. Reminding a child of behavior expectations daily by using clear, positive statements
  3. Redirecting behavior using positive statements
  4. Using brief cooling off period when appropriate; which is limited to the child's decision to rejoin the group
  
- ❖ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  1. Corporal punishment or threats of corporal punishment
  2. Punishment associated with food, quiet time or bathroom use
  3. Pinching, shaking or biting a child
  4. Hitting a child with a hand or instrument
  5. Putting anything in or on a child's mouth
  6. Humiliating, ridiculing, rejecting or yelling at a child
  7. Subjecting a child to harsh, abusive or profane language
  8. Placing a child in a locked or dark room, bathroom or closet with the door closed
  9. Requiring a child to remain silent or inactive for inappropriate periods of time

My signature verifies I have read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Circle One:

Parent/Legal Guardian

OR

Employee/caregiver

YMCA OF GREATER WILLIAMSON COUNTY  
SUMMER DAY CAMP AGREEMENT  
ACH BANK DRAFT AUTHORITY

CHILD'S FULL NAME		Draft Dates	Week
ADDRESS		May 15 <sup>th</sup>	1** & 2
CITY, STATE, ZIP		June 1 <sup>st</sup>	3 & 4
PHONE NUMBER	(HOME) _____ (WORK) _____	June 15 <sup>th</sup>	5 & 6
FAMILY MEMBER#		July 1 <sup>st</sup>	7 & 8
BEGIN DATE		July 15 <sup>th</sup>	9 & 10
DRAFT DESCRIPTION	Program Code: _____ Site: _____	Aug. 1 <sup>st</sup>	11 & 12
ACCOUNT TYPE: (Circle One)	Checking Savings MC VISA Amount \$ (Voided Check) (Voided Check)		
CREDIT CARD #	3 Digit Security Code		
Credit Card Billing Address			
EXP Date:	CC Holder's Name		

**ACH DRAFTS ARE REQUIRED TO HAVE A VOIDED CHECK**

**DEBIT CARDS ARE NOT ACCEPTED. MUST BE ACH OR CREDIT CARDS ONLY**

**CREDIT CARDS ACCEPTED ARE VISA OR MASTER CARD ONLY**

**\*\*Week 1 is for Round Rock ISD and Camp Murphy Park Only.  
All other districts will be drafted beginning Week 2.**

1. I understand that this transfer will occur twice monthly on the 1<sup>st</sup> and 15<sup>th</sup> of each month for checking/savings and credit card drafts. First draft begins May 15<sup>th</sup>.
2. I understand that should I choose to **terminate or change** Bank Accounts, Banks, Account Types, or Child Care Plan in anyway, I must provide the YMCA with **at least a 2 week written notice** prior to my transfer date.
3. I understand that the information above will be used to transfer payment from my account.
4. I understand that if my payment is returned NSF for any reason the item(s) will be re-presented electronically and I understand I will be charged a \$30 NSF processing fee. I am also responsible for all other recovery costs.
5. I understand that if my account has a late pick up fee or late payment fee the amount will be drafted from my account on the next draft date.
6. I understand that after three returned items, I will be ineligible to use the Automatic Payment option. My account will then become cash or money order only.

\_\_\_\_\_  
Account Holders Signature

\_\_\_\_\_  
Date

*White~ Office Copy*

*Yellow~ Parent Copy*