



Northwood _____

North Central Florida YMCA

Summer Camp 2017 Enrollment Form

Childs Name _____ Date of Birth ____/____/____ Gender _____

Grade Entering _____ Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Date of Birth ____/____/____

Home Phone _____

Work Phone _____

Cell Phone _____

Place of Employment _____

Email _____

Parent/Guardian Name _____

Date of Birth ____/____/____

Home Phone _____

Work Phone _____

Cell Phone _____

Place of Employment _____

Email _____

Circle One: Full time Part Time (2-3 days, M T W Th F) | **Circle One:** Fun Club Teens

Are both parents allowed to pick up this child? Yes or No

If no, have custodial papers been provided? Yes or No

Who has legal custody of this child? _____ Relation to the child _____

Who else is permitted to pick up this child? (Child(ren) will not be released to anyone not on this list)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Family Physician _____ Phone _____

Allergies _____ Date of DPT or Tetanus ____/____/____

Insurance company covering child _____

Does your child have any special circumstances we should be made aware of? _____

Week	Dates	Due Date
1	Jun. 5-9	Jun. 2
2	Jun. 12-16	Jun. 9
3	Jun. 19-23	Jun. 16
4	Jun. 26-30	Jun. 23
5	Jul. 3-7	Jun. 30
6	Jul. 10-14	Jul. 7
7	Jul. 17-21	Jul. 14
8	Jul. 24-28	Jul. 21
9	Jul. 31 - Aug. 4	Jul. 29
10	Aug. 7-11	Aug. 4

Please Initial:



Summer Camp

_____ **Payment/Registration:** I understand that a **\$25 registration fee per child** must be paid at the time of registration. I further understand that fees are due on the 1st day of each week. I understand that if my payment is not made by 6:00pm, I will receive a \$20 late payment fee and your child will be unable to continue attending. I understand that the Childcare Department closes at 6:00pm and a **\$1 per minute late pick up fee will be charged starting at 6:05pm**. I understand the late pick up payment must be made at the time of pick up or it will be added to my account with an additional late fee. I understand that I am responsible for fees for programs my child is enrolled in regardless of attendance, unless 2 weeks prior written notice is given for the absence.

_____ **Returned payments:** A \$25 fee will be charged for any returned checks/EFT. After two (2) insufficient fund returns, we will accept your monthly payments by money order or cash ONLY.

_____ **Refunds:** I understand that after a payment has been received, there will be **NO REFUNDS** under any circumstances. I further understand that I must give 2 weeks' notice before withdrawing my child that they are enrolled for and that I am responsible for the payment of the fees for those 2 weeks regardless of attendance. Refunds will not be given if a child does not attend.

_____ **Staff Solicitation:** The YMCA staff cannot baby-sit or transport children at any time outside of the YMCA program. Please do not solicit our staff for these purposes.

_____ **Safety Procedures:** Children suffering injury at or during the YMCA Afterschool Program will be assessed by the Director for necessary care. When necessary, parent/guardian will be notified at the time of the injury or illness and given the option of picking up their child at that time. If not available, the child's emergency contact will be notified. In the event of serious injury, EMS will be summoned.

_____ I agree to adhere to the YMCA Code of Conduct. I further agree to pick up my child upon request from a YMCA Director in case of illness, injury, or discipline problems within one hour.

_____ I give permission for my child to attend all YMCA summer field trips and ride in YMCA provided transportation.

_____ **Dismissal/Authorized persons:** When an authorized person picks up your child, they MUST: 1) come to the YMCA program window area 2) show photo I.D. and 3) sign them out daily. ONLY those persons listed on child's registration form are authorized to pick up the child. No one else, including family members, is considered an authorized person. If there is any doubt, phone verification will be made to child's parent before any child is released. In the event the parent cannot be reached, the child will NOT be released. Should any authorized person arrive to pick up a child and appear to be under the influence of drugs or alcohol, for the child's safety, staff may have to contact the police. Please do not put staff in a position where they have to make this judgment call.

_____ **Medication/Illness:** Every effort will be made to administer prescription medication. You are responsible for providing the medication in its original container. The bottle must have a legible pharmacy label with the camper's name, current dosage, frequency, and name of prescribing physician. For liquid medications, please send a measuring spoon or cup marked with the camper's name. A medicine release form must be completed by parent/guardian before medicine can be administered, this includes inhalers. Children cannot administer medicine themselves, this includes inhalers. If your child has a contagious condition (i.e.: pinkeye, lice, fever, rash, etc.) they will not be admitted to the YMCA Summer Program. You will be required to pick up your child immediately.

_____ I give the YMCA permission to publish any photo that may be taken of me or my child for YMCA use.

_____ **Permission for enrollment and release of YMCA from Liability:** I give my child permission to participate in YMCA Program activities. THIS IS YOUR RELEASE AND WAIVER OF LIABILITY. You individually and on behalf of your minor child, release the North Central Florida YMCA, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

_____ **Notice to the minor child's guardian: READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE NORTH CENTRAL YMCA USES REASONABLE CARE IN PROVIDING AN ACTIVITY, THERE IS A CHANCE THAT YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE NORTH CENTRAL FLORIDA YMCA IN A LAWSUIT FOR ANY PERSONAL REASON, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND THE NORTH CENTRAL FLORIDA YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. FL STATUTE 744.301**

I have read this form and grant permission for my child to participate in all activities and field trips provided by the North Central Florida YMCA.

X _____ Date ____/____/____ Start Date ____/____/____

2017 Auto Draft Form

Credit Card Option

Name on Card _____ Exp. Date _____

Card Number _____

Circle One: Visa AMX MasterCard Discover

EFT (Bank) Draft Option

Name on Account _____
(please attach a voided check)

Financial Institution _____

City _____

ABA/Transit # _____ Account # _____

I hereby authorize the YMCA to draft the listed Afterschool payment on the 1st of each month. I understand that the automatic draft is an ongoing agreement with the YMCA and will continue until a cancellation form is submitted. I understand that cancelling my draft requires one week's notice prior to the draft date. If my information changes, I understand I must change my auto draft form. If a draft is declined for any reason, I understand that I will be subject to a \$25 return draft fee.

By signing this form I am confirming that I have read and agree to the terms of this agreement.

Signature _____ Date ____/____/____