



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

North Central Florida YMCA SUMMER CAMP REGISTRATION FORM

Please complete all blanks on this form. Incomplete enrollment forms cannot be accepted.

CHILD'S INFORMATION						
Child's Full Name (Last, First Middle)		Nickname	Age	Date of Birth	Gender	
Street Address		City		State	Zip Code	
Student ID #		Household Email				
Grade child will enter in Fall 2022		Child's Swimming ability		Child's T-shirt Size		
School child will enter in Fall 2022		<input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		<input type="checkbox"/> Yth XS (2-4) <input type="checkbox"/> Adult S <input type="checkbox"/> Yth S (6-8) <input type="checkbox"/> Adult M <input type="checkbox"/> Yth M (10-12) <input type="checkbox"/> Adult L <input type="checkbox"/> Yth L (14-16) <input type="checkbox"/> Adult XL		
Ethnicity*			Annual Household Income Level*			
<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Bi/Multi Racial <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____			<input type="checkbox"/> Under \$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$49,999 <input type="checkbox"/> \$50,000-\$75,000 <input type="checkbox"/> Over \$75,000			
* This information is used to help the YMCA when applying for grants and funding.						
Subsidy Information						
Do you currently qualify for any of the following? <i>This information is to help us charge the appropriate fees for Summer Camp</i>						
Children in foster care, voluntary or formal kinship care, and/or under in-home case management supervision?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you receive YMCA Financial Assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child receive Free or Reduced Lunch?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child receive SNAP Benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
A "YES" response to any of the above questions does not guarantee a discount will be applied. Parents are responsible for the full fee of their selected care until their eligibility for any subsidy is verified, or if they are determined ineligible for the subsidy.						
PARENT/GUARDIAN INFORMATION						
Who has legal custody? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared <input type="checkbox"/> Guardian		Is there an existing court order restricting contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you do have a court order preventing an adult from picking up your camper it must be provided to the YMCA prior to beginning camp.		
<i>Please use the priority boxes in the far right column to indicate your preference for the order in which will attempt to reach you by phone. (Number 1 to 6)</i>						
Parent/Guardian 1 Full Name		Date of Birth		Cell Phone		Priority
Street Address (please enter "same" if the address is the same as the child's)				Work Phone		Priority
City		State	Zip Code	Home Phone		Priority
Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Bi/Multi Racial <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____				All information is to ensure parent/guardian is entered correctly.		
Place of Employment		Email Address				
Employment Address (Street, City, State, Zip)						
Parent/Guardian 2 Full Name		Date of Birth		Cell Phone		Priority
Street Address (please enter "same" if the address is the same as the child's)				Work Phone		Priority
City		State	Zip Code	Home Phone		Priority
Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Bi/Multi Racial <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____				All information is to ensure parent/guardian is entered correctly.		
Place of Employment		Email Address				

Employment Address (Street, City, State, Zip)				

HEALTH INFORMATION
Required by the State of Florida- Florida Department of Health

Hospital of Preference	Hospital Phone Number and Street Address		
Primary Care Provider	Primary Care Provider Phone Number and Street Address		
Dentist	Dentist Phone Number and Street Address		
Health Insurance Provider	Policy Number	Effective Date	Date of last DPT or TETANUS SHOT
Does your child take any medications? <input type="checkbox"/> Yes* <input type="checkbox"/> No *A Medication Administration form must be submitted.	Does your child have an IEP or 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any special needs we should be aware of to better serve your child? <input type="checkbox"/> Cognitive <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Emotional	
Medications routinely taken			
Please list all allergies and intolerances to food, environmental stimulants, or other substances. Please write "N/A" if there are no known allergies.			
Please list any special medical or dietary needs of child.			
Please list all identifying scars, birthmarks, skin discolorations.			
Please list any other areas of concern we should be aware of.			

EMERGENCY CONTACTS
Child will only be released to person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). Emergency Contacts MUST be someone other than the custodial parent(s) or legal guardian(s), and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached.**

Emergency Contact 3 Full Name (in addition to Guardians 1 and 2)	Date of Birth	Primary (Cell) Phone Number	Secondary (Work/Home) Phone Number
Street Address	City	State	Zip Code
Emergency Contact 4 Full Name (in addition to Guardians 1 and 2)	Date of Birth	Primary (Cell) Phone Number	Secondary (Work/Home) Phone Number
Street Address	City	State	Zip Code

AUTHORIZATION FOR EMERGENCY TREATMENT/EMERGENCY MEDICAL RELEASE

- I understand that the North Central Florida YMCA does not carry accident insurance.
- I realize that the responsibility for payment of an injury requiring medical care is mine.
- I give permission for the center to consult my child's physician/dentist in case of an emergency if I cannot be reached.
- I authorize my child to be transported by ambulance to the nearest hospital.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to
(Child's Full Name)
transport by ambulance if situation warrants it.

Parent/Guardian Signature : _____ **Date:** _____

Child's Full Name				
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ADDITIONAL ADULTS AUTHORIZED TO PICK-UP
Please note: All information is needed to properly add to Electronic Sign in/out system

Authorized Pick-up 3 Full Name	Date of Birth	Primary (Cell) Phone Number	Secondary (Work/Home) Phone Number
Street Address	City	State	Zip Code
Authorized Pick-up 4 Full Name	Date of Birth	Primary (Cell) Phone Number	Secondary (Work/Home) Phone Number
Street Address	City	State	Zip Code
Authorized Pick-up 5 Full Name	Date of Birth	Primary (Cell) Phone Number	Secondary (Work/Home) Phone Number
Street Address	City	State	Zip Code
Authorized Pick-up 6 Full Name	Date of Birth	Primary (Cell) Phone Number	Secondary (Work/Home) Phone Number
Street Address	City	State	Zip Code

Who has authorization to make changes to Authorized Pick ups?

PERSONALITY
The information requested below will help us better serve your child while in our program.

Regarding camp, My child is:	<input type="checkbox"/> Nervous	<input type="checkbox"/> Upset	<input type="checkbox"/> Curious	Generally, My child is:	<input type="checkbox"/> Adventurous	<input type="checkbox"/> Shy	<input type="checkbox"/> Talkative	<input type="checkbox"/> Focused	<input type="checkbox"/> Energetic
	<input type="checkbox"/> Excited	<input type="checkbox"/> Bored	<input type="checkbox"/> Anxious		<input type="checkbox"/> Cautious	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Positive	<input type="checkbox"/> Competitive	<input type="checkbox"/> Laid-back
My child is most happy when...					My child is least happy when...				
What would you like to get out of your camp experience this summer?									
List a few shows, bands, books, or topics your child enjoy talking about					List a few hobbies, activities, or games your child enjoys playing				
Describe how your child interacts with other children and adults.									
What strategies have you taught your camper for exploring, processing, and dealing with their emotions?									
What are the most effective ways to comfort your child?									

FOOD EXPERIENCE PERMISSION:

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

- My child DOES NOT have a food allergy or dietary restriction.
- My child DOES have a food allergy or dietary restriction. He or she may participate but may not eat or handle the following items (please list below):

- My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

I have received a copy of "Know Your Child's Children's Center" brochure, "A Guide For Parents" Influenza Virus brochure and a copy of the children's center discipline policy.

Signature of Parent/Guardian: _____ **Date:** _____

DISCIPLINE POLICY

Child Discipline, Florida Statute

As stated in the Florida Department of Children and Families Florida Statutes in Chapter 402.F.S: Minimum standards for child discipline practices shall ensure that age-appropriate, constructive disciplinary practices are used in care. Such standards shall include at least the following requirements:

- Children shall not be subjected to discipline which is severe, humiliating or frightening.
- Discipline shall not be associated with food, rest or toileting.
- Spanking or any other form of physical punishment is prohibited.
- Prior to admission of a child into a child care facility, the facility shall notify the parent in writing of the disciplinary practices used by the facility.
 - Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility". (CF/PI 175-24)
 - Section 65C-22.006(3)@2.,F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility.

EXPULSION POLICY

- Verbal warning to the child and parent. The incident will be documented in the child's file
- Written warning to the parent
- Suspension from the program (1-3 days)
- Dismissal from the program

PARENTAL AGREEMENT

- I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. All persons signing children in/out must be at least 16 years of age.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the authorized pick-up list. Authorization by telephone will not be accepted.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program.
- I understand that by state law, the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I have reviewed the YMCA Discipline Policy.
- I give permission for my child to attend all YMCA activities and field trips.

DISCLAIMER:

The North Central Florida YMCA does not discriminate on the basis of race, religion, gender, creed or socio-economic status. Charitable contributions to the YMCA enable us to provide financial assistance on a sliding scale. We promise that everyone who qualifies will receive assistance to the greatest extent possible based on the availability of funds. Please ask for a Financial Assistance Application if you would like to apply for a camp scholarship for your child(ren).

A Financial Assistance Application must be completed and approved prior to receiving any financial assistance, please complete each section of the financial assistance form in its entirety to insure appropriate charges.

The safety and security of our members and those we serve is our number one priority. It is for this reason the YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

PHOTO RELEASE

I, individually and on behalf of any minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, give permission to the North Central Florida YMCA to use photographs, film footage, or tape recordings, which may include a photo image or voice for purposes of promoting or interpreting YMCA programs and activities.

I give permission to the North Central Florida YMCA to include my child(ren) in a small group or individual photo including only their first name for identification.

LIABILITY RELEASE

In consideration of gaining membership, access to, or being allowed to participate in the activities and programs of the YMCA, and to use its facilities, equipment, and machinery, in addition to the payment of any fees or charges, I, individually and on behalf of the minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, do hereby waive, forever discharge and covenant not to sue the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities, liability or negligence for injuries or damages resulting in the participation of any activities or use of equipment or machinery in the above mentioned facilities or arising out of participating in any activities at said facility. I, individually and on behalf of the minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, agree to adhere to all policies set by the North Central Florida YMCA.

By signing below, you are confirming that you have read, understand and are authorizing all of the above.

Parent/Guardian Signature: _____ **Date:** _____

Child's Full Name _____

SUMMER CAMP ATTENDANCE/PAYMENT PLAN

- I understand that I am responsible for paying for YMCA summer camp.
- I understand that if I do not provide written cancellation at least 10 days prior to the beginning of a session then I am responsible for the full payment, regardless of if my child attends.

PAYMENT AGREEMENT

- Any outstanding balances due to the North Central Florida YMCA must be paid in full prior to registering for summer camp.
- I understand that I am responsible for adhering to the late fee policy if I fail to pick up my child on time each day.
- My camp fee is due (3) days prior to the week attending.
- Bank/Credit Card drafts (EFT) are processed the Friday prior to your child attending camp. If a draft fails, parents may contact their camp location, or call 352-374-9622 to make payment. Should a payment not be made prior to the next draft date, any amount owed will attempt to process IN ADDITION to the next week's fee.
- To ensure that my payment is correctly recorded in our system, I will include the following information: Child(ren)'s full name, and camp location.
- If my payment is not received by due date then my child may lose their spot.
- I understand that I can pay for weekly camp fee through scheduled payments or online at www.ncfymca.org
- Additional Fees:
 - Any payment received after their designated due date will be charged a late fee of \$10 per occurrence
 - If you are late picking up your child, you will be charged \$10 per child for every 15 minutes or portion thereof.
 - You will be notified if a check (where applicable) is returned due to insufficient funds or EFT (credit card or bank draft) is denied.
 - Please note that there is a \$30 per check service charge added to the amount of the returned check (where applicable).

EFT Authorization Information		
Payer's Name	Relationship to the Child	Phone Number
Bank Account Information: Processes weekly every Friday. You must provide the North Central Florida YMCA with a voided check; bank deposit slips do not provide the appropriate information required for an EFT.		
Parent initial: _____ Please photocopy my check used to pay my child(ren's) annual registration fee and/or amount required based on my child(ren's) start date as my voided document.		
Credit/Debit Card Information: Processes weekly every Friday. You must provide the North Central Florida YMCA with your complete credit/debit card number and expiration date. Please note: Not all Checking Debit Cards process properly by EFT, please be prepared to provide bank routing & account number.		
Credit Card Number	Expiration Date	
Name as it appears on card	CVW #	

I agree for my child(ren's) summer camp fees to be paid weekly by my financial institution. Should any bank or credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payment due. In addition, I may incur a return payment service charge of \$30.00 assessed by the North Central Florida YMCA. I also understand it is my responsibility to notify the North Central Florida YMCA in writing should my credit card expire, I change my financial institution, or I make any changes to my bank account information at any time. We require 30 written notice to change or cancel an EFT processing.

By signing below, I acknowledge that I am authorized to use the payment method provided.

Parent/Guardian Signature: _____ **Date:** _____

YMCA STAFF USE ONLY	Payments Made Today		Payment Type	Camp Subsidy				
	<input type="checkbox"/> Registration Fee	\$	<input type="checkbox"/> Cash	Type	Amount	Type	Amount	
	<input type="checkbox"/> Down Payment	\$	<input type="checkbox"/> Check #	Y Employee			Grant	
	<input type="checkbox"/> Other Amount	\$	<input type="checkbox"/> Money Order #	FA			Other	
	<input type="checkbox"/> Total Paid Today	\$	<input type="checkbox"/> Credit Card					
Staff Name:					Date:			

Child's Full Name

A Summer Camp **Registration Fee** is required for any child/family.
\$40.00

CAMP AND SESSION SELECTION

Please select the camp option that your child will participate in this summer by checking the box next to the appropriate camp during the designated session.

SESSION 1: June 6 to 10

YOUTH CAMP

- Ages 5-11**
YMCA Gainesville
- Ages 5-11**
Shell Elementary - Hawthorne
- Ages 7-11**
Willie Mae Stokes Community Center

CIT/TEEN CAMP

- Ages 12-16**
YMCA Gainesville
- Ages 12-16**
Shell Elementary - Hawthorne
- Ages 12-16**
Willie Mae Stokes Community Center

SESSION 2: June 13 to 17

YOUTH CAMP

- Ages 5-11**
YMCA Gainesville
- Ages 5-11**
Shell Elementary - Hawthorne
- Ages 7-11**
Willie Mae Stokes Community Center

CIT/TEEN CAMP

- Ages 12-16**
YMCA Gainesville
- Ages 12-16**
Shell Elementary - Hawthorne
- Ages 12-16**
Willie Mae Stokes Community Center

SESSION 3: June 20 to 24

YOUTH CAMP

- Ages 5-11**
YMCA Gainesville
- Ages 5-11**
Shell Elementary - Hawthorne
- Ages 7-11**
Willie Mae Stokes Community Center

CIT/TEEN CAMP

- Ages 12-16**
YMCA Gainesville
- Ages 12-16**
Shell Elementary - Hawthorne
- Ages 12-16**
Willie Mae Stokes Community Center

SESSION 4: June 27 to July 1

YOUTH CAMP

- Ages 5-11**
YMCA Gainesville
- Ages 5-11**
Shell Elementary - Hawthorne
- Ages 7-11**
Willie Mae Stokes Community Center

CIT/TEEN CAMP

- Ages 12-16**
YMCA Gainesville
- Ages 12-16**
Shell Elementary - Hawthorne
- Ages 12-16**
Willie Mae Stokes Community Center

SESSION 5: July 4 to 8
NO CAMP on MONDAY JULY 4th

YOUTH CAMP

- Ages 5-11**
YMCA Gainesville
- Ages 5-11**
Shell Elementary - Hawthorne
- Ages 7-11**
Willie Mae Stokes Community Center

CIT/TEEN CAMP

- Ages 12-16**
YMCA Gainesville
- Ages 12-16**
Shell Elementary - Hawthorne
- Ages 12-16**
Willie Mae Stokes Community Center

SESSION 6: July 11 to 15

YOUTH CAMP

- Ages 5-11**
YMCA Gainesville
- Ages 5-11**
Shell Elementary - Hawthorne
- Ages 7-11**
Willie Mae Stokes Community Center

CIT/TEEN CAMP

- Ages 12-16**
YMCA Gainesville
- Ages 12-16**
Shell Elementary - Hawthorne
- Ages 12-16**
Willie Mae Stokes Community Center

SESSION 7: July 18 to 22

YOUTH CAMP

- Ages 5-11**
YMCA Gainesville
- Ages 5-11**
Shell Elementary - Hawthorne
- Ages 7-11**
Willie Mae Stokes Community Center

CIT/TEEN CAMP

- Ages 12-16**
YMCA Gainesville
- Ages 12-16**
Shell Elementary - Hawthorne
- Ages 12-16**
Willie Mae Stokes Community Center

SESSION 8: July 26 to 29

YOUTH CAMP

- Ages 5-11**
YMCA Gainesville
- Ages 5-11**
Shell Elementary - Hawthorne
- Ages 7-11**
Willie Mae Stokes Community Center

CIT/TEEN CAMP

- Ages 12-16**
YMCA Gainesville
- Ages 12-16**
Shell Elementary - Hawthorne
- Ages 12-16**
Willie Mae Stokes Community Center