

2018 CAMP DISCOVERY REGISTRATION

We must have 2 weeks written notice prior to a child canceling camp or you will be charged the full amount

Please return to the Lincoln Child Development Center (LCDC)

Please print all information clearly (blue or black pen only)

Camper's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Grade (Fall 2018): _____

Email Address: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____

Ethnicity (optional):

Caucasian _____ Latino _____ Asian _____ African American _____ Native American _____ Other _____

1st Parent Name: _____ Cell phone: _____

Male: _____ Female: _____ Date of Birth: _____

Place of Work: _____ Work Phone: _____

2nd Parent Name _____ Cell Phone: _____

Male: _____ Female: _____ Date of Birth: _____

Place of Work: _____ Work Phone: _____

Emergency Contact Name: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

Name and phone number(s) of person(s) **other than parents** allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

2018 PARENT AUTHORIZATION FORM

Please print all information clearly

Name of Camper: _____ Today's Date _____

The YMCA of Pawtucket, Inc. does not discriminate on the basis of race, color, sex, handicap, religion or national origin. The YMCA of Pawtucket, Inc. reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period.

I understand and accept these guidelines _____
(Parent/Guardian's Signature)

I give the YMCA of Pawtucket, Inc. permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at the YMCA of Pawtucket, Inc. and can be used for promotional purposes without notification.

(Parent/Guardian's Signature)

I give permission for the staff to apply sunscreen to my child while at camp.

(Parent/Guardian's Signature)

I have received a copy of the YMCA Summer Camp Parent Handbook.

(Parent/Guardian's Signature)

I give permission for the YMCA of Pawtucket to search my child's belongings with the camper present when a health, well-being or safety of the campers or others require it.

(Parent/Guardian's Signature)

I give permission for my child to participate in activities related to camps registered.

(Parent/Guardian's Signature)

2018 CAMPER INFORMATION FORM

Please print all information clearly

Name of Camper: _____ Date of Birth _____

Camper lives with _____

Does your child have any siblings? _____

If yes, please list name and ages: _____

Is this your child's first experience with camp? _____

If no, please list number of years attending camp? _____

Please describe your child in one word _____

Is your child water confident? _____ skilled swimmer? _____

What does your child enjoy doing? _____

Please check off what describes your child?

friendly shy active aggressive

serious easily embarrassed easy going

enjoys outdoors prefers to be indoors

Please let us know any other information important for us to know to better serve your child and enhance the camp experience:

2018 CAMPER MEDICAL INFORMATION

Please print all information clearly

The medical background (**physical within the last year and immunizations**) of each camper is **required** as part of the camp's registration process. The camp director must be **advised** in writing of any condition that would limit the camper's ability to participate in any program. All medical information must be completed and no line left blank.

Child's Name _____ Date of Birth _____

Child's Pediatrician's Name _____ Phone Number _____

Date of last physical _____ Tetanus Shot _____

List any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while at camp.

List allergies and dietary restrictions: _____

List of past medical treatments: _____

List all current medications regardless of whether it needs to be taken at camp:

Will your child need to take any prescription medications while at camp? Yes/No
If yes, please request a medical dispensing form.

Does your child require an Epi-pen? _____ If yes, you must provide the camp with an Epi-pen with prescription to be kept at camp during your child's enrollment.

Specific Activities to be restricted for health reasons: _____

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

(Parent/Guardian's Signature)

Hospital preferred

Please notify the camp director if your child is exposed to any communicable disease during the three weeks prior to attending camp.

2018 SUMMER CAMP PAYMENT AGREEMENT

PRINT NAME OF CHILD(REN)

DATE

EXPRESS PAYMENT PLAN I - Automatic Bank Draft

I authorize MacColl YMCA to draft for weekly camp fees including trip fees

PRINT NAME ON THE ACCOUNT

ROUTING & ACCOUNT # (ATTACH VOIDED CHECK)

NAME OF BANK

CHECKING
 SAVINGS

AUTHORIZED SIGNATURE

DATE

EXPRESS PAYMENT PLAN II - Credit Card

I authorize MacColl YMCA to draft for weekly camp fees including trip fees

CREDIT CARD TYPE

YOUR NAME AS IT APPEARS ON CARD

CREDIT CARD #

EXP. DATE

AUTHORIZED SIGNATURE

DATE

Cancellation/Refund Policy

- Registration fees are non-refundable
- Prior to June 1st, you may cancel camp in writing: If paid in full a refund will be issued less the \$15 registration fee.
- After June 1st, a 2 week written notice is required to cancel; A \$25 cancellation fee will apply each time a cancellation is requested.
- Refunds are given for medical reasons when accompanied by a doctor's note and clear evidence that the child could not participate.
- Requests for refund must be made by, August 25, 2017, the last day of camp.

Late Fees

- A late fee will be assessed per child for pickup after 6pm; \$10 for the first 15 minutes and \$1.00 for every minute thereafter. Payment must be made at time of pickup.

The YMCA reserves the right to keep children from attending field trips due to inappropriate behavior and reserves the right to dismiss a child from the program when the child's behavior interferes with the rights of others. No refund will be issued if a child loses field trip privileges or is dismissed from camp for any reason.

SIGNATURE

DATE

