

# YMCA Of Metropolitan Dallas Summer Day Camp - Enrollment Form

<b>AS Program Site</b>		<b>Member #:</b>	
<b>Start Date:</b>		<b>Security Code:</b>	
<b>Days of Care:</b>	M   T   W   TR   F	<b>Hours of Care:</b>	

## Child's Information:

<b>Last Name:</b>		<b>First Name:</b>	
<b>Home Address:</b>		<b>City/State/Zip:</b>	
<b>Date of Birth:</b>		<b>Home Tele #:</b>	
<b>Age:</b>		<b>Ethnicity:</b>	
<b>School attending:</b>		<b>Gender:</b>	
<b>School Address:</b>		<b>School Tele #:</b>	
<b>May the YMCA release to non custodial Parent?</b>	No      Yes	<b>Custodial Parent:</b>	

## Parent/Guardian Contact Information:

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Cell #:</b>		<b>Home Tel. #:</b>	
<b>Home Address:</b>		<b>City/State/Zip:</b>	
<b>Employer:</b>		<b>Work Tel. #:</b>	
<b>Email Address:</b>			

## Parent/Guardian Contact Information:

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Cell #</b>		<b>Home Tel. #:</b>	
<b>Home Address:</b>		<b>City/State/Zip:</b>	
<b>Employer:</b>		<b>Work Tel. #:</b>	
<b>Email Address:</b>			

## Emergency Contacts - Authorized to Pick Up My Child:

<b>Name:</b>		<b>Home Address:</b>	
<b>Relationship to child:</b>		<b>Cell #:</b>	
		<b>Work #:</b>	
<b>Name:</b>		<b>Home Address:</b>	
<b>Relationship to child:</b>		<b>Cell #:</b>	
		<b>Work #:</b>	

## Additional Person(s) Authorized to Pick Up:

<b>Name:</b>		<b>Phone #:</b>	
<b>Name:</b>		<b>Phone #:</b>	
<b>Name:</b>		<b>Phone #:</b>	

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Health History/Information

### Allergies and Special Conditions

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

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### Medications being taken

Please list any medications your child is taking

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I certify that \_\_\_\_\_ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA After-School and Day Camp programs. The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

### Authorization for Medical Treatment

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid / or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Suite# City Zip

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/ Legal Guardian)

\* \* \* \* \*

### Admission Agreement & Parent Information Packet Receipt/Releases

*Parent/Guardian will indicate Receipt/Release by initialing on each blank*

#### Transportation:

\_\_\_\_\_  
(Parent/Guardian Initials)

I give permission for my child to transported in an authorized YMCA vehicle for YMCA events/field trips or to afterschool program locations. I, parent/guardian, understand that I will be informed of all planned field trips.

#### Water Activities:

\_\_\_\_\_  
(Parent/Guardian Initials)

I give permission for my child to participate in water activities during program hours at a predetermined day/time at the YMCA.

#### Movies:

\_\_\_\_\_  
(Parent/Guardian Initials)

I give permission for my child to watch a G rated movie. I understand that the movies, though not part of daily lesson plans, will be approved and viewed by the director.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **Admission Agreement cont.**

**Policies and Procedures:** I have received a copy of the YMCA After-School and/or Day Camp Program Parent Hand-book. (Contains school age information and statements)

\_\_\_\_\_  
(Parent/Guardian Initials)

**Immunization, Hearing & Vision Screening:** I certify that my child's current immunization records, hearing and vision screening and TB test (if applicable) is on file at my child's school which is located at the address indicated on this form.

\_\_\_\_\_  
(Parent/Guardian Initials)

**Hours of Care:** I understand that I will be charged an additional \$1.00 for every minute I am late after close of site. And unless payments have been worked out with Program Director, my bill must be paid in full for my child to attend the following week.

\_\_\_\_\_  
(Parent/Guardian Initials)

**Child Custody:** YMCA staff are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the information listed on page 1 of this document.

\_\_\_\_\_  
(Parent/Guardian Initials)

### **Behavior Policy Statement**

The YMCA reserves the right to warn, suspend, dismiss or remove any program participant or member from our programs, program locations and facilities upon the following conditions:

- If their behavior poses a threat to themselves or others.
- If they require an inordinate amount of attention from the staff thereby causing inadequate levels of supervision for the remainder of the participants or members.
- If their behavior is determined to be inappropriate within the scope and spirit of the YMCA values.
- For any reason within the discretion of YMCA management.

I have read the **Admissions Agreement** and fully agree to its terms. I have also read and accept the **policies and procedures** listed in the parent handbook and stated within this agreement. I understand and agree to abide by the payment agreement set forth. I understand the penalties for failing to abide by this agreement. I also understand my child will be dropped from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying authorization and consent to medical treatment of minor and the parent information packet containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulation found in the parent information packet. I also understand that I will be given written notice at least 30 calendar days prior to any modifications of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

**By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.**

The YMCA is hereby granted permission to use any individual or group photographs and/or videotapes showing my child in YMCA activities for use in public relations, promotional or advertising purposes.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Parent/ Legal Guardian)