



# PERSHING CLC YMCA DAY CAMP ENROLLMENT FORM

### Child Enrollment Information:

Child's First and Last Name: \_\_\_\_\_  Male  Female

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

### Please place a check mark in each box for the camps your child is attending:

Week of:	5/29-6/1	6/4-6/8	6/11-6/15	6/18-6/22	6/25-6/30	7/1-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10
Deposit Paid											Available at Northeast Y only

### Required Registration Materials

At the time of registration you will also be required to provide the following information.

- Complete Child Information Form
- Current Immunization Record
- Direct Draft Information (VISA or MasterCard Only)
- Title XX Authorization, if applicable

Your registration will not be accepted unless all of the required paperwork is turned in at the time of registration including the non-refundable \$35 registration fee and \$20 non-refundable/transferrable weekly deposit.

**Office Use:**

Forms Received:  Information Form  Current Immunization Record (or on file)  Direct Draft  Title XX Authorization

Fees Paid:  \$35 Registration Fee Paid  \$20 Weekly Deposits Paid Total Collected: \_\_\_\_\_

Date Registration Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Registered In Class: Staff Initials \_\_\_\_\_ Date: \_\_\_\_\_



# YMCA CLC 2012 Child Information Record



## Please Indicate CLC Site: \_\_\_\_\_

Please note, paperwork must be on file at the Northeast Y in order for your child to participate in YMCA Child Care Programs in 2012.

## Child Information Record:

Child's First & Last Name: \_\_\_\_\_

Male

Female

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member

Non-Member

At the end of the day my youth will:  Be picked up by authorized escort  Walk home

## Ethnicity:

- Native American
- Asian American
- African American
- Hispanic/Latino American
- Other \_\_\_\_\_
- Euro American
- Hawaiian/Pacific Islander American
- Middle Eastern American
- Multi/Bi Ethnicity American

## Other Questions:

- My child qualifies for free or reduced lunch
- My child is an English Language Learner  
Native Language \_\_\_\_\_
- My child receives special education services during school hours
- My child is new to this school

## Family Information

Parental Status:  Single  Married  Widowed  Divorced  Separated  Re-married

Custodial & Legal Guardian is:  Both Mother & Father  Mother  Father  Other: \_\_\_\_\_

### Mother/Legal Guardian Information:

First & Last Name: \_\_\_\_\_ DOB \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

### Father/Legal Guardian Information:

First & Last Name: \_\_\_\_\_ DOB \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

## Emergency Contacts and Information:

Person(s) who will take responsibility for the child in an emergency when the Parent/Guardian cannot be reached: (ONE NAME MUST BE GIVEN)

Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Home/Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Home/Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

Person(s) to whom the child may be released other than the Parent/Guardian: (If no one, please write "none")

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

## Late Pick-Up Agreement:

I understand that my child will need to be picked up from the site by the time CLC ends. If I cannot be there by that time I understand I must contact the Site Supervisor or Program director so they can inform the Program Staff. I understand that if I do not call, the YMCA may follow the LPS procedure and call the police to transport my child.

Parent or Guardian Initials: \_\_\_\_\_

## Medical Information/Special Requests (Important & Required)

List any medical conditions, allergies to food/medications, special diets or any conditions that may affect your child's health while in the program. Include any medications your child is taking, or please indicate N/A if not applicable:

---

---

---

---

---

## Medication Competency Statement:

I, \_\_\_\_\_, have determined the YMCA Program Staff competent to give or apply medication to my child.

Name of Parent/Guardian

I understand I will need to complete a medication request and have it on file with the medication.

## Immunization History: (Only for Pershing Day Camp & Core Program)

Nebraska State Department of Health and Human Services requires that every child's immunization history be on file. THIS RECORD MUST BE COMPLETED BEFORE YOUR CHILD MAY ATTEND CLC. Please attach a photocopy of your child's up-to-date immunization history.

Children must be immunized for the following: Measles, Mumps, Rubella, Polio, Diphtheria, Pertussis, Tetanus, Varicella (Chicken Pox), Haemophilus influenza type B and Invasive pneumococcal disease. If your child has had Varicella (Chicken Pox) you must provide written documentation that states the month and year of infection.

Immunization Records Attached       On file with the YMCA in a Program: \_\_\_\_\_

## Parent/Guardian Participation Questions

YOUR PARTICIPATION IS VALUED!

We are committed to providing a safe and stimulating environment for your child. Our programs depend upon the talents and resources from many in our community. Please check which of the following contributions you may be able to make.

- I would volunteer to assist with the daily program activities.
- I would like to share my hobbies, interest and talents.
- I would assist with food/snacks.
- I would assist with recruitment of volunteers.
- I would like to give a financial donation to support the CLC to assist low-income families' program fees.
- My employer and/or company may be able to help financially or with donations.
- I would like to participate on the School Neighborhood Advisory Committee.

**Permission Form:** Please read carefully and select Yes or No accordingly.

- Yes**    **No**   I give my permission for my child to participate in all swimming activities scheduled by YMCA staff. I understand that certified lifeguards would supervise all swimming activities.
- Yes**    **No**   I will allow my child to swim in the deep end of the pool. I understand that all participants must pass a swim test each week to swim in the deep, even if I give permission.
- Yes**    **No**   I understand that injuries may be sustained while participating in any YMCA activity. If medical attention is required, I give permission for such medical care. I also understand that the YMCA does not carry health and accident insurance, and that I will be primarily responsible where bills are incurred.
- Yes**    **No**   I give staff permission to transport my child for the purpose of program activities.
- Yes**    **No**   I give staff permission to use photographs, writings, artwork, TV appearances, etc. for the promotional materials, presentations and documentary purposes.
- Yes**    **No**   I have received the program handbook.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# SUMMER DAY CAMP DIRECT DRAFT AUTHORIZATION

Program Name: \_\_\_\_\_ Program Location: \_\_\_\_\_

## 1. Account Information:

Do you have a **CREDIT/DEBIT CARD DIRECT DRAFT** set up to pay for YMCA  Membership,  Child Care Programs, or  other programs? If other programs, which one(s)? \_\_\_\_\_

If yes, do you want to use the same account for this program?  Yes  No **If yes, proceed to section 2.**

I (we) hereby authorize the YMCA of Lincoln NE to make the following pre-authorized debit transactions against my (our):

Credit/Debit Card:  Visa Or  Master Card

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

## 2. Payment Information:

Weekly Draft: \$ \_\_\_\_\_

## 3. Terms & Conditions - I further agree to the terms and conditions stated below:

In the event I want to cancel this authorization, I will provide the YMCA a written notice on the Monday prior to the next scheduled payment date. The YMCA may cancel this authorization at any time by sending me a written notice of cancellation. **Account Owner Initial** \_\_\_\_\_

If the payment date falls on a date the bank does not process payments, the payment will be deducted on the next day the bank processes payments. **Account Owner Initial** \_\_\_\_\_

## 4. Applicant Information & Signature:

Member/Participant Name (Please Print): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Account Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only:

Entered By (Print Name): \_\_\_\_\_ Verified By (Print Name): \_\_\_\_\_

Last Name, First Name (print): \_\_\_\_\_

Program Ends/Cancellation Date: \_\_\_\_\_