

BEST. SUMMER. EVER!

SUMMER PROGRAM 2019 REGISTRATION YMCA OF GREATER DES MOINES

Camper Name _____ Address _____

City _____ Zip _____ Gender _____ Birthdate ____/____/____

Primary email address _____ Secondary email address _____

Age on first day of camp ____ Grade Completed ____ School Attended _____

Ethnicity ____ C-Caucasian B-Black A-Asian H-Hispanic N-Native American I-Indian M-Middle Eastern O-Other

Household Information Child lives with __Both Parents __1 Parent __Other YMCA Member __Yes __No

Parent/Guardian Name _____ Home Phone _____ Work Phone _____

Parent/Guardian Signature _____

Camp Registration Grid next page (please CHECK the camps you would like your child to attend)

Weekly rates vary by camp. A deposit of \$20 per week will hold your child's space in camp.*

**Special – through March 25th pay only a \$10 deposit/week to save a spot in the camp of your choice.*

Prices listed are member/non-member.

Check One: __Payment in full for all sessions __Deposit of \$20 per week __Financial assistance deposit of \$10 per week

T-Shirt: Campers attending any Traditional Day Camp or Specialty Camp must purchase a Camp T-Shirt to be worn on field trips. Cost is \$10.

Child's Size: __Small __Med __Large __XL Adult Size: __Small __Med

Multi Child Discount The Multi Child Discount is for families with children registered the same weeks of camp – not necessarily the same camp. The discount is not for two children registered for different weeks or for half day camps. Multi Child Discount does not apply to half day summer camps, enrichment programs, or clinics.

Scholarships are available for those with financial need, thanks to the generosity of donors to the Y. Multi Child Discounts and financial assistance cannot be used in conjunction with each other. We will ensure you receive the lowest cost available.

In order for the registration process to be complete, the YMCA of Greater Des Moines must receive the following:

1. Completed registration form and camp grid
2. Completed auto pay form
3. Current immunization form (provided by your child's physician)
4. Emergency Information form
5. Health Information form
6. Camper Connection form

Return all registration materials to your primary YMCA Day Camp branch.

Questions? Please contact your local branch.

Ankeny Family YMCA
515-965-8303, ext. 126

Boone Family YMCA
515-432-5925

Indianola YMCA
515-777-7746

South Suburban YMCA
515-285-0444

Walnut Creek YMCA
515-224-1888

Waukee Family YMCA
515-987-9996

FOR OFFICE USE ONLY

Staff Initials _____ Date & Time Returned _____

Special Notes _____

BEST SUMMER EVER®

SUMMER PROGRAMS 2019 YMCA OF GREATER DES MOINES

TRADITIONAL DAY CAMP

6:30 am – 6 pm
Completed K-6th
(Waukee only: Completed K-5th grade)
See brochure for locations

Member: \$150/wk*
Non-Mbr: \$195/wk*
Addl Child: \$125/\$170
*unless otherwise noted.

June 3-7	June 10-14	June 17-21	June 24-28	July 1-5 (No July 4)	July 8-12
<input type="checkbox"/> Ankeny** <input type="checkbox"/> South Sub <input type="checkbox"/> Walnut Creek Waukee <input type="checkbox"/> Brookview Elem. <input type="checkbox"/> Eason Elem. <input type="checkbox"/> Waukee Elem. <input type="checkbox"/> Johnston	<input type="checkbox"/> Ankeny** <input type="checkbox"/> South Sub <input type="checkbox"/> Walnut Creek Waukee <input type="checkbox"/> Brookview Elem. <input type="checkbox"/> Eason Elem. <input type="checkbox"/> Waukee Elem. <input type="checkbox"/> Johnston	<input type="checkbox"/> Ankeny** <input type="checkbox"/> South Sub <input type="checkbox"/> Walnut Creek Waukee <input type="checkbox"/> Brookview Elem. <input type="checkbox"/> Eason Elem. <input type="checkbox"/> Waukee Elem. <input type="checkbox"/> Johnston	<input type="checkbox"/> Ankeny** <input type="checkbox"/> South Sub <input type="checkbox"/> Walnut Creek Waukee <input type="checkbox"/> Brookview Elem. <input type="checkbox"/> Eason Elem. <input type="checkbox"/> Waukee Elem. <input type="checkbox"/> Johnston	<input type="checkbox"/> Ankeny** <input type="checkbox"/> South Sub <input type="checkbox"/> Walnut Creek Waukee <input type="checkbox"/> Brookview Elem. <input type="checkbox"/> Eason Elem. <input type="checkbox"/> Waukee Elem. <input type="checkbox"/> Johnston Member: \$120 NonMbr: \$156 Addl Child: \$95/\$131	<input type="checkbox"/> Ankeny** <input type="checkbox"/> South Sub <input type="checkbox"/> Walnut Creek Waukee <input type="checkbox"/> Brookview Elem. <input type="checkbox"/> Eason Elem. <input type="checkbox"/> Waukee Elem. <input type="checkbox"/> Johnston Member: \$185 NonMbr: \$230
July 15-18	July 22-26	July 29-Aug. 2	August 5-9	August 12-16	
<input type="checkbox"/> Ankeny** <input type="checkbox"/> South Sub <input type="checkbox"/> Walnut Creek Waukee <input type="checkbox"/> Brookview Elem. <input type="checkbox"/> Eason Elem. <input type="checkbox"/> Waukee Elem. <input type="checkbox"/> Johnston	<input type="checkbox"/> Ankeny** <input type="checkbox"/> South Sub <input type="checkbox"/> Walnut Creek Waukee <input type="checkbox"/> Brookview Elem. <input type="checkbox"/> Eason Elem. <input type="checkbox"/> Waukee Elem. <input type="checkbox"/> Johnston	<input type="checkbox"/> Ankeny** <input type="checkbox"/> South Sub <input type="checkbox"/> Walnut Creek Waukee <input type="checkbox"/> Brookview Elem. <input type="checkbox"/> Eason Elem. <input type="checkbox"/> Waukee Elem. <input type="checkbox"/> Johnston	<input type="checkbox"/> Ankeny** <input type="checkbox"/> South Sub <input type="checkbox"/> Walnut Creek Waukee <input type="checkbox"/> Brookview Elem. <input type="checkbox"/> Eason Elem. <input type="checkbox"/> Waukee Elem. <input type="checkbox"/> Johnston	<input type="checkbox"/> Ankeny** <input type="checkbox"/> South Sub <input type="checkbox"/> Walnut Creek Waukee <input type="checkbox"/> Brookview Elem. <input type="checkbox"/> Eason Elem. <input type="checkbox"/> Waukee Elem. <input type="checkbox"/> Johnston	

**A flat rate of \$150 per week applies at the Ankeny location, with the exception of weeks #5 and #6. Contact the Ankeny camp administrator for details.

PRESCHOOL CAMP

9-noon
Age 3-5 years

Member: \$60/wk
Non-Mbr: \$100/wk

June 3-7	June 10-14	June 17-21	June 24-28	July 1-5 (No July 4)	July 8-12
Arts Alive <input type="checkbox"/> Walnut Creek <input type="checkbox"/> Waukee	Nature Unleashed <input type="checkbox"/> Walnut Creek <input type="checkbox"/> Waukee	Sports of All Sorts <input type="checkbox"/> Walnut Creek <input type="checkbox"/> Waukee	Space Rangers <input type="checkbox"/> Walnut Creek <input type="checkbox"/> Waukee	Let's All Move <input type="checkbox"/> Walnut Creek <input type="checkbox"/> Waukee	Dinosaur's Galore <input type="checkbox"/> Walnut Creek
July 15-18	July 22-26	July 29-Aug. 2	August 5-9		
Artistic Creations <input type="checkbox"/> Walnut Creek <input type="checkbox"/> Waukee	Inventor's Workshop <input type="checkbox"/> Walnut Creek <input type="checkbox"/> Waukee	Heroes and Helpers <input type="checkbox"/> Walnut Creek <input type="checkbox"/> Waukee	Under the Sea Adventures <input type="checkbox"/> Walnut Creek <input type="checkbox"/> Waukee		

Emergency Information - please complete all questions

In the event of an emergency, Please complete a minimum of four individuals and indicate, in order of preference (1,2,3,4) the person to call in the event of an emergency.

Camper's Name _____

Preference		Name	Phone
	Parent		
	Parent		
	Relative		
	Other		
	Other		

In the event the person(s) noted above cannot be located, I hereby give my consent for the YMCA staff to administer first aid or call for emergency care for my child under extreme conditions. I expect that a conscientious effort will be made to locate me or the designates before any action will be taken. If it is not possible to locate me or the designates, any expense incurred will be accepted by me. If the child needs emergency care while on a field trip, I understand the closest paramedics will be summoned. If the child is at the center, the following parties will be contacted.

911 Paramedics transport to preferred hospital _____

Parent/Guardian Signature _____ Date _____

Physician _____ Phone _____ Date of last physical exam _____

Insurance Provider _____ Policy Number _____ Group # _____

Dentist _____ Phone _____

Dental Insurance Provider _____ Policy Number _____

Camper Pick-up Information

I authorize only the people named above or below to pick up my child. I understand my child will not be released to anyone else unless a change is made in writing by myself or a secondary legal guardian. I have indicated a minimum of 4 authorized pick-up individuals in the space above or below.

Please list any other people allowed to pick up your child

Please list anyone who is NOT allowed to pick up your child

Emergency Authorization

I will notify Camp Staff of any serious restrictions related to my child's participation in YMCA Camp programs or activities. I hereby give permission to the medical and dental personnel selected by the camp director to order X-rays, routine tests and treatment for my child, and, in the event I cannot be reached in an emergency, I hereby give permission to the physician and/or dentist selected by the camp director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

Parent/Guardian Signature _____ Date _____

Sunscreen Permission

I will apply sunscreen on my child prior to the arrival at the YMCA Camps. Sunscreen will be applied at mid-morning, lunchtime and in the early afternoon. All children will have sunscreen applied. In the event that my child shall need help applying sunscreen, I hereby give permission to the Camp Staff of the YMCA of Greater Des Moines to help my child apply additional sunscreen. If at any time I fail to comply with the policy, I understand my child will not be allowed to participate in the program and/or its activities.

Please check ALL sunscreen options that you give permission to be used on your child YMCA Provided Sunscreen (SunX SPF 30+ Sunscreen) Sunscreen Provided by Parent/Guardian

Parent/Guardian Signature _____ Date _____

Promotional Authorization

The YMCA has my permission to use photographs and video of my child(s) in YMCA promotional material. Yes No

Parent/Guardian Signature _____ Date _____

Camp Activity & Transportation (Applies to all camps except Preschool Camp.)

I hereby give permission for my child to participate in camp activities and to travel by bus with the YMCA Camp Staff. I understand that only licensed and qualified personnel will operate a vehicle to and from camp, and that there will be at least one Camp Staff member present at all times. I agree to release the YMCA of Greater Des Moines, its officers and directors, and the YMCA Camp Staff from any and all claims and damages, demands or liabilities which may result of my child's participation in camp activities and bus trips.

Parent/Guardian Signature _____ Date _____

Health Information – check all that apply

Illness	Dates	Disease	Allergies
Frequent Ear Infections		German Measles	Hay Fever
Heart Attack / Disease		Mumps	Poison Ivy, etc
Convulsions		Chicken Pox	Insect Stings
Diabetes		Other (describe)	Peanut
Blood Clotting Disorders			Other (describe)
Hypertension			
Tetanus Inoculation			
Mononucleosis			
Asthma			

Your Child's Health

Current immunizations updated and turned into the YMCA ___ Yes ___ No Date of last Tetanus shot _____

Any camp activities from which your child should be exempted or limited in for health reasons

Other afflictions or details

Medications taken at home (list all that apply)

Medication Authorization

Regulations require permission to administer any prescription medications to campers. If you would permit Camp Staff to give your child such medications as needed, please sign below. During check-in, please fill out a medication form and turn in all prescription and over-the-counter medications in the original package or bottle with original prescription information listed.

Parent/Guardian Signature _____

Operations or serious injuries

Disability due to chronic or recurring illness

Any special needs (health, physical, educational, mental or psychological) your child has which require medication, treatment or special restrictions while at camp

Dietary restrictions

Immunizations

Parent Authorization

I hereby do declare my child to be physically sound and to have medical approval to participate in the activities of the YMCA of Greater Des Moines. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and the Information Packet and understand the contents thereof.

Parent/Guardian Signature _____ Date _____

Parent or Guardian Permission

My signature below indicates that I have the legal authority to register my child named on this form and that to the best of my knowledge the information on this application form is complete and accurate. I further understand that this is an application and the named child's participation is contingent upon space being available in the program(s) as contained in the Information Packet and that, furthermore, all necessary health, security, and waiver forms must be signed and on file with the YMCA prior to my child attending the program(s). Failure to comply with the above could result in the loss of the camp space.

Parent/Guardian Signature _____ Date _____

Camper Connection Form

At the Y we are continually trying to build stronger relationships with our campers. In order to do so we would like to ask you some questions regarding your child. Please take a few minutes to answer the following questions with your child. This will help our Camp Leaders to get to know your child better.

Camper Name _____ Age _____ Birth Date _____ Parent email _____

Siblings at camp? Yes No Name of sibling(s) _____

Summer 2019 Parent Code of Conduct

As a parent of _____, a camper, I will...

- Support and teach the YMCA values of Caring, Honesty, Respect and Responsibility.
- Communicate questions or concerns to staff in a mature and private matter.
- Never discredit a staff member or another parent in front of a camper.
- Work with camp staff in a positive manner on all behavioral issues dealing with my child.
- Read the parent packet so I am familiar with its information

Parent/Guardian Signature _____ Date _____

2019 Camper's Creed

"During camp I pledge to do the best I can and to be the best I can be. I pledge to work as a team member, and respect my fellow campers and all camp staff. I pledge to work to improve myself every day in spirit, mind and body."

Camper Name _____ Camper Signature _____

Parent/Guardian Signature _____ Date _____

Other Information

Is your camper on any behavior medications or taking a summer break from any medications? Yes No

Explain _____

Have any major life events occurred recently for your child? Yes No

Explain _____

What type of extracurricular activities does your camper participate in? _____

What else would you like us to know about your child? _____

Indicate your child's swimming abilities:

- Beginning Swimmer
- Some Swimming Skills
- Average Swimmer
- Strong Swimming Skills

Auto Pay Form

At the time of registration all weekly deposits are due. These can be charged to your credit or debit card or paid with cash or check. A minimum of a \$20, non-refundable deposit is required to hold your spot in a camp week. Registrations submitted by March 25th may pay a \$10 deposit per week to hold a spot in that camp. If camper is attending any Traditional Day Camp or Specialty Camp, include \$10 for each camp t-shirt needed.

The balance due for your child's camp fee will be paid using our Auto Pay feature. Payments will be charged on the Wednesday prior to the start of camp week(s) selected. The amount charged will be the camp fee minus the deposit paid at registration.

In the event of a decline on your account or card you will be charged the amount due plus a \$20 processing fee. If you are issued a new credit or debit card or change bank accounts please contact your YMCA to update your records. Six business days notice is required to make changes.

Child's Name _____

CREDIT CARD/DEBIT CARD INFORMATION

Name on credit/debit card _____

Credit/debit card number _____

Credit/debit card expiration date _____

I hereby authorize the Y to charge my credit/debit card for the weekly deposits at the time of registration. I hereby authorize the Y to charge my credit/debit card for the balance due on weeks of camp my child(ren) are enrolled in on the Wednesday before each camp week. I understand that it is my responsibility to contact the Y with any changes to my child(ren)'s schedule by 12:00 pm the Tuesday before the camp week. It is also my responsibility to notify the Y of any changes to my bank information at least 6 business days prior to the Auto Pay Transaction Date.

Signature _____

Date _____ Phone _____ Email _____