



# Tri-County YMCA Summer Day Camp Registration Form 2018

**PLEASE INDICATE CAMP SITE ATTENDING:** Ferdinand \_\_\_\_\_ Jasper \_\_\_\_\_ Tell City \_\_\_\_\_

**PLEASE CHECK IF THE CHILD IS A:** \_\_\_\_\_ YMCA Household Membership OR \_\_\_\_\_ Program Participant

**CHILD 1:**

First \_\_\_\_\_ Last \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

2018-2019 Grade \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_

Special Conditions/Needs/Medications \_\_\_\_\_

Allergies \_\_\_\_\_

**Camp Group:**

\_\_\_\_\_ Camp A.C.E. (Grades K-1)

\_\_\_\_\_ Camp H.E.A.R.T. (Grades 2-3)

\_\_\_\_\_ Camp S.T.A.R. (Grades 4-6)

**\*Based on the child's 2018-2019 school-year\***

**Register by May 11<sup>th</sup> and receive a Camp T-Shirt!**

**T-Shirt Size:**

\_\_\_ Y. Small    \_\_\_ Y. Medium    \_\_\_ Y. Large  
\_\_\_ Ad. Small    \_\_\_ Ad. Medium    \_\_\_ Ad. Large

**CHILD 2:**

First \_\_\_\_\_ Last \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

2018-2019 Grade \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_

Special Conditions/Needs/Medications \_\_\_\_\_

Allergies \_\_\_\_\_

**Camp Group:**

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\_\_\_ Ad. Small    \_\_\_ Ad. Medium    \_\_\_ Ad. Large

**Parent/Guardian Information**

**1.** Parent Name \_\_\_\_\_

Relationship \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email Address \_\_\_\_\_

**2.** Parent Name \_\_\_\_\_

Relationship \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email Address \_\_\_\_\_

**Child Pick-up Information**

Parent/guardian(s) listed at the left are authorized to pick up child(ren), unless otherwise noted. You may also authorize the people named below to pick up your child(ren). For your child's safety, he/she will be released ONLY to those listed on this page. Changes to this list must be made in writing and may only be done by the parent or legal guardian.

**1.** Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

**2.** Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

**3.** Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

**TALENT RELEASE FOR PHOTOGRAPHY, VIDEOTAPE, AND AUDIO PRODUCTIONS**

I hereby release the Tri-County YMCA from any forms of remuneration involving the current or future use of photographs, videotapes, or audio recordings for which I have performed. This statement is hereby acknowledged and agreed upon by me with the full understanding that any photographs, video, or audio tapes will be freely used by the Tri-County YMCA for public display in either printed or electronic material for the purpose of furthering the business of the Tri-County YMCA.

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

**FIELD TRIP RELEASE**

My child(ren), \_\_\_\_\_, has my permission to go on any scheduled trip under the auspices of the YMCA program. I understand that these trips may include riding in a YMCA bus or a vehicle leased by the Tri-County YMCA. This authorization is for the duration of the YMCA program years stated above.

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

**PAYMENT POLICY**

**Please read and initial the following:**

\_\_\_\_\_ I, \_\_\_\_\_, (parent(s) responsible for payment) hereby agree to accept full responsibility for all fees required for my child(ren) to attend the Tri-County YMCA Summer Camp program.

\_\_\_\_\_ Payment is due the Friday of the week your child(ren) attends camp.

\_\_\_\_\_ If the payment is not received within 7 calendar days, an invoice will be sent home to the parent(s) indicated above.

\_\_\_\_\_ If the payment is not received within 14 calendar days, this will result in suspension from the program. A child can be reinstated after the payment is received and approved by the Program Director.

\_\_\_\_\_ Parents arriving after 6:00 p.m. (6:30 p.m. at Ferdinand) to pick up their child(ren) will be charged a late fee of \$1.00 per minute per child. This fee will automatically be charged to the account.

\*Credit card payment is available upon request. Please contact the Program Director for the paperwork.

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

**SUMMER CAMP FEES**

With the generous support of local donors during our Annual Campaign, the YMCA is able to provide a pricing structure based on financial need. This structure will follow the free/reduced school lunch program. Please indicate which category applies to you:

Regular Lunch at School: \_\_\_\_\_ Reduced Lunch at School: \_\_\_\_\_ Free Lunch at School: \_\_\_\_\_

**Registration Fee:**

Regular Lunch at School: The cost for one child is \$40.00. If registering siblings, the registration fee is \$70.00 for the family.

Reduced Lunch at School: The cost for one child is \$25.00. If registering siblings, the registration fee is \$35.00 for the family.

Free Lunch at School: The cost for one child is \$15.00. If registering siblings, the registration fee is \$20.00 for the family.

**Please visit our website for the list of daily prices.**

I, \_\_\_\_\_, hereby give the Tri-County YMCA authorization to contact my child's school to verify the type of financial assistance I receive. I give permission to the school corporation to release the information to the Tri-County YMCA.

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

**Attendance:** On average, how many days will your child(ren) be attending camp:

1-2 Days a Week \_\_\_\_\_ 3-4 Days a Week \_\_\_\_\_ 5 Days a Week \_\_\_\_\_ Field Trips Only \_\_\_\_\_ Sporadically \_\_\_\_\_

Comments: \_\_\_\_\_

**Please return completed registration form and registration fee to:**

Tri-County YMCA  
Attn: Summer Day Camp  
131 E. 16<sup>th</sup> Street  
Ferdinand, IN 47532

Please contact Christine Kleaving  
at [christine@tricityymca.org](mailto:christine@tricityymca.org) with any questions.

<b>Staff Use:</b>
_____ Entered in Trinexum
Amount Paid: _____