



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST SUMMER EVER

Summer Camp



Manzanita Preschool at
Turtle Bay School
June 10- August 2, 2019 (closed July 4)
7 am to 6 pm
3 to 5 years, potty trained

**Make Friends, Learn Skills,
Be Active, Have Fun!**



BEST SUMMER EVER!

Manzanita Preschool at Turtle Bay School

1330 Arboretum Drive, Redding

Monday – Friday, 7 am – 6 pm

June 10 – August 2, 2019 (no camp July 4)

3 to 5 years Potty Trained

(License # 45540628)

Healthy morning and afternoon snacks provided.

FREE summer lunch program or bring a lunch from home.

Manzanita Preschool @ Turtle Bay School YMCA Summer Day Camp Fees:

Registrations received by May 27, 2019

Weekly Rate: 3 days: \$115; 5 days: \$150

Registrations received after May 27, 2019

Weekly Rate: 3 days: \$125; 5 days: \$160

10% Sibling Discount and we accept most third party alternative payment programs.

| <u>Dates</u> | <u>Weekly Theme</u> |
|---------------------|----------------------------|
| Week 1: 6/10/19 | June – Ocean Theme |
| Week 2: 6/17/19 | |
| Week 3: 6/24/19 | |
| Week 4: 7/01/19 | July – Summer Fun |
| Week 5: 7/08/19 | |
| Week 6: 7/15/19 | |
| Week 7: 7/22/19 | |
| Week 8: 7/29/19 | |

2019 SUMMER CAMP REGISTRATION

Site: Manzanita Preschool at Turtle Bay School

Participant Name (Last/First/Middle): _____ Child Date of Birth _____

Grade Next Fall: _____ Age: _____ Gender: M F Sibling in YMCA Camp/Preschool Yes No

Parent/GuardianName(Last/First/Middle): _____

Parent Date of Birth _____ EmailAddress: _____

Home Address: _____ City: _____ State: _____ Zip Code _____

Home phone: _____ Cell phone: _____ Work phone _____

Before registering please note, the YMCA requires a zero balance due on all child care accounts prior to registering for summer camp. If there is a balance due on your account, the balance due plus your first session will be drafted on the date you indicated below. _____ **Initial**

Please submit your **registration 7 days prior to the first week of camp**. Pre-scheduling is required at the time of registration for all weeks of summer camp. A 14-day written notice, on a Child Care Adjustment/Cancellation form, is required for any schedule changes. There is no refund of fees for non-attendance or cancellations. Withdrawal from all weeks of camp requires 14 days written notice on a Child Care Adjustment/Cancellation form. Without a written notice of withdrawal, you will be financially responsible for all pre-scheduled weeks. **Credit Card automatic drafts are required. No payments will be accepted at camp.**

By signing here, you agree to the terms listed above:

Signature of Applicant/Parent: _____ Date: _____

| Weeks & Dates | Camp Themes | Days-Circle 3 or 5 days | Total Weekly Charge | Date Payment is Drafted | Initial For Parent Payment |
|----------------|-------------|----------------------------|---------------------------|-------------------------------|----------------------------------|
| Week 1 6/10/19 | Ocean Theme | M T W TH F | \$ | 6/03/19 | |
| Week 2 6/17/19 | | M T W TH F | \$ | 6/10/19 | |
| Week 3 6/24/19 | | M T W TH F | \$ | 6/17/19 | |
| Week 4 7/01/19 | Summer Fun | M T W F | \$ | 6/24/19 | |
| Week 5 7/08/19 | | M T W TH F | \$ | 7/01/19 | |
| Week 6 7/15/19 | | M T W TH F | \$ | 7/08/19 | |
| Week 7 7/22/19 | | M T W TH F | \$ | 7/15/19 | |
| Week 8 7/29/19 | | M T W TH F | \$ | 7/22/19 | |



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUMMER PAYMENT AGREEMENT

| | | |
|---|--|---|
| Participant's Information | | |
| Child's Last Name: _____ | | First Name: _____ |
| Summer Site: _____ | | |
| Billing Information (This person MUST sign this form below) | | |
| Last Name: _____ | | First Name: _____ |
| Home Address: _____ | | City: _____ State: _____ Zip Code _____ |
| Home Phone: _____ | | Email: _____ |
| Employer: _____ | | Work/Cell: _____ Phone: _____ |
| Employer Address: _____ | | City: _____ State: _____ Zip Code: _____ |
| Third Party Payer Agreement | | |
| <input type="checkbox"/> SCOE <input type="checkbox"/> Cal Works <input type="checkbox"/> Other: _____ Specialist Name: _____ | | |
| <input type="checkbox"/> I understand and agree to the supplementary "Third Party Payer Agreement." | | |
| <input type="checkbox"/> I understand that I am responsible for all balances owed on my account. _____ Initial | | |
| I authorize the YMCA to charge my credit card on file for any balances left unpaid by the third party provider selected above. I understand that my primary and/or secondary form of payment will automatically be charged on the 15 th of each month for any balances left unpaid by the Third Party Payer. | | |
| Signature: _____ | | Date: _____ |
| Method of Payment: | | |
| <input type="radio"/> Discover <input type="radio"/> MasterCard <input type="radio"/> Visa | | |
| CC Number: _____ - _____ - _____ - _____ | | Name on Acct: _____ |
| Exp: _____ / _____ | | Security Code _____ Signature of Card holder: _____ |
| By signing here you authorize the YMCA to drafts your credit card as indicated above. | | |
| Signature of Applicant/Parent: _____ | | Date: _____ |
| Signature of Other Adult: _____ | | Date: _____ |
| Agreements – PLEASE INITIAL | | |
| _____ 1. Weekly payment will be drafted each Monday, 7 days prior to the week of care. | | |
| _____ 2. Payments not honored by the bank for any reason, (including NSF, closed account, invalid expiration date, etc.) will incur a returned payment fee . This is in addition to any fees charged by the bank, your child will be unable to attend until payments, and fees are paid in full. | | |
| _____ 3. Two or more returned drafts may result in termination from the program or require payment in full for the remainder of the summer. | | |
| _____ 4. There will be no refund of fees for non-attendance or cancellation. There is a minimum of 14 days written notice required for all cancellations on a Child Care Adjustment/Cancellation Form. | | |
| _____ 5. The YMCA will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney's fees. | | |
| I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS. | | |
| Signature: _____ | | Date: _____ / _____ / _____ |

| | | |
|---|---|-------------|
| <input type="checkbox"/> Accepted by: _____ | <input type="checkbox"/> Entered/Received by: _____ | Date: _____ |
|---|---|-------------|

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

| | | | | | |
|--|-----------|--------|-------|-----------------------|---------------------------|
| CHILD'S NAME | LAST | MIDDLE | FIRST | SEX | TELEPHONE () |
| ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS () | TELEPHONE |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS () | TELEPHONE |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| PERSON RESPONSIBLE FOR CHILD | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE () | BUSINESS TELEPHONE () |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|-----------|---------|-------------------------|------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |
| | |
| | |
| | |

TIME CHILD WILL BE CALLED FOR

| | |
|---|------|
| SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE |
|---|------|

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

| | |
|-------------------|-----------|
| DATE OF ADMISSION | DATE LEFT |
|-------------------|-----------|

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO Manzanita YMCA
Collaborative Preschool @ Turtle Bay School TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
Faculty Name

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH(D.O.) OR DENTIST (D.D.S.) FOR
_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

| | | |
|--|--|------------|
| CHILD'S NAME | SEX | BIRTH DATE |
| FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME | DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? | |
| MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME | DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? | |
| IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? | DATE OF LAST PHYSICAL/MEDICAL EXAMINATION | |

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

| | | | | | |
|------------|--------|-------------------|--------|------------------------------|--------|
| WALKED AT* | MONTHS | BEGAN TALKING AT* | MONTHS | TOILET TRAINING START ED AT* | MONTHS |
|------------|--------|-------------------|--------|------------------------------|--------|

PAST ILLNESSES — Check illnesses the child has had and specify approximate dates of illnesses:

| | DATES | | DATES | | DATES |
|--|-------|---|-------|--|-------|
| <input type="checkbox"/> Chicken Pox | | <input type="checkbox"/> Diabetes | | <input type="checkbox"/> Poliomyelitis | |
| <input type="checkbox"/> Asthma | | <input type="checkbox"/> Epilepsy | | <input type="checkbox"/> Ten-Day Measles (Rubeola) | |
| <input type="checkbox"/> Rheumatic Fever | | <input type="checkbox"/> Whooping cough | | <input type="checkbox"/> Three-Day Measles (Rubella) | |
| <input type="checkbox"/> Hay Fever | | <input type="checkbox"/> Mumps | | | |

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? YES NO HOW MANY IN LAST YEAR? _____ LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF _____

DAILY ROUTINES (*For infants and preschool-age children only)

| | | |
|---|----------------------------------|--|
| WHAT TIME DOES CHILD GET UP?* | WHAT TIME DOES CHILD GO TO BED?* | DOES CHILD SLEEP WELL?* |
| DOES CHILD SLEEP DURING THE DAY?* | WHEN?* | HOW LONG?* |
| DIET PATTERN: (What does child usually eat for these meals?) | BREAKFAST LUNCH DINNER | WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____ |

ANY FOOD DISLIKES? _____ ANY EATING PROBLEMS? _____

| | | | |
|--|-------------------------|--|----------------------|
| IS CHILD TOILET TRAINED?* | IF YES, AT WHAT STAGE:* | ARE BOWEL MOVEMENTS REGULAR?* | WHAT IS USUAL TIME?* |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

WORD USED FOR "BOWEL MOVEMENT" * _____ WORD USED FOR URINATION * _____

PARENT'S EVALUATION OF CHILD'S HEALTH

| | | | |
|--|-------------------------|--|---|
| IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)? | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | YES <input type="checkbox"/> NO | |
| DOES CHILD USE ANY SPECIAL DEVICE(S): | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? | IF YES, WHAT KIND: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAYCARE PLACEMENT

| | |
|--------------------|------|
| PARENT'S SIGNATURE | DATE |
|--------------------|------|

PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

Manzanita YMCA Collaborative Preschool @ Turtle Bay School This Child Care Center/School provides a program, which extends from
(NAME OF CHILD CARE CENTER/SCHOOL)

a. m _____ /p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

| VACCINE | DATE EACH DOSE WAS GIVEN | | | | |
|---|--------------------------|-----|-----|-----|-----|
| | 1st | 2nd | 3rd | 4th | 5th |
| POLIO (OPV OR IPV) | / / | / / | / / | / / | / / |
| DTP/DTaP/ DT/Td <small>(DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)</small> | / / | / / | / / | / / | / / |
| MMR <small>(MEASLES, MUMPS, AND RUBELLA)</small> | / / | / / | / / | / / | / / |
| HIB MENINGITIS <small>(REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)</small> | / / | / / | / / | / / | / / |
| HEPATITIS B | / / | / / | / / | / / | / / |
| VARICELLA <small>(CHICKENPOX)</small> | / / | / / | / / | / / | / / |

SCREENING OF TB RISK FACTORS (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Montoux TB skin test performed (unless previous positive skin test documented).

___ Communicable TB disease not present.

I have I have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____ | _____ :

Date This Form Completed: _____

Signature _____

Physician Physician's Assistant Nurse Practitioner

**CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS**

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Manzanita YMCA Preschool @ Turtle Bay School

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

(Detach Here - Give Upper Portion to Parents)

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services, Community Care Licensing

Licensing Office Address: 520 Cohasset Road, Suite 170, Chico, CA 95926

Licensing Office Telephone #: 530-895-5033

6. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
7. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

PERSONAL RIGHTS**Child Care Centers****TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:****PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Manzanita YMCA Preschool @ Turtle Bay School

(PRINT THE ADDRESS OF THE

1330 Arboretum Dr., Redding, CA 96001

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE

(DATE)

DETACH HERE

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
- (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
- (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, the parent, or guardian of the child shall make decisions concerning attendance at religious services or visits from spiritual advisors.
- (6) Not to be locked in any room, building, or facility premises by day or night.
- (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Department of Social Services, Community Care Licensing

ADDRESS

520 Cohasset Road, Suite 170

CITY

Chico

ZIP CODE

95926

AREA CODE/TELEPHONE NUMBER

530-895-5033

YMCA Summer Camp Policies

- 1) Registration with payment for Summer Camp must be received 7 days prior to your child's first week at camp.
- 2) Parents are responsible for informing the Site Director and the Y office of any changes in address, telephone numbers, etc.
- 3) **The Summer Enrollment form must be filled out correctly and completely with the child's name and days of planned attendance. Pre-scheduling is required at the time of registration for all weeks of summer camp to guarantee a space.**
- 4) There is a 3-day minimum charge per week. Daily Rates are not available. Weekly fees apply regardless of absences, illness, vacation, etc.
- 5) The YMCA requires a zero balance on all child care accounts prior to registering for summer camp. If there is a balance due on your child care account, the balance due plus your first week will be drafted on the first draft date initiated by you on your Summer Camp Scheduling form.
- 6) **A 14-day notice, on a Child Care Adjustment/Cancellation form, is required for any schedule changes. There is no refund of fees for non-attendance or cancellations. Withdrawal from all weeks of camp requires 14 days written notice. Without a written notice of withdrawal, you will be financially responsible for all pre-scheduled weeks.**
- 7) The YMCA has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all cost of collection, including court expenses and attorney's fees.
- 8) Credit card automatic drafts are required. Payments not honored by the bank for any reason, (including NSF, closed accounts, invalid expiration date, etc.) will incur a returned payment fee. This is in addition to any fees charged by the bank. In the event a payment is returned we will automatically re-draft, and will include a returned payment fee. **NO payments will be accepted at the camp site.**
- 9) Weekly payments will be drafted every Monday or on the next business day, 7 days prior to the week of care.
- 10) Two or more returned drafts may result in termination from the program or require payment in full for the remainder of the program.
- 11) For those using a Third Party Payer, I authorize the YMCA to charge my credit card on file for any balances left unpaid by the Third Party Payer selected. I understand that my primary form of payment will automatically be charged on the 25th of each month for any balances left unpaid by the Third Party Payer.
- 12) **The YMCA may terminate this enrollment agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.**
- 13) Year-end tax notices are available upon request. Our tax ID # is 94-1212141.
- 14) The YMCA reserves the right to adjust fees at any time with a 30-day advance notice to program participants.
- 15) Parents are required to walk their children into the camp office and sign them in upon their arrival. Identification will be required to sign out upon leaving.
- 16) Children must be picked up prior to the summer camp 6:00pm closing time. There is a late pick-up fee of \$1.00 for every 1 minute you are late picking up your child. In the event we cannot reach you or an authorized person by 7:00 pm, the Shasta County Child Protection Agency will be called.
- 17) Medications can only be given with specific written instructions from the physician on a Medication Request Form. Medication must come in the original medication bottle. Directions on the bottle must include dosages, times and dates that medication is to be administered. In the event that your child is ill, you must make alternate arrangements for child care.
- 18) The camp staff will act according to his/her best judgment in any emergency requiring medical care. Parents will be notified immediately and are responsible for the cost of all medical care.
- 19) If deemed necessary for the safety of your child or others, the YMCA staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.
- 20) Please provide a lunch from home daily unless the free summer lunch program provided by the school district is available. Please provide a lunch when your child is off campus on a field trip. Morning and Afternoon nutritious snacks are provided daily.
- 21) Photographs, likeness, or voice of your child may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.
- 22) I understand that failure to adhere to these conditions will jeopardize continued participation in the program.

WAIVER: I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my child(ren) or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor children, during Shasta Family YMCA activities. I also agree to abide by the policies of the YMCA about my child being in their camp. The Y reserves the right to dismiss a child for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor children, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my child(ren) in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor children for promotional purposes.

The Shasta Family YMCA Camp program is a non-profit child care center. The Shasta Family YMCA Board of Directors oversees the operation of our program. For the names and addresses of current members, please contact the Child Care Director.

I have received and understand the YMCA current summer camp payment and participation policies.

Child's Name

Parent or Guardian Signature

Date

Staff Signature

Date

YMCA Summer Camp Policies

- 1) Registration with payment for Summer Camp must be received 7 days prior to your child's first week at camp.
- 2) Parents are responsible for informing the Site Director and the Y office of any changes in address, telephone numbers, etc.
- 3) **The Summer Enrollment form must be filled out correctly and completely with the child's name and days of planned attendance. Pre-scheduling is required at the time of registration for all weeks of summer camp to guarantee a space.**
- 4) There is a 3-day minimum charge per week. Daily Rates are not available. Weekly fees apply regardless of absences, illness, vacation, etc.
- 5) The YMCA requires a zero balance on all child care accounts prior to registering for summer camp. If there is a balance due on your child care account, the balance due plus your first week will be drafted on the first draft date initialed by you on your Summer Camp Scheduling form.
- 6) **A 14 day notice, on a Child Care Adjustment/Cancellation form, is required for any schedule changes. There is no refund of fees for non-attendance or cancellations. Withdrawal from all weeks of camp requires 14 days written notice. Without a written notice of withdrawal, you will be financially responsible for all pre-scheduled weeks.**
- 7) The YMCA has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all cost of collection, including court expenses and attorney's fees.
- 8) Credit card automatic drafts are required. Payments not honored by the bank for any reason, (including NSF, closed accounts, invalid expiration date, etc.) will incur a returned payment fee. This is in addition to any fees charged by the bank. In the event a payment is returned we will automatically redraft, and will include a returned payment fee. **NO payments will be accepted at the camp site.**
- 9) Weekly payments will be drafted every Monday or on the next business day, 7 days prior to the week of care.
- 10) Two or more returned drafts may result in termination from the program or require payment in full for the remainder of the program.
- 11) For those using a Third Party Payer, I authorize the YMCA to charge my credit card on file for any balances left unpaid by the Third Party Payer selected. I understand that my primary form of payment will automatically be charged on the 25th of each month for any balances left unpaid by the Third Party Payer.
- 12) **The YMCA may terminate this enrollment agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.**
- 13) Year-end tax notices are available upon request. Our tax ID # is 94-1212141.
- 14) The YMCA reserves the right to adjust fees at any time with a 30-day advance notice to program participants.
- 15) Parents are required to walk their children into the camp office and sign them in upon their arrival. Identification will be required to sign out upon leaving.
- 16) Children must be picked up prior to the summer camp 6:00pm closing time. There is a late pick-up fee of \$1.00 for every 1 minute you are late picking up your child. In the event we cannot reach you or an authorized person by 7:00 pm, the Shasta County Child Protection Agency will be called.
- 17) Medications can only be given with specific written instructions from the physician on a Medication Request Form. Medication must come in the original medication bottle. Directions on the bottle must include dosages, times and dates that medication is to be administered. In the event that your child is ill, you must make alternate arrangements for child care.
- 18) The camp staff will act according to his/her best judgment in any emergency requiring medical care. Parents will be notified immediately and are responsible for the cost of all medical care.
- 19) If deemed necessary for the safety of your child or others, the YMCA staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.
- 20) Please provide a lunch from home daily unless the free summer lunch program provided by the school district is available. Please provide a lunch when your child is off campus on a field trip. Morning and Afternoon nutritious snacks are provided daily.
- 21) Photographs or likeness or voice of your child may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.
- 22) I understand that failure to adhere to these conditions will jeopardize continued participation in the program.

WAIVER: I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my child(ren) or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor children, during Shasta Family YMCA activities. I also agree to abide by the policies of the YMCA in regard to my child being in their camp. The Y reserves the right to dismiss a child for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor children, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my child(ren) in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor children for promotional purposes.

The Shasta Family YMCA Camp program is a non-profit child care center. The Shasta Family YMCA Board of Directors oversees the operation of our program. For the names and addresses of current members, please contact the Child Care Director.

I have received and understand the YMCA current summer camp payment and participation policies.

Child's Name

Parent or Guardian Signature

Date

Staff Signature

Date