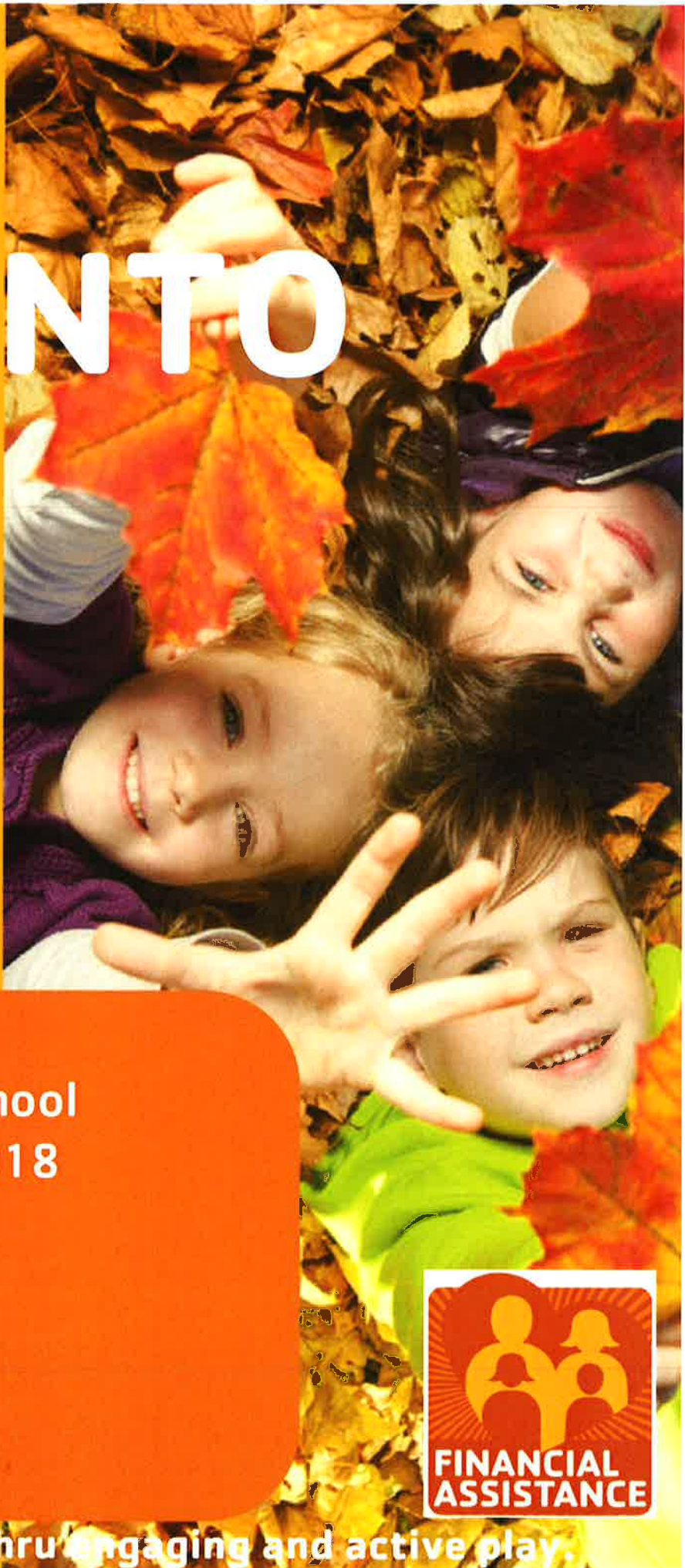




FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# FALL INTO FUN

**Fall Camps**  
K - 8th grades

Boulder Creek School  
North Cottonwood School  
November 19 - 21, 2018  
7 am to 6 pm

Shasta Family YMCA  
530.246.YMCA  
sfymca.org



Building community through engaging and active play.



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# SHASTA FAMILY YMCA FALL CAMPS K – 8<sup>th</sup> grades

**Boulder Creek Elementary School  
North Cottonwood Elementary School**

November 19 – 21, 2018  
Monday – Wednesday  
7 am to 6 pm

## Camp Rate:

\$105 registration received by November 5

\$115 registration received after November 5

Last day to enroll is Monday, November 12, 2018. Financial assistance and sibling discounts available. Healthy morning and afternoon snacks provided. Please provide a lunch from home.

**YMCA camps build community through engaging and active play. We design activities that inspire, instill confidence, promote teamwork, and develop new skills.**





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### HOLIDAY CARE ENROLLMENT FORM

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Year: \_\_\_\_  
School of Attendance Camp Site \_\_\_\_ Grade: \_\_\_\_

#### Participant's Information

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mid. Intl: \_\_\_\_  
D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F Parent's Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Child lives with: Mother  Father

#### Enrollment Information (Check all that apply)

- New to YMCA Programs
- Currently Enrolled in YMCA afterschool program
- Preschool
- School District Employee
- Have 2 or more children in the YMCA program

**Indicate which Days your child will attend camp:**

Monday  Tuesday  Wednesday

#### Fees

Holiday Program Fee	\$ _____
Sibling Discount (10%)	\$ _____
School District Benefit	\$ _____
YMCA Employee Benefit	\$ _____
<b>Total</b>	\$ _____

Payment Due Now:	
Registration Fee:	\$ _____
Less Discount/Benefit:	\$( _____ )
<b>Total Due Now:</b>	\$ _____

#### Agreement – PLEASE INITIAL

- \_\_\_\_\_ 1. I have received and understand the current rate sheet.
- \_\_\_\_\_ 2. There will be no refund of fees for non-attendance or cancellation.
- \_\_\_\_\_ 3. The YMCA can terminate this 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.
- \_\_\_\_\_ 4. The center will close promptly at 6:00 p.m. There is a late pick-up fee of \$1 for every 1 minute your are late picking up your Child. In the event we cannot reach you or an authorized person by 7:00 p.m., the Shasta County Child Protection Agency will be called.
- \_\_\_\_\_ 5. While Participating in YMCA Child Care, the YMCA has my permission to photograph myself and/or my children for publicity purposes.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# HOLIDAY PAYMENT AGREEMENT FORM

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### Participant's Information

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Camp Site: \_\_\_\_\_

### Billing Information (This person MUST sign this form below)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Parent's Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Bank Draft Authorization

#### Primary Form of Payment

I authorize a Bank Draft in the amount of \$ \_\_\_\_\_ (see weekly total on Enrollment Form) on Monday PRIOR to the week of care.

Credit Card Details

Name on Account: \_\_\_\_\_

Card Type:  MasterCard  Visa  
 Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

### Third Party Payer Agreement

SCOE  Cal Works  Other: \_\_\_\_\_

I understand and agree to the supplementary "Third Party Payer Agreement."

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 form of payment will automatically be charged on the 25<sup>th</sup> of each month for any balances left unpaid by the Third Party Payer.

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

### Agreement – PLEASE INITIAL

- \_\_\_\_\_ 1. Payments will be drafted on the Monday prior to the week of care.
- \_\_\_\_\_ 2. Payments not honored by the bank for any reason, (NSF, closed account, invalid expiration date, referral) will incur a **returned payment fee**. This is in addition to any fees charged by the bank. Returned payments will automatically be redrafted, and will include a returned payment fee.
- \_\_\_\_\_ 3. Two or more returned drafts may result in termination from the program.
- \_\_\_\_\_ 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 and changes. Without a written notice of withdrawal, you will be financially responsible for all fees.
- \_\_\_\_\_ 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 BANK AUTHORIZATION AND AGREEMENTS AND I AGREE TO ABIDE BY ALL OF ITS TERMS AND CONDITIONS AS OUTLINED ABOVE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## YMCA CHILD CARE EMERGENCY FORM

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Contact first? Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone# \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_

Contact first? Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone# \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone# \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's place of employment: \_\_\_\_\_

Family Email Address \_\_\_\_\_ Ethnicity(Optional) \_\_\_\_\_

- My child has permission to participate in all surveys required for the grant funding of the program.
  - While participating in YMCA programs, the YMCA has my permission to photograph my child for publicity purposes.
  - See custody or legal documents on file.
- ALLERGIES: \_\_\_\_\_

In the event of an emergency you may release my child/ren to the following persons (Name and Phone):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

staff only Start Date \_\_\_\_\_ Date Left \_\_\_\_\_



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# CONSENT FORM

As the parent or authorized representative, I hereby give consent to the Shasta Family YMCA to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for \_\_\_\_\_ (Child). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

\_\_\_\_\_  
Signature of Parent or Authorized Representative Date

Mother's Employer: \_\_\_\_\_

Employer Phone # \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Employer Phone # \_\_\_\_\_

## HEALTH AND DEVELOPMENT HISTORY

My child has the following food and /or medication allergies: \_\_\_\_\_

\_\_\_\_\_

My child takes the following prescription medications: \_\_\_\_\_

Time of day \_\_\_\_\_ Side Effects \_\_\_\_\_

Please explain any special needs or disabilities for your child: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Child's Name Date

\_\_\_\_\_  
Parent or Guardian Signature Date

# YMCA Holiday Camp Policies

YMCA Copy

- 1.) Parents are responsible for informing the Site Director and the Y office of any changes in their child's attendance schedule, address, phone, work, or emergency telephone numbers, etc.
- 2.) There is a 3-day minimum charge per week. Fees apply regardless of absences, illness, etc.
- 3.) **There will be no refund of fees for non-attendance or cancellations.**
- 4.) Credit card automatic draft is required. Payments not honored by the bank for any reason, (NSF, closed accounts, invalid expiration date, referral) will incur a returned payment fee. This is in addition to any fees charged by the bank. Payment will be drafted from your primary form of payment at the time of registration. All fees are due in full 7 days prior to the program start date. Failure to pay by the deadline will result in your child being unable to attend the program.
- 5.) For Third Party Users: 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.
- 6.) 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 reasonable attorney's fees.
- 7.) The YMCA may terminate this 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.
- 8.) Year-end tax notices are available upon request. Our tax ID # is 94-1212141.
- 9.) The YMCA reserves the right to adjust fees at any time with a 30 day advance notice to program participants.
- 10.) On Holiday Break days of full-day care (7 a.m. - 6 p.m.) parents must walk their children into the classroom to sign them in upon their arrival. Only authorized adults (must be 18) with identification will be permitted to sign children out upon leaving
- 11.) The center will close promptly at 6:00 p.m. There is a late pick-up fee of \$1 for every 1 minute you are late picking up your child. In the event we cannot reach you or an authorized person by 7:00p.m., the Shasta County Child Protection Agency will be called.
- 12.) Medications can only be given with specific written instructions from a physician. Directions on the bottle must include dosages, times and dates that medication is to be administered. Children cannot attend if they are ill. You must make alternate arrangements for child care.
- 13.) The YMCA 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.
- 14.) 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.
- 15.) 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.
- 16.) The Department of Licensing Agency shall have the authority to interview children, or staff, and to inspect the audit child or facility records without prior Notice.
- 17.) 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 rules of the YMCA in regard to my child being in their program. 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 Child Care programs are a non-profit child care center. The operation of our program is overseen by the Shasta Family YMCA Board of Directors. For the names and addresses of current members, please contact the Child Care Director.

I have received and understand the YMCA Holiday Camp Policies and the current camp rates.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date