



BEST SUMMER! EVER!



Y SUMMER DAY CAMP

Manzanita Collaborative Preschool, 1240 Manzanita Hills Ave, Redding

License #455406288

Monday – Friday, 7am – 6pm

June 5 – August 11, 2017 (no camp July 4)

2-5 years old (must be fully potty trained).

Healthy morning and afternoon snacks provided.

FREE Summer Lunch program or choose to bring a lunch from home.

Manzanita YMCA Preschool Summer Day Camp Fees:

Registrations received by May 31, 2017:

Weekly Rate: 3 Days - \$95, 5 Days - \$140

Registrations received June 1, 2017:

Weekly Rate: 3 Days - \$100, 5 Days - \$145



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

<u>Dates</u>	<u>Weekly Themes</u>	Monthly Themes: Hurray For Summer On The Move Mix It, Pat It, Rhyme It
Week 1: 6/05/17	Sun and Water Safety	Weekly Sessions with 3 and 5 Day options available
Week 2: 6/12/17	The Ocean	
Week 3: 6/19/17	Summer Time Fun	Enrollment: Enrollment for K Readiness or Preschool Summer Camp is a weekly schedule.
Week 4: 6/26/17	Camping Exploration	
Week 5: 7/03/17	Patriotic Parade	Pre-registration is required 7 days prior to the week of attendance.
Week 6: 7/10/17	Let's Map it- Planes, Train	
Week 7: 7/17/17	Traveling Our World	
Week 8: 7/24/17	Little Builders	
Week 9: 7/31/17	Little Bakers	
Week 10 8/07/17	Nursery Rhymes	

Call the Y at 530-246-9622 or visit us at www.sfymca.org for more information.

2017 PRESCHOOL SUMMER CAMP REGISTRATION

Site: Manzanita Preschool

Participant Name (Last/First/Middle): _____

Child Date of Birth _____ 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/drop 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/drop 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 the site.**

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

Signature of Applicant/Parent: _____ Date: _____

Weeks & Dates	Camp Theme	Days-Circle 3 or 5 days	Total Weekly Charge	Date Payment is Drafted	Initial For Parent Payment Agreement
Week 1 6/05/17	Sun and Water Safety	M T W TH F	\$	5/30/17	
Week 2 6/12/17	The Ocean	M T W TH F	\$	6/05/17	
Week 3 6/19/17	Summer Time Fun	M T W TH F	\$	6/12/17	
Week 4 6/26/17	Camping Exploration	M T W TH F	\$	6/19/17	
Week 5 7/03/17	Patriotic Parade	M - W TH F	\$	6/26/17	
Week 6 7/10/17	Let's Map It—Planes, Trains and Automobiles	M T W TH F	\$	7/03/17	
Week 7 7/17/17	Traveling Our World	M T W TH F	\$	7/10/17	
Week 8 7/24/17	Little Builders	M T W TH F	\$	7/17/17	
Week 9 7/31/17	Little Bakers	M T W TH F	\$	7/24/17	
Week10 8/07/17	Nursery Rhymes	M T W TH -	\$	7/31/17	



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: _____	Parent's Date of Birth: _____
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: _____ <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		
<p>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 25th of each month for any balances left unpaid by the Third Party Payer.</p>		
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 and 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 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: ____ / ____ / ____	



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 _____

Mother's Address _____

Mother's place of employment: _____

Contact first? Home Phone _____ Cell Phone _____ Work Phone# _____
Father's Name _____

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 _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

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

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 STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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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?
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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*
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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		<input type="checkbox"/> 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 DAY CARE PLACEMENT
--

PARENT'S SIGNATURE	DATE
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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, 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; Mantoux TB skin test performed (unless previous positive skin test documented).
 Communicable TB disease not present.

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

Physician: _____
 Address: _____
 Telephone: _____

Date of Physical Exam: _____
 Date This Form Completed: _____
 Signature _____

LIC 701 (8/08) (Confidential)

Physician Physician's

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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.
6. 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 #: 530-895-5300

7. 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.
8. 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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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 Collaborative Preschool

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

PERSONAL RIGHTS

Child Care Centers

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, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (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

DETACH HERE

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 Collaborative Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE

1240 Manzanita Hills, Redding, CA 96001

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE

(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 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 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 current summer camp payment and participation policies.

Child's Name

Parent or Guardian Signature

Date

Staff Signature

Date

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- 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 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 current summer camp payment and participation policies.

Child's Name

Parent or Guardian Signature

Date

Staff Signature

Date