



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FALL CAMP

North Cottonwood Elementary School

Monday through Wednesday, November 20-22, 2017

7:00 a.m. to 6:00 p.m.

Pre-registration required (Registration and payment due by Nov. 13, 2017)

Grades K-8th



Crafts, Games, Songs, Stories
Come have fun with us!

Registration received by Nov. 6: \$90

Registration received after Nov. 6: \$95

10% Sibling Discount for 2nd and 3rd child

Healthy morning and afternoon snacks are provided.

Please bring a lunch from home.

LEARN
GROW
THRIVE





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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)

<input type="checkbox"/> New to YMCA Programs	Indicate which Days your child will attend camp: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday
<input type="checkbox"/> Currently Enrolled in YMCA afterschool program	
<input type="checkbox"/> Preschool	
<input type="checkbox"/> School District Employee	
<input type="checkbox"/> Have 2 or more children in the YMCA program	

Fees

Holiday Program Fee	\$ _____	Payment Due Now:	
Sibling Discount (10%)	\$ _____	Registration Fee:	\$ _____
School District Benefit	\$ _____	Less Discount/Benefit:	\$(_____)
YMCA Employee Benefit	\$ _____	Total Due Now:	\$ _____
Total	\$ _____		

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 you 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.
_____ 6. 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 25th 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: ____/____/____

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
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
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

Shasta Family YMCA _____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY 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:

Blank space for listing medication allergies.

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

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

YMCA Holiday Camp Policies

Parent Copy

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