



BEST SUMMER! EVER!

Y SUMMER DAY CAMP



West Cottonwood School, 20512 W First St, Cottonwood
Monday – Friday, 7am – 6pm
June 12 – July 28, 2017 (no camp July 4)
Going into 1st – 8th grades

Healthy morning and afternoon snacks provided.
Bring a lunch from home.

West Cottonwood YMCA Summer Day Camp Fees:

Registrations received by May 31, 2017

Weekly Rate: 3 days \$95, 5 days \$140

Registrations received after May 31, 2017

Weekly Rate: 3 days \$100, 5 days \$145

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



After Summer School Day Camp for Students in Summer School:

June 12 -June 30, Monday-Friday, 11:30am – 6pm
Weekly Rate: 5 days \$100

<u>Dates</u>	<u>Weekly Theme</u>	West Cottonwood Swim Time!
Week 1: 6/12/17	Welcome to Y Camp	<p>Y Swim Lessons at WC Pool: Eight 30-minute lessons \$30; Evening sessions (registration form attached)</p> <p>Camp Participant Swim Time: Monday-Thursday, 2-4pm (non-swimmers need to bring a lifejacket to camp)</p> <p>Community Open Swim (\$2/person) Monday-Thursday, 2-4pm and 4:30-6:30pm</p> <p>Certified Y Lifeguards on Duty We swim test all children</p>
Week 2: 6/19/17	Medieval Madness	
Week 3: 6/26/17	Western Days	
Week 4: 7/03/17	Rockin'50's	
Week 5: 7/10/17	Big Hair 80's	
Week 6: 7/17/17	Fab 90's	
Week 7: 7/24/17	Futuristic Fantasy	

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

2017 SUMMER CAMP REGISTRATION

Site: West Cottonwood

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/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 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 Agreement
Week 1 6/12/17	Welcome to Y Camp	M T W TH F	\$	6/05/17	
Week 2 6/19/17	Medieval Madness	M T W TH F	\$	6/12/17	
Week 3 6/26/17	Western Days	M T W TH F	\$	6/19/17	
Week 4 7/03/17	Rockin' 50's	M - W TH F	\$	6/26/17	
Week 5 7/10/17	Big Hair 80's	M T W TH F	\$	7/03/17	
Week 6 7/17/17	Fab 90's	M T W TH F	\$	7/10/17	
Week 7 7/24/17	Futuristic Fantasy	M T W TH F	\$	7/17/17	



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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: _____ / _____ / _____



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SUMMER CAMP EMERGENCY FORM

Child's Name _____ Birthdate _____ Ethnicity (Optional) _____ M/F _____

School Child Attends _____ Grade in Fall _____ First Year at Camp? _____

Mailing Address _____ City/State/Zip _____ Family Email Address _____

Mother's Name _____ Contact first? _____ Home Phone _____ Cell _____ Work _____

Mother's Home Address _____ City/State/Zip _____ Mother's Email _____

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

Father's Address _____ City/State/Zip _____ Father's Email _____

ADDITIONAL EMERGENCY CONTACTS

Authorized to contact & pick-up child. Must be 18 years of age and have Photo ID:

Name _____ Relationship _____ Phone# _____ Cell# _____

Name _____ Relationship _____ Phone _____ Cell# _____

Name _____ Relationship _____ Phone# _____ Cell# _____

Δ Call Emergency Hospital _____ ΔOther _____

└ See Custody/Legal documents on file _____ (Must be at site before child can attend.)

Consent for Emergency Treatment: In the event that a parent cannot be reached, 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.) or Dentist(D.D.S.) for _____ . This care may be given under whatever conditions are necessary to prevent life, limb, or well-being of the child named above.

Parent Signature _____ Date _____

**SHASTA FAMILY YMCA • 1155 N. COURT ST, REDDING CA
96001 P 530 246 9622 • F 246 9645 • WWW.SFYMCA.ORG**



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2017 SUMMER CAMP Health Information

Health History

My child has the following allergies (food, medication, bee allergies, etc.): _____

My child takes the following prescription medications: (If medication is to be administered during the Camp program, physicians orders on a YMCA Medication Form needs to be included with the registration packet.)

Name _____ Time of Day _____ Side Effects _____

Name _____ Time of Day _____ Side Effects _____

Name _____ Time of Day _____ Side Effects _____

Please explain any special needs, disabilities or challenges your child may have:

Sunscreen Policy and Permission Form

- My child, _____, may use the sunscreen provided by the Shasta Family YMCA.
- I request that my child, _____, be allowed to use his/her own sunscreen product, which I will provide.

Each child will use the sunscreen provided by the Shasta Family YMCA or bring their own sunscreen product from home with their full name written on the original container in permanent ink and turn it in to staff for safe keeping. Children will not be allowed to use any other product or share their product with other children, including siblings.

- Children need to be instructed by the parent on how and where to apply the sunscreen.
- In accordance with YMCA Child Abuse Prevention policies, YMCA Child Care Staff may assist with the sunscreen product on the face and upper back areas only.
- Child care staff will routinely remind the children to apply their sunscreen and make it available for use.

Parent Signature: _____ Date: _____



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Medical and Health Procedures

Medical and Emergency Procedure:

You will be notified in writing of any injury through an accident report. Parents will be notified by phone immediately for any and all head injuries.

Minor Injuries:

- Staff will administer necessary first aid and notify parents when they pick up the child from camp.
- If the staff member is in doubt of the seriousness of the injury, the parents will be notified for further instructions.

Serious Injuries:

- One staff member will call EMS then make contact with parents or other authorized person.
- A second staff member will administer first aid until the ambulance arrives.

Mandated Reporters:

If staff suspects that a child is being abused in any way (physically, sexually, emotionally), we are required by the State of California, Education Code #11166, to file a report with Child and Family Services. We are not required to notify the parent or guardian prior to, or after, the report has been made.

Health, Medication and Accident Policies:

It is our intention to prevent the spread of infections and illness to other children. If the staff becomes aware of a condition involving a child who may be contagious or unhealthy to any of the other participants, it will be brought to the parent's attention and the child must be taken home and may not return to the program until symptom free for at least 24 hours.

Medicine Policy:

Please DO NOT send any medication, which is not absolutely necessary. Medicine may be given if needed for ambulatory illnesses only. Medicine must be accompanied by a signed **Request for Medication Form** filled out by a licensed physician and signed by the parent containing the following:

- Date
- Name of child
- Name of medicine
- Amount to be given
- Time of day to be given and how often
- Number of days to be given

All Medication is stored and administered by a staff person, witnessed by another staff person, and documented. Medication must arrive in the original container from the pharmacy and the information should agree with that given by the doctor as stated on the **Request for Medication Form**. All medications can only be administered with specific written instructions from the physician and signed written permission from the parent/guardian. This is in compliance with California Education Code #49423.

Initial _____

Respectful Behavior and Rights

Personal Rights

Each child shall have personal rights, including:

Dignity in personal relationships with staff.

A safe, healthy comfortable environment.

To be free from corporal punishment.

To be informed (or have parents informed) of the mechanism for complaints.

Behavior Management Procedures

It is our goal to provide a healthy, safe, and secure environment for all Y program participants. The YMCA teaches the core values of caring, honesty, respect, and responsibility. Children attending the program are expected to follow the behavior guidelines and interact appropriately in a group setting.

Program Behavior Guidelines

We will **CARE** for ourselves and those around us. **HONESTY** is the basis for all relationships and interactions.

RESPECT each other and the environment. People are **RESPONSIBLE** for their own actions.

We take great pride in joining you in guiding your children to become successful and happy individuals who are learning to independently get along with others. We work towards this goal through the following:

- **Role Modeling:** Effectively exemplifying good qualities needed for acceptance in a group.
- **Positive Reinforcement:** To encourage repetition of good behavior.
- **Redirection:** Removing the child from a negative situation and involving the child in a more acceptable positive activity. If deemed necessary for the safety of your child and 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 occurs.
- **Reinforcing Problem Solving Skills:** Such as predicting consequences, settling disagreements without aggressiveness, and thinking about the feelings of others.
- **Logical Consequences:** The removal of privileges when appropriate. No corporal punishment is allowed.

When and if these procedures do not result in a positive change of behavior, suspension of the child may occur. With these positive working strategies, the child is hopefully able to realize that negative behavior is ultimately non-productive.

The safety of all enrolled children is our primary goal. Extreme behavior problems may require individualized behavior contracts, meetings with parents, suspension and/or alternative placement.

Field Trip Behavior Policy

To ensure safety of children on field trips, the following policies will be enforced:

- Students displaying disruptive behavior will be given one warning and redirected.
- If disruptive behavior continues, the parents will be called to pick up the child and the child may not be allowed to attend the next outing. The consequence for the disruptive behavior is left up to the discretion of the YMCA camp staff based on the severity of the behavior and the location of the field trip.
- If disruptive behavior continues on the next field trip in which the child participates, the child will not be permitted on any future trips. Alternate child care may not be available at the camp site when the group is away.

Disruptive behavior is behavior that has a negative effect on the group of program, or act or actions dangerous to self or others. It is vital that children are well-behaved for their safety and the group's safety, especially when the group is on a trip.

Field Trip Policies

- All children need a signed permission form in order to participate in trips off campus.
- Children must be at camp prior to the trip departure time for proper preparation.
- No children may be dropped off or picked up from the group while they are in route to and from trip designation.
- For the safety of the group, drop off or pick up may only occur at Camp or at the location of the field trip designation.

Initial _____



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Visitation, Pick-up, Dress Code and Safety

Visitation Policies

All YMCA programs have an OPEN DOOR parent visitation policy; parents may visit at any time. However, care must be taken so that the parent doesn't interfere with implementation of the program. Parents must remember that when at the YMCA site, our program is governed by the State Department of Education and the following behaviors will not be tolerated:

- Inappropriate behavior or language.
- Use or evidence of the use of drugs, alcohol, or tobacco products.
- Display of rude or disrespectful conduct directed to staff or children.
- Use or threat of corporal punishment towards children.

Dress Code

Children should arrive dressed appropriately for a fun and safe day at camp. NO spaghetti straps, bare mid-drifts, flip flops, backless shoes or stacked heels/platform shoes. One piece swim suits are required. Water shoes may be worn for water play, but not for regular camp activity or field trips.

Pick-up Policy

Always have **photo identification** with you. Be prepared to show your ID at any time. For your child's safety, it is required that each person authorized to pick up your child from camp must be 18 years or older and be listed on the enrollment form. We do not release your child into the care of anyone, who is not authorized, without contacting you first. We will ask for identification of all newly authorized persons and any authorized person who is unfamiliar to the staff on duty. Parents are to walk their children into the camp and sign them in upon arrival and out upon leaving.

Court Orders and Custody Issues

State law mandates that a child must be released to either parent regardless of custody arrangements. The ONLY exception is when a current court order or restraining order stating a parent may not have custody is in our possession. If there are no court papers stating otherwise, either parent may send a representative to pick up the child. Only individuals listed on the emergency form or by special written or verbal permission may pick up a child from camp.

Concerns for Safety

The Y, above all, is concerned for the safety of every child in the program. If the YMCA staff has reason for concern regarding the safety of a child's release to a parent or other adult, the staff may call the law enforcement and/or Children and Family Services. Cause for this course of action includes:

- Parent/Adult suspected to be "under the influence" of drugs or alcohol.
- Parent/Adult is abusive or threatening to child, staff or others.

If deemed necessary for the safety of your child and others, the Y staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurs.

Initial _____



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YMCA Electronic Policy

Children's Personal Cell Phones:

1. Cell phones are not permitted during any YMCA program because the children need to be fully engaged in the activities. By eliminating the use of cell phones, we are also protecting the privacy of families and children.
2. Children will be reminded about the cell phone policy at group time daily. No other reminders will be given.
3. If a YMCA staff member sees a child's cell phone out, it will be taken away and turned into the YMCA camp office. Only a parent or guardian will be able to pick up the cell phone.
4. The Three Strikes Rule: If a child's cell phone is confiscated three times, that child will no longer be permitted to bring any electronic device to a YMCA program.
5. If children need to call a parent, he or she may ask to use the phone in the Y Room.

Personal Electronic Game Systems (i.e. Nintendo DS, DSi and PSP):

1. Use of game systems are only permitted during authorized times of the day.
2. Children may bring their electronic game systems only with parent permission.
3. Game systems cannot be a PHONE or contain the capability to TEXT, take VIDEO, take PICTURES or connect to the internet. This is in line with our YMCA privacy policy.
4. Children may only use their own game systems. There are no sharing systems of games at any time.
5. Children may only bring rated E games. (No E+10)
6. Any misuse of our YMCA game system policy will result in immediate confiscation of the game system and accessories. These items will be placed in the camp office.
7. If a YMCA staff member sees a child's game system out during unauthorized times, it will be taken away and turned into the YMCA camp office. Only a parent will be able to pick up the confiscated game systems.
8. There will be a Three Strikes Rule on game systems. If a child's game system is confiscated three times, that child will no longer be permitted to bring any electronic device.

The YMCA is not responsible for any lost, damaged or stolen electronic devices. Bring items at your own risk.

My child, _____, will **not** be bringing any electronic device.

My child, _____, **will be** bringing the following electronic device(s) _____

Parent Signature: _____ Date: _____

Child's Signature: _____ Date: _____



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WEST COTTONWOOD POOL

Open Swim and Swim Lessons! Certified Y Lifeguards and Trained Swim Instructors!
Open to anyone; registration required for swim school.

Open Swim 1:00–3:00 pm Monday–Friday \$2.00/person

Swim School Pre-Registration Required.

12:30 pm*	Polliwog (Beginning School Age) Guppy (Intermediate School Age) Minnow (Intermediate II School Age) Fish (Advanced School Age)
3:30 pm	Shrimp (Parent and Child) Pike (Beginning Preschool) Eel (Intermediate Preschool) Ray (Advanced Preschool)
4:05 pm	Polliwog (Beginning School Age) Guppy (Intermediate School Age) Minnow (Intermediate II School Age) Fish (Advanced School Age)
4:45 pm	Shrimp (Parent and Child) Pike (Beginning Preschool) Eel (Intermediate Preschool) Ray (Advanced Preschool)
5:30 pm	Polliwog (Beginning School Age) Guppy (Intermediate School Age) Minnow (Intermediate II School Age) Fish (Advanced School Age)
6:10 pm	Polliwog (Beginning School Age) Guppy (Intermediate School Age) Minnow (Intermediate II School Age) Pike (Beginning Preschool)

Mon–Thu Sessions:

- I June 6–16
- II June 20–30
- III July 5–14
- IV July 18–28



*West Cottonwood Y Camp Swim School Time; Community members accepted if space is available.

Registration required: \$30 for Y Camp Participants. \$40 for Y Members. \$45 for Non-Y Members.
For more information or to register contact the Shasta Family YMCA or visit sfymca.org.



PROGRAM REGISTRATION FORM

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SWIM SCHOOL West Cottonwood

12:30-1:00 pm*

- Polliwog (Beginning School Age)
- Guppy (Intermediate School Age)
- Minnow (Intermediate II School Age)
- Fish (Advanced School Age)

4:45-5:15 pm

- Shrimp (Parent and Child)
- Pike (Beginning Preschool)
- Eel (Intermediate Preschool)
- Ray (Advanced Preschool)

3:30-4:00 pm

- Shrimp (Parent and Child)
- Pike (Beginning Preschool)
- Eel (Intermediate Preschool)
- Ray (Advanced Preschool)

5:30-6:00 pm

- Polliwog (Beginning School Age)
- Guppy (Intermediate School Age)
- Minnow (Intermediate II School Age)
- Fish (Advanced School Age)

4:05-4:35 pm

- Polliwog (Beginning School Age)
- Guppy (Intermediate School Age)
- Minnow (Intermediate II School Age)
- Fish (Advanced School Age)

6:10-6:40 pm

- Polliwog (Beginning School Age)
- Guppy (Intermediate School Age)
- Minnow (Intermediate II School Age)
- Pike (Beginning Preschool)

*W.C. Camp Swim School Time; Community members accepted if space is available.

Registration Required: \$30 W.C. camp participant; Y member \$40; non Y member \$45. Classes held at the West Cottonwood Pool.

PROGRAM NAME: _____ SESSION DATE: _____ TIME: _____

PARTICIPANT'S NAME: _____ D.O.B.: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PARENT'S NAME: _____ PARENT D.O.B.: _____

HOME PHONE #: _____ OTHER PHONE #: _____

EMAIL: _____ MALE FEMALE

Shasta Family YMCA 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 myself or my child(ren) or which may be aggravated by participating in a YMCA program. I take full responsibility for my welfare and safety, and that of my minor children, during Shasta Family YMCA activities and know that activities should only be engaged in by those in good health and that I should consult a physician before enrolling in a YMCA program. 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 or if I am unable to give conscious permission. 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 me 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.

PARTICIPANT /PARENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE: Date: _____ Amt. Paid: _____ Staff Initial: _____

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

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.
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- 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