

PRESCHOOL CAMP

Preschool camp is for children who are ages 3 and 4 and have not yet completed kindergarten.

	Session A June 12 - June 21	Session B June 24 - July 5 No Camp July 4	Session C July 8 - July 19	Session D July 22 - Aug. 2	Session E Aug 5 - Aug 16
Step 1 Circle half day, full day or extended day.	<ul style="list-style-type: none"> 9-1 p.m. 9-5 p.m. 7-6:30 p.m. 	<ul style="list-style-type: none"> 9-1 p.m. 9-5 p.m. 7-6:30 p.m. 	<ul style="list-style-type: none"> 9-1 p.m. 9-5 p.m. 7-6:30 p.m. 	<ul style="list-style-type: none"> 9-1 p.m. 9-5 p.m. 7-6:30 p.m. 	<ul style="list-style-type: none"> 9-1 p.m. 9-5 p.m. 7-6:30 p.m.
Step 2: Circle the desired camp.	<ul style="list-style-type: none"> Fun Factory Short Sports 	<ul style="list-style-type: none"> Fun Factory Short Sports 	<ul style="list-style-type: none"> Fun Factory Short Sports 	<ul style="list-style-type: none"> Fun Factory Short Sports 	<ul style="list-style-type: none"> Fun Factory Short Sports

Step 3:
Read and sign the Consent and Parent Authorization.

CONSENT
I understand that the Sewickley Valley YMCA assumes no responsibility for injuries or illness which I/my child may sustain as a result of my physical condition or resulting from my/my child's participation in any fitness or athletic activities, sports programs, the use of any equipment, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for all injuries and illness which may result from my participation in these activities. In consideration of being permitted to enter the Sewickley Valley YMCA, I hereby release and discharge the Sewickley Valley YMCA and its agents, assigns, and/ or employees from any and all claims for injury, illness, death, loss or damage which I/my child may suffer as a result of my/my child's participation in these activities. I understand that the Sewickley Valley YMCA is not responsible for personal property lost or stolen while members, guests and/or program members are using the YMCA facilities or on the YMCA property. I understand that photographs of all participants in YMCA programs can be used in promotional literature unless specifically stated in writing not to be used. My signature below identifies my understanding of the terms of this consent.

PARENT'S AUTHORIZATION
This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician elected by the Camp Director to hospitalize and secure proper treatment for my child as named above.

I have received and read the "Parent Handbook" Section in the Summer Day Camp Brochure. I hereby agree to follow the rules and policies set forth in the "Parent Handbook".

Signature of Parent/Guardian for Consent and Parent Handbook Date

Step 4:
Complete to finalize registration.

Yes, I would like to donate \$5 to support sending kids to camp.

Check enclosed

Charge Credit Card: Visa Master Card Discover Expiration Date ___/___ CSV _____

Name on card _____

Account # _____

Draft my bank account _____

Draft name of primary member _____

Yes, draft my bank account for camp payments on the session due dates listed on page 16.

9-1 p.m.	9-5 p.m.	7-6:30 p.m.
Member \$180	Member \$230	Member \$305
Non-member \$203	Non-member \$268	Non-member \$359

All camp fees are for two-week sessions. Please note: One-week camp options for Preschool Camp will not be available.
Session A fees will be prorated upon registration.

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EMERGENCY CONTACT/PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270 124 (a)(b), 3270 181 & 182, 3280 124 (a)(b), 3280 181 & 182, 3290 124 (a)(b), 3290 181 & 182

Child's Name _____ Birth date _____

Address _____

Mother's Name/Legal Guardian _____ Home Phone _____

Address _____ Cell phone _____

Business Name _____ Business Phone _____

Address _____

Father's Name/Legal Guardian _____ Home Phone _____

Address _____ Cell Phone _____

Business Name _____ Business Phone _____

Address _____

EMERGENCY CONTACT PERSON(S) _____ **Phone when child is in care** _____

Name _____

PERSON(S) TO WHOM CHILD MAY BE RELEASED

Name _____ **Address** _____ **Phone when child is in care** _____

CHILD'S MEDICAL INFORMATION

Dr. Name _____ **Address** _____ **Phone** _____

Special Disabilities (If any): _____ Allergies/medication reaction _____

Medical or dietary information necessary in an emergency situation: _____ Medical Special Conditions: _____

Health Insurance Coverage for Child or Medical Assistance Benefits: _____ Policy Number (required): _____

PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care _____ Admin. of minor first-aid procedures _____

Walks and Trips _____ Swimming _____

Transportation by the Facility _____ Wading _____

PERIODIC REVIEW

Signature of Parent or Guardian (beginning of year) _____ Date _____

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AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(c); 3290.123 & 181 (c)

NAME OF CHILD		
FEE AMOUNT	PER DAY/WEEK	DAY PAYMENT TO BE MADE
Full Day (9am-5pm) \$ <u>230</u> mbr/\$ <u>268</u> nmbr 1/2 day (9am-1pm) \$ <u>180</u> mbr/\$ <u>203</u> nmbr	Session (2 weeks)	Deposit at registration, balance due 7 days prior to session

Services to be provided as part of the child care fee (ex: transportation, care, meals, etc.) Transportation for all scheduled field trips Field Trip Fees Morning Snack Afternoon Snack (full day campers only)
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ARRIVAL TIME	DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
9:00am	1:00pm (1/2 day) 5:00pm (full day)	
LATE FEE \$	PER MIN/HR	
\$1.00	Minute after pick-up time	

Extra services to be provided at an additional fee if applicable Early/Late care (7am-9am)(5pm-6:30pm) – Additional \$ <u>75</u> mbr <u>91</u>nmbr per session
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I, the parent/guardian:			
<input type="checkbox"/> Received complete written program information at the time of enrollment (3270.121, 3280.121, 3290.121)			
<input type="checkbox"/> Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum (3270.124, 3280.124, 3290.124)			
_____ SIGNATURE-OPERATOR	_____ DATE	_____ SIGNATURE-PARENT/GUARDIAN	_____ DATE

DATE OF CHILD'S ADMISSION	DATE OF WITHDRAWAL