



SUMMER DAY CAMP REGISTRATION

Camper registration begins January 2, 2012. Camper enrollment will be limited: register early to ensure a space in camp. Registration options: walk-in, fax, mail, or online. Applications are accepted on first come, first served basis. All applications must be completely filled out to be processed. This includes the registration form with payment, questionnaire and medical information.

DISCOUNTS

\$25 Early Bird Registration: Register by February 25, 2012 to take advantage of our \$25 discount. May be used if you set up a payment plan option by February 25th and make first payment. Not valid with any other offers except the multi-child discount. One per family for Camp 2012.

\$10 Multi-Child Discount: Have more than one child attending camp? We give you a \$10 discount each week you have more than one child registered for that week (will be applied to only one child's camp registration) You forfeit the discount if one of the children withdraws from camp and it will be taken out of the refund.

REGISTRATION DEADLINE AND LATE FEE POLICY

All registrations are due by June 1, 2012 to guarantee a quality program for your camper and to ensure proper counselor/camper ratios.

Registrations after June 1st deadline:

- Any registrations after June 1st, are first come, first serve upon availability of space.
- Registrations are due by the Monday before camp starts (a week in advance), all registrations after, will acquire a \$25 late fee per registration for the week it is late. These spots are not guaranteed and you will be contacted if the camp is full.
- To guarantee your campers spot, register early. Please contact our Camp Registrar for payment options.

REFUND/WITHDRAWAL POLICY

All refund requests must be made in writing and addressed to the Camp Registrar.

- A refund of all fees (minus a non refundable service fee of \$25 per child per week) will be given if a participant withdraws from camp prior to May 15, 2012. Refunds will be given either by check or NSYMCA voucher to be used within one calendar year. Refunds can take up to 6 weeks to process. Returns are non-transferable and not redeemable toward membership.
- Any cancellations made after May 15th or after forfeit all fees paid to date, unless approved by the Camp Director. If approved for a cancellation after May 15th a \$50 non refundable processing fee per camper will be assessed.

EARLY DROP OFF & LATE PICK UP POLICY

- Morning Drop off begins at 8:45. If you drop off earlier than 8:45 am, you will be charged for am extended care.
- Please be prompt in picking up your camper at the end of their camp day. Campers not picked up by 4:15pm will be charged for pm extended care.
- PM extended care ends promptly at 6pm. After 6pm, there is a late fee charge of \$1 per minute per camper.

MEMBERSHIP INFORMATION

Individuals obtaining North Suburban YMCA membership in order to receive member-reduced fees for camp must begin the membership at the time of registration. The individual must remain a YMCA member throughout the entire time the program meets or you will be charged the non member fees. Campers have several options available for the North Suburban YMCA memberships:

1. Youth Membership*

(3-17yrs) Full payment of \$300 with a \$0 building fee. Save \$25!

* Non refundable – No draft option

2. Family Membership

(IRS Guidelines for dependents) May include Au Pair from a recognized agency. \$85/month with a \$0 building fee, save \$85!

3. Single Parent Family Membership

\$66/month with a \$0 building fee. Save \$66!

New family memberships will be drafted monthly following initial payment. See membership policies for further details.

FINANCIAL ASSISTANCE

It is the goal of the NSYMCA to offer financial assistance to low-income individuals. If you are interested in financial assistance, please visit the front desk for camp scholarship forms.

Financial assistance is limited and first come, first serve due to the high demand. Please apply well in advance.

We do offer payment plans and we accept the state aid through DHS.

Please visit: www.actforchildren.org

NSYMCA CAMP - CHILD POLICY

The North Suburban YMCA allows children 10 years and older to be in the building without a parent. A parent or guardian must sign in and sign out campers unless approved by the camp director in writing.


**2012 SUMMER CAMP
REGISTRATION FORM**

Camper's Name: _____ Birthdate: _____ Grade: _____

T-Shirt Size: Child: Sm(6-8) Med(10-12) Lrg(14-16) Adult: Sm Med Lrg XLrg

Address: _____

Parent's Name(s): _____

Best Number to Contact: _____ Email: _____

Parents Workplace: _____

Friendship Request (only 1 allowed/must be reciprocal/must be requested 2wks in advance): _____

Camp Name	1	2	3	4	5	6	7	8	9	10	Fees
Lunch Bunch Extended AM Extended PM Summer School											
Summer School Attending:	Discount: \$25 Early Bird, \$10 Multi-Child										
Pick-up time: 11:30am 12:00pm 12:30pm	Total All Fees:										

PAYMENT PLAN OPTIONS:

- I would like to pay in full
- I would like a payment plan (Payments will include all weeks prior to payment)

Draft account on: 1st of month 15th of month Weekly Bi-Weekly

Starting on: _____ Last payment on: _____

(Last payment due August 15th, or the week prior to child's last week of camp.)

Weekly or Biweekly Payment Plans: Will be processed on the Wednesday prior to camp weeks. If choosing Biweekly, you will be charged for two weeks at a time prior to attending camp weeks. Credit card on file or voided check required.

- Check Visa Mastercard American Express Discover

Credit Card #: _____ Exp.: _____

Name on Card: _____

Signature: _____

MEMBERSHIP:

- I am already a member of the North Suburban YMCA

I would like to become a member of the North Suburban YMCA today. Please charge my credit card for the following membership option:

- Youth: (ages 3-17) \$300/year, must be paid in full and non-refundable
- Family: \$85/month or 20% off if paid in full
- Single Parent Family: \$65/month

Transaction Signature

I understand that if I fail to make a payment that my camper will not be allowed to attend camp until payment is made by the Friday before camp starts or my camper will lose his/her spot in camp. I also understand that if I incur any late fee, late pick up, t-shirt, or extended care charges, I authorize the North Suburban YMCA to charge my account.

**PRE-CAMP QUESTIONNAIRE
FORM DUE WITH REGISTRATION FORM**

Child's Name: _____ Grade: _____ Camp Attending: _____

Friendship Request: *(only 1 allowed and must be reciprocal)* _____

T-Shirt Size: Child: Sm.(6-8) Med (10-12) Lrg (14-16) Adult: Sm Med Lrg XL

Please list the Physical, Social, Emotional or other Goals For Your Camper At Camp: _____

Please list any services your camper receives and how we may make accommodations for him/her at camp.
(OT,PT, speech, behavior therapy): _____

What should we know about your camper? Please give any information which will help us make this your camper's best summer ever! Include behavior management techniques that your camper responds to positively. Let us know what activities interest your camper. Also, give us insight as to areas of strengths and areas of where growth is needed.

PARENT CONTACT INFORMATION:

Parent 1 Name: _____ Address: _____

Home: _____ Work: _____ Cell: _____

Signature required to text cell phone numbers: _____

Parent 2 Name: _____ Address: _____

Home: _____ Work: _____ Cell: _____

Signature required to text cell phone numbers: _____

Guardian Name: _____ Address: _____

Home: _____ Work: _____ Cell: _____

Signature required to text cell phone numbers: _____

EMERGENCY CONTACT/PICK-UP *(when parent/guardian is not available):*

Please fill out below and circle whether they are for pick up (p/u) only, emergency contact in case parent is unavailable or both.

Name: _____	Phone: _____	Relationship: _____	P/U, Emergency, Both
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Name: _____	Phone: _____	Relationship: _____	P/U, Emergency, Both
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Name: _____	Phone: _____	Relationship: _____	P/U, Emergency, Both
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Name: _____	Phone: _____	Relationship: _____	P/U, Emergency, Both
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Allergies: List all known (medication, food, insect stings, etc.) _____

Medical Restrictions (if any) _____

Is your camper taking any medications while at camp? NO Yes, please list all medications with day and time to be administered:

GENERAL QUESTIONS (Explain "yes" answers below)

Has/does the participant:	YES	NO		YES	NO
1. Had recent injury, illness, infectious disease?	[]	[]	11. Ever had back problems?	[]	[]
2. Have a chronic or recurring illness/condition?	[]	[]	12. Ever had high blood pressure?	[]	[]
3. Ever been hospitalized?	[]	[]	13. Have an orthodontic appliance at camp?	[]	[]
4. Ever had surgery?	[]	[]	14. Have any skin problems (rash, etc.)	[]	[]
5. Have frequent headaches?	[]	[]	15. Have diabetes?	[]	[]
6. Ever had a head injury?	[]	[]	16. Have asthma?	[]	[]
7. Ever been knocked unconscious?	[]	[]	17. Ever had high blood pressure?	[]	[]
8. Wear glasses, contacts or protective eyewear?	[]	[]	18. Had problems with diarrhea/constipation?	[]	[]
9. Ever had frequent ear infections?	[]	[]	19. Ever been diagnosed with heart murmur?	[]	[]
10. Ever had seizures?	[]	[]	20. Ever had an emotional difficulty for which professional help was sought?	[]	[]

Please explain any "yes" answers, noting the number of questions. _____

Date of Last examination: _____ Blood Pressure: _____ Weight: _____ Height: _____

The above participant can [] or cannot [] participate in an active camp program.

Are there any camp activities from which your child should be exempt for health reasons? YES [] NO []

If yes, please give a full description or explanation of restrictions (ex. what cannot be done, what adaptations or limitations are necessary.)

Current treatment/care include (if applicable) _____

Use this space to provide any additional information about the camper's behavior and physical, emotional, or mental health about which the camp should be aware: _____

ATTACH A COPY OF CAMPER'S MEDICAL VACCINATION RECORD	
Physician's Signature _____	Date _____
Name (Please Print) _____	Title _____
Address _____	Phone Number _____

PARENT STATEMENT OF UNDERSTANDING Please read the information carefully, sign this form and return to the North Suburban YMCA. No child can attend any camp unless all completed forms are on file.

[] I understand that the North Suburban YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA camp program, with the exception of relationships established outside of the YMCA prior to the start of the camp session. Immediate disciplinary action will be taken toward staff and volunteers if a violation is discovered.

[] I understand that I am not to leave my child at the North Suburban YMCA or any off-site NSYMCA location unless a YMCA camp staff is there to receive and supervise my child.

[] I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed in my child's registration forms or a note written and signed by a parent or legal guardian at least one day prior to the pick up.

[] I understand that should a person arrive to pick up my child who is obviously under the influence of alcohol or drugs, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

[] I understand that the North Suburban YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

[] I understand that the North Suburban YMCA Camp Directors reserve the right to dismiss a camper from camp. Such situations will mean the total loss of camper fees as paid by the parent or scholarships given to the child.

[] I have received, read, and understand the statements above and the North Suburban YMCA's Camp policies.

[] If I have filled out the medication portion of this form, I hereby give permission to the NSYMCA Summer Day Camp Staff to administer medication to my child.

[] I give the North Suburban YMCA the right to take pictures and video and use them for marketing materials for the North Suburban YMCA.

[] I do hereby give permission for the North Suburban YMCA to transfer child named above off the camp property for the purpose of medical care or program activities as deemed appropriate by the Director and in the event I cannot be reached in an EMERGENCY. I hereby give my permission to the physician selected by the Camp Director, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

[] I attest that this registration form in its entirety is correct to my knowledge and understand that any changes to the information must occur in writing. The person herein described has permission to engage in all camp activities except as noted.

Camper Name (please print) _____ Parent Signature _____ Date _____