



RARITAN BAY AREA YMCA Summer Day Camp Enrollment Application

Program: Summer Day Camp
App. rec'd by: _____
Date rec'd: ____/____/____

Check the camp your child will be attending:

- PRESCHOOL Day Camp- Ignacio Cruz School- Ages 3-4
- SCHOOL AGE Day Camp- H.N. Richardson School- Ages 5-12
- ENRICHMENT Camp- Raritan Bay Area YMCA Ages 5-12

Check the SUMMER CAMP session(s) your child will be attending:

- JUNE 27th - JULY 1st
- JULY 5th - 8th (Program Closed July 4th)
- JULY 11th - 15th
- JULY 18th - 22nd
- JULY 25th - 29th
- AUGUST 1st - 5th
- AUGUST 8th - 12th
- AUGUST 15th - 19th
- AUGUST 22nd - 26th

Check the ENRICHMENT CAMP* your child will be attending:

- MARTIAL ARTS CAMP July 11th - 15th
- SWIM CAMP July 18th - 22nd
- BASKETBALL CAMP July 25th - 29th Ages 10-14
- SOCCER CAMP August 1st - 5th
- SUPER SPORTS CAMP August 8th - 12th
- THEATER & DANCE CAMP August 15th - 19th

*Enrichment Camp- Space is limited

Are you an Active Member at our Y? No Yes If no, would you like information about the Y? No Yes

How did you hear about the YMCA?

- Radio Television Billboard Live in Area YMCA Direct Mail E-mail
- Yellow Pages Newspaper Magazine Place of Employment Member Former Member
- Friend/Family Medical Referral Website/Internet Other: _____

Participant's Information:

Child's Name: _____ Age: _____ D.O.B.: ____/____/____ Gender: M / F

Home Address: _____ City: _____ State: ____ Zip: _____

Please check T-SHIRT Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium

Parent's Information:

Mother's Name: _____ D.O.B.: ____/____/____

Home Address: _____ City: _____ State: ____ Zip: _____

Phone No.: _____ Cell No.: _____

Employer: _____ Address: _____ Work No.: _____

E-mail Address: _____

Father's Name: _____ D.O.B.: ____/____/____

Home Address: _____ City: _____ State: ____ Zip: _____

Phone No.: _____ Cell No.: _____

Employer: _____ Address: _____ Work No.: _____

E-mail Address: _____

Who is Guardian? Both Parents Mother Father Grandparents Guardian

Emergency Contact/Authorized Pick-Up

Person(s) authorized to pick-up and/or contact in case of emergency, if neither parent is available. These people are required to show identification when picking-up your child and must be 18-years old and over.

1. Name: _____ Relationship to child: _____ Phone No.: _____

Address: _____ City: _____ State: ____ Zip: _____

2. Name: _____ Relationship to child: _____ Phone No.: _____

Address: _____ City: _____ State: ____ Zip: _____

(PLEASE COMPLETE OTHER SIDE)

Health and Insurance Information:

Does your child have health insurance? No Yes

If no, would you like information/resources regarding health insurance? No Yes

Child's Physician: _____ Address: _____ Phone No.: _____

Insurance Provider: _____ Policy No.: _____ Phone No.: _____

EMERGENCY MEDICAL INFORMATION: Please check, if the participant has a history of any of the following:		IMMUNIZATION INFORMATION: Please provide a copy of your child's most recent record		
<input type="checkbox"/>			Date Received	Check, if Needed
<input type="checkbox"/>	ASTHMA			<input type="checkbox"/>
<input type="checkbox"/>	DIABETES	TETANUS		<input type="checkbox"/>
<input type="checkbox"/>	HEART TROUBLE	POLIO		<input type="checkbox"/>
<input type="checkbox"/>	FAINTING SPELLS	CHICKEN POX		<input type="checkbox"/>
<input type="checkbox"/>	HIGH BLOOD PRESSURE	WHOOPING COUGH		<input type="checkbox"/>
<input type="checkbox"/>	CONVULSIONS	MEASLES		<input type="checkbox"/>
<input type="checkbox"/>	CONTACT LENS	RUBELLA		<input type="checkbox"/>
<input type="checkbox"/>	ALLERGY, if so what?	DIPHTHERIA		<input type="checkbox"/>
<input type="checkbox"/>	ANY OTHER CONDITIONS REQUIRING SPECIAL CARE, MEDICATION OR KNOWLEDGE, IF SO WHAT?	MUMPS		<input type="checkbox"/>

Demographic Information (Optional):

Race: Asian/Pacific Islander African American/Black Alaskan Native Caucasian/White
 Hispanic Native American Other: _____

Household Income: 0-\$13,999 \$14,000-\$24,999 \$25,000-\$39,999
 \$40,000-\$54,999 \$55,000-\$74,999 \$75,000 and over

Marital Status: Single Married Separated Divorced Widowed

HEALTH VERIFICATION, ACTIVITY AUTHORIZATION and PHOTOGRAPHY RELEASE:

As the parent/guardian, I verify that my child is in good physical health and is authorized to participate in all activities including but not limited to HIKING, WATER ACTIVITIES and COMPETITIVE SPORTS. I understand that the program may take WALKING TRIPS within the neighborhood. Initial _____

I understand that in the event of an emergency, I authorize the transfer of my child's health record to the health provider. Initial _____

I authorize YMCA staff to provide minor first aid, as deemed necessary, for the well being of my child. Initial _____

I understand that my child may be photographed while at activities, camp, and programs. I give the Y permission to use the pictures/videos of my child for the Y's promotional and marketing materials such as newsletters, local newspaper, website and or brochures. Initial _____

STATEMENT OF VERIFICATION:

I have completed this application accurately and I understand that misinformation can result in immediate dismissal from all YMCA programs.

Parent's Signature: _____ Date: _____

I have received the Parent Handbook which outlines the general organizational information, fees, and certain child care policies including the Required Parent Information Statement, Guidelines for Positive Discipline Policy, Child Release Policy, Expulsion Policy, and Management of Communicable Diseases.

Parent's Signature _____ Date: _____