



The Y at Center for Lifelong Learning
Summer Camp Enrollment Application 2011

333 Cheesequake Road
Parlin, NJ 08872
732-317-0333

Program: Summer Camp
App. Received By
Dated Received

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

Please check T-SHIRT Size:

- Youth Small
Youth Medium
Youth Large
Adult Small
Adult Medium

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:

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
Other (Please provide copy of legal guardianship documentation)

Emergency Contact/Authorized Pick-Up - (Between 8a.m. to 5:30 p.m.)

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.: \_\_\_\_\_

<b>EMERGENCY MEDICAL INFORMATION:</b> Please check, if the participant has a history of any of the following:		<b>IMMUNIZATION INFORMATION:</b> Please provide a copy of your child's most recent record		
<input type="checkbox"/>			<b>Date Received</b>	<b>Check, if Needed</b>
<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: \_\_\_\_\_