



# Powel Crosley, Jr. YMCA

## CAMP ECHOWOOD

### 2019 SUMMER CAMP

### REGISTRATION PACKET

*Office Use*

Received by: \_\_\_\_\_  
 Date: \_\_\_\_\_

No Balance  
 Packet Complete  
 Email address  
 Shot Records  
 Credit Card in packet  
 Reg. Fee/Deposits

**Registration Fees and Deposits**  
 (Non-refundable and non-transferable)  
 Registration Fee: \$25/child or \$50/family  
**Deposits:**

- Regular: \$10 per week of camp
- Scholarship: \$5 per week of camp (upon approval)

CAMPER INFORMATION	
Name	
D.O.B.	
Age	Grade
School Attending	
Gender	Male    Female
Shirt Size	<i>Youth</i> S    M    L <i>Adult</i> S    M    L    XL    XXL
<p><b>Did you know that Powel Crosley, Jr. YMCA provides \$200,000 in financial assistance each year to ensure that everyone can benefit from Y programs? Are you willing to help give another child the experience of Day Camp in the Pines?</b></p>	
Donation Amount: \$ _____ Signature: _____ <p style="text-align: center;"><i>You will be billed within 30 days.</i></p>	

PARENT INFORMATION	
Name	
D.O.B.	
Street Address	
City, State & Zip	
Phone (Home)	
Phone (Cell)	
Email	
<p><b>Will you be using Hamilton County child care subsidy (Ohio ECC TAP)?</b></p> <p style="text-align: center;">YES                  NO</p>	
10 Digit Case #: _____ <b>*REQUIRED* (or provide social security number)</b>	

**The YMCA receives funding from many sources to support summer camp scholarships and programming. Providing the following information helps us continue to make a case for support. All information is kept strictly confidential.**

*Total number of people in your household:* \_\_\_\_\_

*Participant's Race:*

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Asian
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other	

*Household Income:*

<input type="checkbox"/> Less than \$20,000	<input type="checkbox"/> \$20,000-\$30,000	<input type="checkbox"/> \$30,000-\$40,000
<input type="checkbox"/> \$40,000-\$50,000	<input type="checkbox"/> \$50,000+	



## 2019 SUMMER CAMP REGISTRATION FORM

Place an X in each box to indicate which week(s) of camp you would like to register your child for. Descriptions can be found in the camp brochure.  
Please take the time to carefully note times, ages, and dates before registering your child!

Week	Dates	Camp Swim Lessons \$10/week	Pre	Post	Day	Teen	LIT	Sports Camps
			6:30am - 9:00am	4:00pm - 6:00pm	9:00am - 4:00pm	9:00am - 4:00pm	9:00am - 4:00pm	9:00 am - 12:00 pm
			\$30	\$30	\$145 member/ \$180 Non-member	\$145 member/ \$180 Non-member	\$60 member/ \$90 non-member	\$85 member/\$110 non-member (full fee due at registration)
			Finished K - 14 years	Finished K - 14 years	Finished K - 12 years	12 years - 14 years	13 years - 15 years	5 years - 12 years
1	May 28-May 31							
2	June 3-7							
3	June 10-14							Basketball-focuses on techniques and rules to build a solid foundation
4	June 17-21							Gymnastics-Practice women's apparatus: beam, uneven bars, vault, floor exercise.
5	Jun 24-28							
6	July 1-5							
7	July 8-12							
8	July 15-19							
9	July 22-July 26							
10	July 29-August 2							
11	August 5-9							

**Sports & Day Camp COMBO:** Register the same child for both Day Camp and a Sports/Specialty Camp during the same week and get \$40 off of Day Camp. Vouchers not accepted for Sports/Specialty Camps. Child will miss their Sports/Specialty Camp on field trip day.

**Pre/Post Camp Non-Attendance Fee:** A \$10 per child per week fee is charged if a child is registered for pre/post camp but does not attend pre/post camp that week.

The above selected weeks and programs are my responsibility to pay unless I have cancelled them in writing using a Camp Cancellation form. Cancellation forms must be given to the front desk at the YMCA with a week's notice to avoid billing. No verbal or over-the-phone withdrawals are accepted. All deposits and registration fees are non-refundable.

Parent Signature : \_\_\_\_\_

Date : \_\_\_\_\_



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# Powel Crosley, Jr. YMCA PICK-UP AUTHORIZATION

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

DAILY SIGN-IN AND SIGN-OUT: Campers must be escorted to the program location and signed in/out by someone 16 years of age or older each day.

PROGRAM START TIME: It is important that campers arrive on time because many days are spent off-site. All children should be signed into their program by 9:15 a.m. unless prior arrangements have been made with the director. **I understand that my child will not be accepted into day camp after 10:00 a.m. unless prior arrangements have been made with the director.**

PROGRAM END TIME: Campers should be picked up at the programs end time. If you need to pick up before the program end time, arrangements must be made with the director. The late pick-up fee is \$1.00 per minute per child.

PICK-UP AUTHORIZATION: Only the people designated on this form will be permitted to sign your child out of camp. **All authorized pick-ups will be asked for ID.** Please list all people (ages 16 & older) that you give permission to pick your child up from camp:

Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

## VOUCHER & OHIO ECC AGREEMENT

The following policies are for families using vouchers and the Ohio ECC TAP card system for camp or child care. Your responsibilities are as follows:

- You are responsible for paying your parent fees/copay as designated by HCDJFS. The fee must be paid in advance, according to the payment policies in the Enrollment Agreement and Parent Handbook.
- You are responsible for your TAP number and your pin code.
- **You are responsible for TAPPING your child in and out each day.**
- If you miss a TAP, you are responsible for doing a previous TAP and correctly recording the time your child arrived/departed within 24 hours. Failure to do so will result in full fee being charged.
- You are responsible for reporting changes to your address, phone number, program of attendance, etc. to your case worker.
- If you receive an error or denied message when TAPPING your card, it is your responsibility to notify the program director and if needed, your caseworker immediately.
- Ohio ECC is only accepted for day camps and licensed child care.
- Camps are full-time programs, so you are required to be authorized for full-time hours. Full-time is considered 25 hours. **If your child does not attend at least 25 hours and does not have absences left to reach the 25 hour minimum, you are responsible for paying the full rate for that week.**
- If I fail to properly enter or TAP attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of full tuition.

If you will be using Hamilton County subsidy, it is required that you provide your case number at registration.

10 Digit Case # 6 0 0 \_\_\_\_\_

I have read and understand my responsibilities in regards to child care vouchers and the Ohio ECC swipe card system.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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# POWEL CROSLY, JR. YMCA ENROLLMENT AGREEMENT

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

*Please initial on the line next to each policy/procedure:*

## **SECTION 1: TUITION AND FEES**

\_\_\_\_\_ REGISTRATION FEE: I understand the \$25 registration fee is required at registration to enroll my child. I understand that I may not guarantee my child's enrollment until the registration fee is paid in full. The registration fee is non-refundable and non-transferable.

\_\_\_\_\_ DEPOSITS: I understand there is a \$10 per camp deposit due at registration. *(For example, if I register for Pre Camp, Post Camp, and Day Camp during Week 1, I owe a \$30 deposit.)* The deposit for families on County/State assistance is \$1 per camp. *(For Pre Camp, Post Camp, and Day Camp during Week 1, I owe a \$3 deposit.)* **The deposits are non-refundable and non-transferable.**

\_\_\_\_\_ PAYMENT OF TUITION: I understand tuition will be charged to my credit/debit card each **Friday** for the upcoming week. I understand tuition is due for all selected programs regardless of attendance, unless I cancel my child's enrollment 1 week in advance of the program start date. I understand if my voucher co-pay is unavailable on **Friday**, my card will be charged on Friday or Monday. All returned/declined payments will be automatically reprocessed on Monday.

\_\_\_\_\_ UNPAID TUITION: I understand if my tuition is not paid in full when a week of camp starts, my child will not be permitted to attend until my account is reconciled.

\_\_\_\_\_ CHARGES AND PROCEDURES FOR LATE PICK-UP: I understand that if I fail to pick my child up by the program end time, I will be charged a late fee of \$1 per minute per child. If myself or my emergency contacts cannot be reached within an hour, I understand that Child Protective Services will be called.

\_\_\_\_\_ RETURNED PAYMENTS: I understand that I will be charged a \$30 processing fee for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. All returned/declined payments will be automatically reprocessed on Monday.

## **SECTION 2: DAILY PROCEDURE**

\_\_\_\_\_ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon notification. If my child is exposed to or contracts a communicable disease, I agree to notify the YMCA and I understand that my child will be re-admitted according to the Illness Policy in the Parent Handbook.

\_\_\_\_\_ HEALTH CARE: I understand that the camp will provide routine health/medical care and seek emergency medical treatment for my child if necessary. I also understand that I must provide a copy of my child's immunizations before his/her enrollment is complete.

\_\_\_\_\_ MEDICATION: I understand that my child may not carry any type of medication on his/her person or belongings (this includes inhalers). If my child needs medication, I understand that I must complete an Administration of Medication form and submit it to the Camp Coordinator.

\_\_\_\_\_ SUNSCREEN: I understand that if my child brings sunscreen and/or bug spray to camp, he/she will be permitted to apply it during traditional camp hours (9 am-4 pm). I understand that if I want my child to apply sunscreen and/or bug spray during Pre/Post Camp (6:30-9 am & 4-6 pm), I need to complete an Administration of Medication Form.

\_\_\_\_\_ LUNCH: I understand that lunch with milk will be provided by a contracted vendor each day. A menu will be given out with the newsletter each week. If I choose to provide a packed lunch for my child, I understand that there is no refrigeration or cooking provided.

\_\_\_\_\_ BEHAVIOR MANAGEMENT: I understand that my child will be expected to follow and be held accountable for all camp rules. These rules can be viewed in the Parent Handbook. I understand that physical violence and bullying are not tolerated. If my child is involved in these behaviors, I understand that I will be called to pick my child up immediately and he/she may be suspended from the program.

### SECTION 3: PARTICIPATION

\_\_\_\_\_ FIELD TRIPS: I give permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trips or excursions may be made by walking, riding in a leased bus, or riding in a YMCA bus.

\_\_\_\_\_ ACTIVITIES: I give permission for my child to use all the equipment and participate in all activities of the camp program. I understand that all camp activities are based outdoors and my child will be outside all day, even if there is a light rain.

\_\_\_\_\_ ELECTRONICS: I understand that under no circumstances may my child bring electronics or toys from home. These items include, but are not limited to: card games, cell phones, iPods, etc. I understand that if my child does so, the staff will confiscate the item and return it to the parent at the end of the day.

\_\_\_\_\_ MODEL RELEASE: The YMCA may use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose. The YMCA may use these indefinitely, without limitation or obligation for the purpose of promoting or interpreting YMCA programs.

\_\_\_\_\_ SWIMMING: I give permission for my child to go swimming or otherwise participate in water activities in and near bodies of water two or more feet in depth at the Powel Crosley Jr. YMCA. I understand that during any scheduled swim activity a certified lifeguard will be on duty at all times. A staff-to-child ratio of 1:18 for school-age children and 1:12 for preschool children will be maintained at all times. I understand that my child will be evaluated by the YMCA lifeguards prior to swimming, according to the YMCA of Greater Cincinnati swim test policy. I give permission for my child to walk to and participate in all swimming activities at Powel Crosley YMCA during the summer camp program. I have reviewed my child's camp schedule and I am aware of his/her swim time.

My child is a  non-swimmer  swimmer.

### SECTION 4: HOLIDAYS, ABSENCES AND CLOSURES

\_\_\_\_\_ HOLIDAYS/CLOSURES: I understand that camp is closed on Memorial Day (May 27) and Independence Day (July 4). I also understand that camp ends August 9, 2019.

\_\_\_\_\_ WITHDRAWAL FROM PROGRAM: I understand that I must provide a one (1) week written notice of withdrawal from the program using the Camp Cancellation Form. If this notification is not provided, I agree to pay all tuition and fees for the week, whether or not my child attends. I understand all fees are non-refundable.

\_\_\_\_\_ EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the YMCA's intention to be open and provide programs every weekday of the summer, excluding holidays, but that inclement weather, natural/national disaster or a major facility issue may disrupt service from time to time. I agree that in the event that the program is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

### SECTION 5: STATE LICENSING AND OUR POLICIES

\_\_\_\_\_ ALL POLICIES AND STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, American Camping Association (ACA) standards, the Parent Handbook, and all other YMCA policies, which may be modified at any time.

\_\_\_\_\_ PARENT HANDBOOK: I have received a copy of the Parent Handbook or reviewed it online. I have read and understand its contents and agree to abide by the policies within.

\_\_\_\_\_ YMCA POLICY:

- I understand that the YMCA is not responsible for personal property lost, stolen or broken while participating in the program. My child is responsible for all of his/her belongings.
- I understand that the YMCA is not responsible for anything that occurs as a result of false or incomplete information given by a parent/guardian.
- I understand that any medical expenses resulting from any illness or injury incurred while attending any YMCA program is my responsibility. The YMCA assumes no responsibility for injuries or illnesses which may occur as a result of a child's physical condition or resulting from his/her participation in any athletics, use of equipment, exercise, games or any other activities.
- I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from Y programming activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation.
- The YMCA is not responsible for lost, stolen or damaged items brought to the program.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINTED): \_\_\_\_\_



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## POWEL CROSLY, JR. YMCA AUTOMATIC PAYMENT ENROLLMENT

**\*Automatic payment enrollment is required for all Powel Crosley, Jr. YMCA Camp participants. Please read the policies carefully.**

### Payment Policies:

- A valid credit/debit card must be on file for all weekly payments. Only the registration fee/deposits can be paid by other means.
- **My credit/debit card will be charged in full for any programs I have selected on the registration form the Friday before the selected week.**
- If my voucher co-pay is unavailable on the Friday before a selected week of camp, my credit/debit card will be charged on Monday.
- **I will be charged in full (whether or not my child attends) unless I withdraw my child from a selected program using the *Camp Cancellation Form* and returning it *one week before the start of the selected week*.**
- No verbal, emailed, or over the phone withdrawals are accepted. A status change form must be filled out.
- If my payment is returned, I will be notified the Friday before the selected week. My child will not be able to attend the selected program until the fee is paid and a valid card is on file.
- **All returned payments will automatically be reprocessed on Monday.**

I understand and agree to the above payment policies. I authorize Powel Crosley, Jr. YMCA to charge the full fee for all programs selected on the registration form to the credit/debit card listed below.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Account Info Entered and Payments Set-up on \_\_\_\_\_ by \_\_\_\_\_ Last 4 digits \_\_\_\_\_

-----  
*Remove and shred once entered in Daxko.*

Parent's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Membership #: \_\_\_\_\_

Child(ren)'s Name(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Select Card Type:  Visa  Mastercard  American Express

Card Holder Name: \_\_\_\_\_

Last 4 digits of card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_