



# 2019 SUMMER CAMP REGISTRATION FORM

## Gamble-Nippert YMCA – Camp Thunder Rock



YMCA Membership # \_\_\_\_\_

Date of Registration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Camper Information			
Name			
D.O.B.		Age	
School		Grade (Entering)	
Gender (Circle)	Male	Female	
Shirt Size (Circle Size)	Youth	S	M L
	Adult	S	M L XL XXL
Allow Pictures	I give my permission for my child to be included in pictures, newsletters, and marketing pieces associated with camp		
	Yes	No	

Parent/Guardian Information	
Name	
D.O.B.	
Street Address	
City/State/zip	
Phone	
Email Address	

**Payments:**

\_\_\_\_\_ Full Pay  
 \_\_\_\_\_ Apply for Scholarship (must apply for vouchers first to be eligible)  
 \_\_\_\_\_ Hamilton County Vouchers  
 Case # \_\_\_\_\_ or  
 Parent SSN \_\_\_\_\_

**Registration Fee: \$25 per child (Max. of \$50 per family)**  
**Deposit: \$10.00 per selected week, per child**  
**Scholarship - \$2.00 per week, per child**  
**Voucher - \$2.00 per week, per child**  
**Non-refundable/Non-transferable**  
**Due at time of registration**

**Summer Daycamp Reporting:** 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: (Circle one)    White/Caucasian    Black/African-American    Asian    American Indian    Hispanic    Native Hawaiian/Pacific Islander    Multi-Racial    Other

Household Income: (Circle one) \$0-\$9,999    \$10,000-\$14,999    \$15,000 - \$24,999    \$25,000 - \$35,000    \$35,000+

**Discounts:**

If you pay for 6 weeks or more (per child) in full prior to the start of camp, you save 10%! We also provide multiple child discounts, which allows you to save 10% for additional children.

**Registration & Enrollment Process:**

Congratulations! **You have completed Step #1!** Through this registration process, a spot in camp has been reserved for your child.

**It's time for Step #2:** The Enrollment Process. You will need to return the *Enrollment Packet* with an attached copy of immunization records **prior** to the start of your selected camp.

**Step #3 is payment!** Camp fee (minus deposit paid) is due on the Friday **prior** to the week of your selected camp.

**Automatic Payment Policies**  
 Parents/guardians are required to pay for weekly fees automatically through a debit or credit card.

**Payment Policies:**

- **A valid cared/debit card must be on file for all weekly payments**
- **My credit/debit card will be charged in full for any programs I have selected on the registration form between Thursday *before* and Monday of selected week.**
- **I will be charged in full (whether my child attends) unless I withdraw my child from a selected program using the Status Change Form and return one week prior to the start of the selected week.**
- **If my card is rejected, I will be notified. My child will not be able to attend the selected program until the fee is paid and valid card is on file.**

I understand and agree to the above payment policies. I authorize Gamble-Nippert YMCA to charge the full fee for all programs selected on the registration form to the credit/debit card provided at the time of registration or on the attached form.

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

Date \_\_\_\_\_



# 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. Please take the time to carefully note times, ages, and dates before registering your child!

Camper's Name: \_\_\_\_\_

Week	Dates	Pre-Camp 6:30 – 9:00 am \$30 – member \$45 – nonmember \$5- scholarship/voucher	Day Camp 9:00 am – 4:00 pm \$150 – member \$185 – nonmember	Post Camp 4:00 – 6:00 pm \$30 – member \$45 – nonmember \$5- scholarship/voucher	Weekly Theme
1	May 27 – May 31 <b>Closed May 27</b>				Aloha Summer
2	June 3 – June 7				Water Works
3	June 10 – June 14				Celebrate Together
4	June 17 – June 21				Shark Week
5	June 24 – June 28				Ohio Week
6	July 1 – July 5 <b>Closed July 4</b>				Meaningful Mindfulness
7	July 8 – July 12				Anything Goes
8	July 15 – July 19				Challenge Week
9	July 22 – July 26				Full S.T.E.A.M Ahead
10	July 29 – August 2				Great Outdoors
11	August 5 – August 9				Camp Rewind

**NOTE:** Camp schedule is subject to change.

The above selected weeks and programs are my responsibility to pay unless I have cancelled them in writing using a Change of Camp form. This form must be given to the YMCA Camp Director or Program Director with a week's notice to avoid billing. **No** verbal or over the phone withdrawals will be accepted.

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

**Office Use Only:**  
 Received by: \_\_\_\_\_  
 Date \_\_\_\_\_  
 Member # \_\_\_\_\_  
 Balance Cleared  
 Notes Cleared  
 Shot Records  
 Reg. Fee/Deposits Paid



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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

How to Register for Summer Camp:

1. In order to register a child for camp, all past and current balances must be paid.
2. Fill out this Registration Form and Packet COMPLETELY. Child must have completed Kindergarten and not be over 12 years of age for Day Camp. Ages 13 and up can sign up for LIT program.
3. A \$25 per child (\$50 per family) registration fee must accompany your registration form before any child can be considered enrolled or placed on a waiting list. Registration fee is non-refundable and non-transferable. Exception is listed below\*  
\*Registration Fee is waived for Camp Kickoff March 3 and Healthy Kid's Day April 28!
4. Mandatory Automatic Payment Enrollment Form must be completed and on file before any child can be considered enrolled or placed on a waiting list.
5. Registration must be done in person at:  
 Gamble Nippert YMCA  
 3159 Montana Ave  
 Cincinnati OH 45211  
 Phone: 513-661-1105 Fax: 513-389-3833
6. Child immunization records are due on Monday, two weeks prior to the start of camp. The child will not be able to attend if we do not have this form on file. This is a State law and a standard in line with the American Camping Association.

**Automatic Credit/Debit Card Payment (Mandatory)**

Families must pay for registration fees, deposits, and weekly camp fees automatically through a credit or debit card. Please fill out the payment information below. **Once this information has been entered into our systems, this form will be shredded.** Questions or concerns can be directed to Becca Norton, Family Life Director.

Parent Name	
Child(ren) Name(s) <small>Print ALL Children's names that payments should be applied to!</small>	
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
Card Account #	
Expiration Date (MMYY)	
Name on Card	
Billing Address <small>(Include City, State, Zip)</small>	
Signature and Date	



**YMCA OF GREATER CINCINNATI  
GAMBLE-NIPPERT BRANCH  
SUMMER CAMP ENROLLMENT PACKET**

Y Membership #: \_\_\_\_\_ Program Member: \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Are there any special circumstances in your family that may be a factor in your child's present behavior (divorce, separation, new baby, recent move, hospitalization, etc.):

Number of people in household: \_\_\_\_\_ Child lives with: Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_

Father Only \_\_\_\_\_ Other (please describe) \_\_\_\_\_

Martial Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Please list siblings:

Name _____	Age _____	Also enrolled in camp? Yes or No
Name _____	Age _____	Also enrolled in camp? Yes or No
Name _____	Age _____	Also enrolled in camp? Yes or No
Name _____	Age _____	Also enrolled in camp? Yes or No

Parent email address \_\_\_\_\_

I agree to sign my child in and out of camp each day. I understand that the YMCA of Greater Cincinnati and the program will not assume responsibility for a child who has not been signed in when he/she arrives for the day. I understand that only those people designated by me on this form may pick up my child from camp, and that I, or the person picking up my child, must sign my child out each afternoon. I further attest that I have read and understand all camp refund / credit and registration policies. I understand that the YMCA is not able to provide duplicate receipts for tax purposes and agree to keep my original receipt and/or returned checks for this purpose.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADULTS AUTHORIZED TO PICK UP MY CHILD** (must be at least 18 years of age)

PLEASE INCLUDE YOURSELF AND SPOUSE (should spouse apply).

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**UNDERSTANDING OF YMCA POLICIES:**

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic events, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Greater Cincinnati is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to the YMCA of Greater Cincinnati to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the waiver set forth above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO PARTICIPATE:**

- \_\_\_\_ Yes    \_\_\_\_ No    I give my permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trip or excursions may be by YMCA bus, public transportation, walking or leased bus.
- \_\_\_\_ Yes    \_\_\_\_ No    I give my permission for my child to use all of the equipment and participate in all activities of the program.
- \_\_\_\_ Yes    \_\_\_\_ No    I give my permission for the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment.
- \_\_\_\_ Yes    \_\_\_\_ No    I have received, read, and understand the Summer Programs Parent Handbook.

**I have read and fully understand the above policies and authorization, and do hereby give such authorization as indicated.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**SWIMMING PERMISSION SLIP:**

I grant permission for my child \_\_\_\_\_ to go swimming or otherwise participate in water activities in bodies of water two or more feet in depth at the YMCA. My child is a \_\_\_\_ non-swimmer \_\_\_\_ swimmer

During any scheduled swimming activity a certified lifeguard or water instructor will be on duty at all times. A child staff ratio maximum of 1:18 for school-age children and 1:12 for preschool children will be maintained at all times. Additional staff is provided above the licensing ratio standards. All children will swim on location. I understand my child will be evaluated by YMCA program staff prior to swimming activity according to the YMCA of Greater Cincinnati Swim Testing Policy. Depending on the swim skills demonstrated, my child will:

- Be required to swim in shallow water only and wear a Coast Guard approved flotation device while participating in the aquatic portion of the program. (Note: The YMCA will provide this equipment)
- Be required to swim in shallow water only or
- Able to swim in deep water. (Child must be able to jump feet first into water, tread for 10 seconds and continue to swim for 1 length of the pool)

I understand that the YMCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water if deemed necessary.

I would like my child to swim in shallow water only. \_\_\_\_ Yes    \_\_\_\_ No

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## Parent Statement of Understanding

I have received and reviewed the Summer Program Policies & Procedures Handbook and understand its contents.

- I understand that I need to pack my child a swimsuit, towel, and water bottle and that my child needs to wear closed-toed shoes each day. I understand that Day Camp children should arrive to camp prepared to swim with a swimsuit and sunscreen already applied.
- I understand that under no circumstances will my child bring their own toys, which include but are not limited to: personal electronic devices, card games, other personal items. If my child does so, the staff will confiscate the item and return it to the parent at the end of the day.
- **I understand that program fees are due by 6:00 pm the Friday prior to the week of attendance.** If my payment is not received by then, I understand that it is my responsibility to add a \$10 late fee to my payment. Failure to pay will result in removal of my child from the program and the space will be given to another child on the waiting list.
- **I understand that there is a late fee if children are not picked up by 4:05** (6:05 for children in Post-Camp). This fee is \$1 per minute for each child. I understand that I must pay, in full, the late fee amount before my child can be accepted back into the program.
- I understand that if my child will be absent from camp, I need to call or email the camp director to report the absence prior to 9:00AM (before 6:30AM if scheduled for Pre-Camp).
- I understand that the YMCA is not responsible for lost or stolen items. My child is responsible for his/her own belongings. I understand that any items not claimed by the middle and end of summer will be given to Goodwill.
- I understand that camp activities are based outdoors and my child may be outside all day—weather permitting.
- **I understand that if I no longer need a program I need to notify the YMCA in writing at least 1 week prior to attendance.** (Status Change Form) I also understand that I forfeit my non-refundable, non-transferable deposit.
- I understand that if my child is 9 years old and a member of the YMCA, they can sign themselves out **ONLY** if said permission slip is signed by the parent. A written note or phone call does not constitute permission to sign in/out.
- I understand that the YMCA is not responsible for my child until the parent/guardian signs them in to a program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Permission for Under Age Escort

If a person under the age of 18 is authorized to pick up your child, we need you to sign below:

I give permission for \_\_\_\_\_ to pick up \_\_\_\_\_ from the YMCA. I understand that \_\_\_\_\_ is at least 12 years old.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**Gamble Nippert YMCA  
Background Information Form  
School Age Child Care**

(Confidential—for teachers' and director's use only)

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender M/F

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Guardians (if any)

\_\_\_\_\_

Marital Status of Parents/ List any Custody or visiting arrangements

\_\_\_\_\_

List siblings and their ages:

\_\_\_\_\_

If child is adopted, list age at adoption \_\_\_\_\_ Is child aware of adoption? \_\_\_\_\_

Are there other members of the household? List name, age and relationship.

\_\_\_\_\_

Does your child have any problems with vision or hearing? Please explain.

\_\_\_\_\_

Does your child have speech delays \_\_\_\_\_ Is your child in speech, occupational, or other therapy? \_\_\_\_\_ Please explain \_\_\_\_\_

Is a language other than English spoken at home? \_\_\_\_\_ If yes, please list \_\_\_\_\_

Are there any cultural or religious practices of your family that we should be aware of? (dietary restrictions, clothing, head coverings, parenting practices, etc.)

\_\_\_\_\_

\_\_\_\_\_

Does your family have routines at home to comfort your child? \_\_\_\_\_

Is your child experiencing any changes or transitions at this time? Explain.

\_\_\_\_\_

List some of your child's favorite activities: \_\_\_\_\_

Do you have concerns about your child's development? If so, explain.

\_\_\_\_\_

Is there anything else for us to know? \_\_\_\_\_

# YMCA of Greater Cincinnati

## Children's Program Permission and Authorization

I hereby grant permission for:

- My child to use all of the equipment and participate in all of the activities offered at the YMCA.
- My child to be included in evaluations and photographs connected with the program.
- The staff to take whatever steps may be necessary to obtain emergency medical care as warranted as provided for in the Ohio Department of Job and Family Services required enrollment form.
- Records of my child's progress to be included in program evaluations.
- Information about my child and his/her progress in the program to be shared with public school professionals and other professionals working in the center. Information shared will always be in the best interest of my child and written notification will be provided at each instance.
- Participation of my in the Ages and Stages Questionnaire with the teachers
- The YMCA to use without obligation, photographs, film footage, or tape recordings which may include my child's image or voice for publicity and marketing purposes of the YMCA only.

I understand that:

- Expenses incurred in obtaining medical treatment are my responsibility.
- The YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.
- The YMCA and the center will not assume responsibility for any child who has not been signed in as s/he arrives or has been signed out at departure.
- The YMCA prohibits staff from spending time **outside** of the program with children that they have met at the program. This includes child care outside of the program, transportation that is not owned by the YMCA, and any outside contact. Immediate disciplinary action will be taken by the YMCA toward staff when a violation is discovered.
- Staff shall not release children to anyone other than the custodial parent or guardian, or other person authorized by the custodial parent or guardian. Any person unknown to staff, who is authorized to pick up a child, will be required to present photo identification.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol and is unable to safely supervise the child, or is planning to drive a motor vehicle; staff will contact the emergency contacts and/or law enforcement personnel as needed in the staff member's judgment.
- The YMCA staff members are mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I affirm that I have been given a copy of the YMCA Enrollment Packet; I agree to read it, as I will be accountable for the information contained therein. Staff have reviewed with me the licensing information, program information including outdoor play, child guidance, management, and supervision procedures, nutrition, emergencies and accidents, illness procedures, water play and/or swimming practices, parent participation, fees and extra charges for lateness, registration and termination information, and the enrollment and health information that is required.

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Parent/Guardian Signature

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Date





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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## BEHAVIOR MANAGEMENT GUIDELINES

It is the YMCA's goal to provide a healthy, safe, and secure environment for YMCA participants. Children who attend the program are expected to follow the behavior guidelines based on the four core values and to interact appropriately in a group setting.

### Behavior Guidelines:

- We will **care** for ourselves and those around us.
- **Honesty** will be the basis for all relationships and interactions.
- Everyone is **responsible** for his/her actions.
- We **respect** each other and the environment.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and rules and a discussion will take place.
3. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior program is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent to determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem still persists, staff will schedule a conference that includes the parent, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review.
8. If a child's behavior at any time threatens the immediate safety of that child, other children or staff, the parent may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the preschool program, the YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension for the remainder of the current day and the next day:

- Endangering the health and safety of children and/or staff, members, and volunteers.
- Stealing or damaging YMCA or personal property.
- Leaving the classroom/group without permission.
- Continuing to disrupt the program.
- Refusing to follow the behavior guidelines or preschool rules.
- Using profanity, vulgarity, or obscenity frequently.
- Acting in a lewd manner.

### PARENT SIGNATURE REQUIRED:

I have reviewed with my child the Behavior Management Procedures. I understand and agree to all of the terms presented in this document.

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Parent's Signature

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Date

# YMCA of Greater Cincinnati

## Sick Child Policy

Appendix B of rule 5101:2-12-16 of the OAC states that a sick child is one who demonstrates one or more of the following symptoms:

1. **Temperature of at least one hundred and one degrees Fahrenheit** (one hundred degrees Fahrenheit if taken axillary) when in combination with any other sign or symptom of illness.
2. **Diarrhea**, defined as 3 or more abnormally loose stools within a 24 hour period.
3. **Severe coughing** which causes the child to become red or blue in the face or to make a whooping sound.
4. **Difficult or rapid breathing** which is not attributed to a known respiratory illness such as asthma.
5. **Yellowish skin or eyes.**
6. **Redness of the eye** or eyelid, thick and purulent (pus) eye discharge, matted eyelashes, burning, itching or eye pain.
7. **Untreated infected skin patches, spots, or rashes.**
8. **Unusually dark urine and/or gray or white stool.**
9. **A stiff neck with an elevated temperature.**
10. **Evidence of untreated lice, scabies, or other parasitic infection.**
11. **Sore throat or difficulty swallowing.**
12. **Vomiting more than once** or when accompanied by any other sign or symptom of illness.

Following a child's illness or communicable disease, providers must receive a medical statement from the child's physician prior to the child returning to care.

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

Date