

# 2020 Summer Camp Registration FORM

Complete this form, the health form and provide a **new** immunization record annually for each child.

Child's Name \_\_\_\_\_

YMCA Member? Yes No Sex F or M Age at Camp \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent's/Guardian's Full Name \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Mother's Work/Cell Phone ( ) \_\_\_\_\_ Father's Work/Cell Phone ( ) \_\_\_\_\_

Emergency contact(s) and person(s) authorized to pick up child: Staff will not release children to unauthorized persons.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

			Y MEMBER	NON-MEMBER	FEE
1	CAMP EXCITEMENT 2020	June 8-12	\$110	\$125	
2	SUPERHERO WEEK	June 15-19	\$110	\$125	
3	FIELD SPORT FRENZY	June 22-26	\$110	\$125	
4	FUN IN THE USA	June 29 - July 3	\$110	\$125	
5	WATERWORKS	July 6-10	\$110	\$125	
6	ALIVE WITH ART	July 13-17	\$110	\$125	
7	ZOMBIES ARE HERE	July 19-24	\$110	\$125	
8	HOOKED ON FISHING	July 27-31	\$110	\$125	
9	MAGIC IS HAPPENING	Aug 3-7	\$110	\$125	
10	SPORTS OF ALL SORTS	Aug 10-14	\$110	\$125	
11	YMCA COLOR BRIGADE CHALLENGE	Aug 17-21	\$110	\$125	
12	BEST OF THE BEST	Aug 24-28	\$110	\$125	
				<b>TOTAL</b>	

**PRICING** A non-refundable, non-transferable deposit of \$25/week for Day Camp is due when registering for camp

Register for **Free** Day Camp Pre-care 7:00am-9:00am:  Mon  Tues  Wed  Thurs  Fri

Register for **Free** Day Camp Post-care 4:00-6:00pm:  Mon  Tues  Wed  Thurs  Fri

Has your child attended camp at YMCA Camp Alexander before?  Yes  No  Day  Resident

Number of years attended \_\_\_\_\_ Has your child had any previous swimming experience?  Yes  No

A friend your child would like to be with: \_\_\_\_\_

Registration, deposits & payments: A non-refundable deposit is required for each week of camp at time of registration. Bring in, mail or fax this completed registration form with the appropriate non-refundable deposit to secure each week attending. Mailing address: 211 Wis. River Dr., Port Edwards, WI 54469. Fax: 715-887-3262 (fax paying with credit card only). Payment of the balance due must be paid two weeks prior to the start of camp or a child on the wait-list will be given your opening. State licensing requires that a Health Form including immunization information must be completed each year and kept in camper's file. I understand the registration, deposit and payment guidelines. I will complete and have the Health Form including immunization information to the YMCA two weeks before my child attends camp. I authorize my child to take part in all camp activities. In case of illness or injury the Camp Director(s) has my permission to secure medical attention if unable to communicate with me. I authorize photographs/video taken of my child participating in camp activities to be used in promotional literature.

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

### HEALTH HISTORY AND EMERGENCY CARE PLAN

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

**CHILD INFORMATION**

Name (Last, First, MI) Birthdate (mm/dd/yyyy) First Day of Attendance (mm/dd/yyyy)

Home Address (Street, City, State, Zip Code)

**PARENT / GUARDIAN INFORMATION** Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

Physician Name	Medical Facility Address	Telephone Number
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**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No   authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No   authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No   authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No   authorize the center to allow my child to self-apply repellent.		

**HEALTH HISTORY AND EMERGENCY CARE PLAN** If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have.
 

<input type="checkbox"/> No specific medical condition <input type="checkbox"/> Asthma <input type="checkbox"/> Cerebral palsy / motor disorder <input type="checkbox"/> Other condition(s) requiring special care – Specify.	<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy / seizure disorder <input type="checkbox"/> Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
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- Milk allergy: If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies – Specify food(s).
- Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

**SIGNATURE** – Parent or Guardian

Date Signed (mm/dd/yyyy)

**Review dates:**

**CHILD CARE ENROLLMENT**

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

**CHILD INFORMATION**

Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

First Day of Attendance

**PARENT OR GUARDIAN** – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)

Does child reside at this location?  
 Yes  No

Place of Employment and Work Phone No.

b. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)

Does child reside at this location?  
 Yes  No

Place of Employment and Work Phone No.

**AUTHORIZED PERSONS** – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

b. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

**EMERGENCY CONTACT** – The person to be notified in an emergency when parents / guardians cannot be reached.

Yes  No This person is authorized to pick up the child.

Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

**PHYSICIAN OR MEDICAL FACILITY**

Name

Address (Street, City, State, Zip Code)

Telephone Number

**AUTHORIZATIONS**

- Yes  No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes  No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes  No I give permission for my child to participate in  Transported  Walking field trips and other activities during operating hours.
- Yes  No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

**SIGNATURE** – Parent or Guardian

Date Signed