



**YWCA of HIGH POINT SUMMER CAMP APPLICATION 2011**

The following conditions involved in the care of:

Child's Full Legal Name \_\_\_\_\_

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

**Complete** Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Child prefers to be called: \_\_\_\_\_

(Please note: derogatory or stereotypical nicknames are not in alliance with the Mission of the YWCA and will not be supported).

In August 2011 what grade will your child be entering into? : \_\_\_\_\_

In August 2011 what school will your child be attending? : \_\_\_\_\_

Child's current Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Childs Birthday: \_\_\_\_\_

**INFORMATION ABOUT THE FAMILY**

Child lives with (Check **all** that apply):  
 Mother       Father       Stepmother       Stepfather  
 Other Legal Guardian(s) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **(Please write clearly)**

**INFORMATION ABOUT YOUR CHILD**

Please list any **medications**:

Please list any **known allergies**:

(if no known allergies **guardian** must write "**No Known Allergies**" and initial).

**EMERGENCY CARE INFORMATION**

Name of child's doctor \_\_\_\_\_ Office phone \_\_\_\_\_  
 Address \_\_\_\_\_ Hospital preferred \_\_\_\_\_  
 Name of child's dentist \_\_\_\_\_ Office phone \_\_\_\_\_

*If Child's father, mother or guardian cannot be contacted, please call:*

<b>Name</b>	<b>Relationship to child</b>	<b>Home phone</b>	<b>Other phone</b>
_____	_____	_____	_____
_____	_____	_____	_____

I agree that the counselor on duty may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

We do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. No medications will be administered without specific instructions from the physician or the child's parent or guardian. Provisions will be made for adequate and appropriate rest and outdoor play.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

### Child Care Summer Camp Program

1. I agree to enroll my child/children in the YWCA Child Care Summer Camp program. I agree to pay my weekly fee. (Weekly fee is based on being either full-time or part-time. Accounts **MUST** be paid prior to each week.)
2. I understand that the YWCA will **NOT** deduct for any missed days.
3. The parent/guardian agrees to pay program registration fee of \$20.00 (Waived if paid before May 1<sup>st</sup> 2010) and a YWCA of High Point membership fee of \$20.00 before their child will be able to attend the program. These are non-refundable fees.
4. I agree to adhere to the YWCA of High Point Program policies as stated in the Parent Handbook.
5. The program is open from 7:30am-6:00pm. If your child is not picked up by 6:00pm, late fees will apply. After **7:00pm**, the authorities will be notified.
6. For any returned check, **\$25** will be charged to the parent. Legal guardian/parent may terminate this contract, however, one week advanced notification of intention must be given in writing or you will receive a bill for one week.

#### Due at Registration:

- Program Registration Fee (Non-Refundable)
- Yearly Child Membership (Non-Refundable)
- Non Refundable Deposit required in advance for first week of care

#### Cost:

\$20- Registration fee  
\$80-week elementary age  
\$60-week middle school age  
\$10- off for each additional sibling

All participants must have a YWCA of High Point Membership:  
\$20- Youth membership  
OR  
\$75- Family membership

**\*\*\* Please note that if you want your child(ren) to receive swimming lessons you may do so for an additional \$5 a week per child\*\*\***

*Financial Aid is available for those who qualify*

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Signature of Program)

\_\_\_\_\_  
(Date)

#### The following information is solely collected for grant applications and united way:

Participants County of residence: \_\_\_\_\_

Number of persons in household: \_\_\_\_\_

Please identify household income: (rounded to the nearest thousandth)

below-10,000,  10,000-20,000,  20,000-30,000,  30,000-40,000,  40,000-50,000,  50,000- above

Participants Ethnicity: (please check all that apply)

African American  Caucasian  Hispanic/Latino  Native American  Asian  Other

If Part-time, please CIRCLE days of the week that your child will attend:

Monday Tuesday Wednesday Thursday Friday

Daily Expected Time of Arrival

My child will be enrolled

Daily Expected Time of Departure

Full-time

Part-time

**Attention: The YWCA does not deduct any days missed from weekly fees.**

Staffing, materials, snacks, and transportation are based on registration, regardless of attendance. You will responsible for paying for the weeks you have indicated that your child will be here. We require a two-week notice to waive fees for a week that is checked below. All fees are based on the Full-time or Part-time status.

My child/children will attend YWCA Summer Camp the following weeks:  
(Please check all that apply)

June 13 \_\_\_

June 20 \_\_\_

June 27 \_\_\_

\*Closed July 4<sup>th</sup>

July 5 \_\_\_

July 11 \_\_\_

July 18 \_\_\_

July 25 \_\_\_

August 1 \_\_\_

August 8 \_\_\_

August 15 \_\_\_

Fun Days: (please check all that apply)

8/22/11 \_\_\_, 8/23/11 \_\_\_, 8/24/11 \_\_\_

**YWCA of High Point Pick-up Release Information**

Child's Full Name: \_\_\_\_\_

Our YWCA Child Care Program Staff wants to insure your child's safety while under the supervision of the YWCA Program Staff. Please help us to run the program efficiently in these ways.

1. Sign your child **IN AND OUT** on each day they attend.
2. Provide the names of those persons who are allowed to pick up your child and those who are not.

The YWCA staff will NOT release your child to any person other than those you have listed. Please do not send someone who is not on this list. Please inform anyone that you have requested to pick up your child, that a photo I.D. will be required before we will release your child to that person. This policy is for the safety of your child.

**AUTHORIZED TO PICK UP MY CHILD**

**RELATIONSHIP TO CHILD**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**DO NOT ALLOW MY CHILD/CHILDREN TO LEAVE WITH THE FOLLOWING PERSONS:**

**Name or Names used**

**Relationship to child (if any)**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

I am the parent or legal guardian of the child/children above mentioned. I understand the procedures concerning his/her release from the YWCA Child Care Program and agree to abide by them.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

*Child's Insurance Coverage and Policy Information*

Childs Name: \_\_\_\_\_

Name of Policy Holder and Insurance Provider: \_\_\_\_\_

Policy # \_\_\_\_\_

Group # (if applicable) \_\_\_\_\_

I authorize the YWCA of High Point, NC Inc. staff to take whatever emergency measures are necessary for the protection of my child while in their Child Care program, including transporting my child to a hospital or clinic while I am being contacted. I agree to indemnify, hold harmless and forever release the teachers, employees, agents of the YWCA of High Point, NC Inc. from all claims, damages, and injuries incurred and any matters arising out of my child's participating in the child care program.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Please Read the following 4 permission request answer and initial ALL that apply:**

**1. ACTIVITY / FIELD TRIP PERMISSION SLIP**

My child has permission to be transported by van or bus from school to the YWCA and also on activities or field trips planned by the YWCA of High Point Child Care Program. I understand that I will be notified in writing in advance of these trips as to the destination, date, time of departure, and time of return. The YWCA staff will supervise the children. I agree to indemnify, hold harmless and forever release the teachers, employees, agents, and the YWCA of High Point, NC from all claims, damages and injuries incurred and matters arising out of my child's participation in the program.

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

**2. PERMISSION TO SWIM AT THE YWCA OF HIGH POINT POOL**

My child has permission to participate in swimming in the pool of the YWCA of High Point, NC. The YWCA lifeguard(s) will be on duty at all times. I agree to indemnify, hold harmless and forever release the teachers, employees, agents, and the YWCA of High Point, NC from all claims, damages and injuries incurred and matters arising our of his/her participation in the program.

Initial: \_\_\_\_ Date: \_\_\_\_ NOT PERMITTED: \_\_\_\_

**3. PERMISSION TO ATTEND BIBLE STUDY AT THE YWCA OF HIGH POINT**

In an attempt to make sure to incorporate every aspect of the YWCA founding principals into our youth development program we are going to be doing bible study with the youth. It will be simple with a focus on bible stories and morals. We will be incorporation drama, music, speakers and any other multimedia that will make it a fun and encouraging environment.

\_\_\_\_ YES my child MAY participate in bible study at the YWCA.

\_\_\_\_ NO my child may NOT participate in bible study at the YWCA.

Initial: \_\_\_\_ Date: \_\_\_\_ NOT PERMITTED: \_\_\_\_

**4. PERMISSION FOR PHOTO RELEASE:**

I agree that YWCA of HIGH Point may use photographs of my child without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Initial: \_\_\_\_ Date: \_\_\_\_ NOT PERMITTED: \_\_\_\_

**5. PERMISSON TO ATTEND ACTIVITIES IN FIRST BAPTIST FACILITY:**

On occasion the YWCA of High Point Uses the games room and class rooms of the First Baptist Church (across the street) for programs. Signing this acknowledges that you give the staff permission to have you child walk across the street for activities we may do at the First Baptist Church.

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

**\*\*\* I have read all 5 permission requests in details and have initialed all with full understanding of what I am giving or not giving my permission for\*\*\***

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

\_\_\_\_\_  
Date