

**CASS COUNTY FAMILY Y
2021 SUMMER DAY CAMP REGISTRATION**

Cass County Family Y Summer Day Camp is a full day summer camp with programs for students entering 1st through 6th grade in the 2021-2022 school year. Well-trained counselors, low camper-to-staff ratios, field trips, swimming, sports, group games, arts and crafts and much more make this an excellent choice for a summer of fun, friends, and experience.

CAMP FEES & PAYMENT SCHEDULE

**Weekly Camp Tuition: \$85 (\$75 for the 2nd Child) for YMCA Members or \$150 for Non-members
SUMMER DAY CAMP WILL BE LOCATED AT THE Y MONDAY-FRIDAY!**

*******SUMMER DAY CAMP BEGINS: Tuesday, June 1, 2021*******

Child's Name _____

Please circle the days your child will be attending camp:

All Monday Tuesday Wednesday Thursday Friday

Home Address _____ City _____ State ____ Zip _____

Home Phone # _____ Birth date: ____/____/____ Age: _____ Grade: _____

Child is a member? YES NO Membership Type: _____ Expiration Date: _____

Child lives with: ____ Mother ____ Father ____ Both ____ Other

Mother / Guardian _____ Home Phone # _____

Employer: _____ Work Phone # _____

Father / Guardian _____ Home Phone # _____

Employer: _____ Work Phone # _____

Name & Phone Number(s) of others to reach in an **EMERGENCY** or others who may pick up camper:

1. _____ 3. _____

2. _____ 4. _____

If the parents, guardians or the above listed persons are unable to pick up my child, I will make arrangements for another adult to pick up my child before the Y program closes that day. I understand that the staff will release my child to another adult upon presentation of picture ID and stating our family code word.

Our Family Code Word is: _____

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Y Day Camp is a full day program with both active and quiet indoor and outdoor play, both by oneself and with others. Do you feel your child is physically and emotionally ready for such a program?

___ Yes ___ No

Medical Treatment Authorization

I / We hereby give authorization to the staff of the Cass County Family Y to secure medical treatment, anesthesia and/or surgery for our child, in the event I cannot be reached in an emergency. (Effort will be made to locate the parents/guardians, but the Y will take necessary action to care for the child.)

Parent / Guardian Signature(s) _____ Date ____/____/____

Medical Insurance Carrier _____ Policy # _____

Child's Physician _____ Address / Phone _____

Child's Dentist _____ Address / Phone _____

Hospital Preference _____ Address / Phone _____

Answer each space with **"Y"(YES) OR "N"(NO)** whether your child has had the stated problem or illness:

- | | | | |
|--------------------|--------------------------------|------------------------------|--------------|
| ___ Asthma | ___ Attention Deficit Disorder | ___ Behavior Problems | ___ Diabetes |
| ___ Chicken Pox | ___ Convulsions | ___ Ear Infections | ___ Measles |
| ___ Hay Fever | ___ German measles | ___ Allergy to Insect Stings | ___ Mumps |
| ___ Poison Ivy/Oak | ___ Rheumatic Fever | ___ OTHER | |

PLEASE EXPLAIN IN DETAIL ALL "YES" ANSWERS. (THESE WILL BE SUBJECT TO THE EXECUTIVE DIRECTOR'S APPROVAL):

DOES YOUR CHILD HAVE ANY FOOD, MEDICATION OR OTHER ALLERGIES? _____

IF YES, PLEASE EXPLAIN: _____

YMCA MEDICATION POLICY

****THE YMCA STAFF ARE NOT ABLE TO ADMINISTER ANY MEDICATION TO PROGRAM PARTICIPANTS. MEDICATION OF ANY KIND IS NOT ALLOWED ON THE DAY CAMP PREMISES. IF YOUR CHILD TAKES MEDICATION ROUTINELY, A PARENT, GUARDIAN OR DESIGNATED OTHER MUST COME IN TO ADMINISTER THE MEDICATION. THERE WILL BE NO EXCEPTIONS!**

General Permission Form

The Cass Family Y has permission to transport my child by vehicle, walking or local area transportation on trips or other pre-planned, publicized activities as needed. I understand all reasonable precautions will be taken to ensure my child's safety. I hereby give my permission for my child to be photographed as part of the YMCA programs, and for his/her likeness to be used in promotional programs and exhibits. I understand and acknowledge that as the Parent/Guardian of the above-named child that I am the person responsible for the payment of weekly tuition fees, any late charges, and any program-related costs associated with my child's participation. I hereby give my permission for my child to participate in an anonymous alcohol, tobacco and other drug survey. The results of the survey are confidential and only used for statistical reasons.

If you have any questions or concerns regarding the above statements, please contact Nick Latham at 753-5141 before signing.

Parent / Guardian Signature(s) _____ Date ____/____/____

**Cass County Family Y
2021 Summer Day Camp Program
Tuition Payment Schedule**

The payment schedule is listed below.

Payments made after the due date will be charged a \$10.00 late fee.

<u>Participation Session/Week Begins</u>	<u>Payment DUE DATE</u>	<u>Participation Session/Week Begins</u>	<u>Payment DUE DATE</u>
Wk 1- June 1-4 [1]	<i>Friday, June 4</i>	Wk 7- July 12-16	<i>Friday, July 16</i>
Wk 2- June 7-11	<i>Friday, June 11</i>	Wk 8- July 19-23	<i>Friday, July 23</i>
Wk 3- June 14-18	<i>Friday, June 18</i>	Wk 9- July 26-30	<i>Friday, July 30</i>
Wk 4- June 21-25	<i>Friday, June 25</i>	Wk 10- August 2-6	<i>Friday, August 6</i>
Wk 5- June 28-July 2	<i>Friday, July 2</i>	Wk 11- August 9-10 [2]	<i>Friday, August 10</i>
Wk 6- July 5-9	<i>Friday, July 9</i>		

Notes

[1] The YMCA Summer Day Camp will be CLOSED on Monday, May 27, 2021, in observance of the Memorial Day Holiday

[2] Last week of camp. All Day Camp Fees must be paid by the last day of camp.

Tuition Payment Information

All Tuition Fees are due on Friday for the week. If the payment is not received according to the schedule listed above, a \$10.00 late fee will be added per week of nonpayment. Please contact the Y Program Director for any changes or arrangements to the above schedule of payments. Any changes will be in the form of writing.