



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SILVER BAY YMCA 6 WEEKS TO 4 YEARS OLD SILVER CAMP ENROLLMENT FORM

## CHILD INFORMATION please fill in each blank completely

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 BIRTHDAY \_\_\_\_\_ AGE\* \_\_\_\_\_ GENDER M F

*\*Children aged 5 or older, as of 9/01/17, should fill out the 5 years to 17 years old enrollment form*

## PARENT/GUARDIAN INFORMATION please fill in each blank completely

PARENT 1 FIRST NAME	PARENT 1 LAST NAME
STREET ADDRESS	CITY
STATE ZIP CODE	PRIMARY PHONE
EMAIL	OTHER PHONE

## ADDITIONAL PERSONS AUTHORIZED FOR PICK UP AND EMERGENCY CONTACTS

NAME	RELATIONSHIP TO CHILD	PRIMARY PHONE
NAME	RELATIONSHIP TO CHILD	PRIMARY PHONE

## DO NOT PICK UP & CUSTODY AGREEMENTS: If you have a custody agreement that affects a parent/guardian's access to this child, a copy of the legal documentation stating this must be attached with this enrollment form.

NAME	RELATIONSHIP TO CHILD
NAME	RELATIONSHIP TO CHILD

### FOR STAFF USE ONLY Session 5

### GROUP \_\_\_\_\_

### Consents & Authorizations

Received	Membership	PM	NON	Missing or incomplete information	Medical History			Medical Auth	Y	N	
Registered	Discount	EB	MC		Meds.	Y	N	Golf Cart	Y	N	
Conf. Sent	Late Fee	Y	N		Contacted	Allergies	Y	N	Walking Field Trips	Y	N
	Payment				Received	Diet	Y	N	1st day care exp.	Y	N
						Other	Y	N	Potty trained	Y	N

## STEP 1: CHOOSE YOUR DATES

<input type="checkbox"/>	Session 1	n/a	<input type="checkbox"/>	Session 4	n/a	<input type="checkbox"/>	Session 7	n/a
<input type="checkbox"/>	Session 2	n/a	<input type="checkbox"/>	Session 5	July 24 - July 28	<input type="checkbox"/>	Session 8	n/a
<input type="checkbox"/>	Session 3	n/a	<input type="checkbox"/>	Session 6	n/a			

## STEP 2: CHOOSE YOUR MEMBERSHIP AND FEE SCALE *Choose the amount that applies to your child*

PROGRAM MEMBERS AND ON-CAMPUS GUESTS			
SILVER CAMP		DAILY	WEEKLY
HALF DAY CAMP	REGULAR	\$22	\$56
	EARLY BIRD DISCOUNT <i>For enrollment forms received by June 1</i>	\$20	\$50
	MULTI-CHILD DISCOUNT <i>Applied for families with 3 or more children enrolled in the same session</i>	\$18	\$45
	<b>LATE FEE</b> <i>For forms received less than 2 weeks before the start of the child's first session</i>	<b>\$10</b>	

BASIC MEMBERS AND NON MEMBERS			
SILVER CAMP		DAILY	WEEKLY
HALF DAY CAMP	REGULAR	\$33	\$80
	EARLY BIRD DISCOUNT <i>For enrollment forms received by June 1</i>	\$30	\$75
	MULTI-CHILD DISCOUNT <i>Applied for families with 3 or more children enrolled in the same session</i>	\$27	\$67
	<b>LATE FEE</b> <i>For forms received less than 2 weeks before the start of the child's first session</i>	<b>\$10</b>	

**\*NEW\* - CANCELTATION POLICY:** Full refund, minus a \$25 processing fee, will be given to cancelations made by Monday the week before the child's registered start date. Cancelations made less than a week before the child's registered start date and/or missed days within a camp session will not be eligible for a refund.

## FINAL ENROLLMENT INFORMATION

New York Yearly Meeting has agreed to pay, in full, for half day Silver Camp for all pre-school aged children from July 24th-July 28th, 2017.

Forms received by Silver Bay YMCA after July 9th, 2017 will be assessed a late fee of \$10 per enrollment form which is the parent/guardian's responsibility.

NAME \_\_\_\_\_

**WE CANNOT PULL MEDICAL INFORMATION FROM PREVIOUS YEARS.**

### IMMUNIZATION HISTORY

This information is required by the New York State Department of Health and is MANDATORY. This section must include all dates of basic immunizations as well as booster doses. Minimum requirements are listed below. Parent/Guardians may fill in the attached section or can attach an immunization history sheet from the child's Physician.

DPT	1st	2nd	3rd	Booster	Booster
Oral Polio	1st	2nd	3rd	Booster	Booster
Hib (conjugate preferred)	1st	2nd	3rd	4th	
Hepatitis B	1st	2nd	3rd		
MMR	1st	2nd			
Tetanus within 10 years of 1st series	1st	2nd			
Varicella (Chicken Pox)	specify immunization or disease	Booster	Booster		
Other					

### MEDICAL HISTORY

This information is required by Silver Bay YMCA and is MANDATORY.

Please complete each section fully even if you are attaching a medical history sheet from your child's Physician.

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Should Activities be limited?    Y    N    If yes, please explain  
\_\_\_\_\_

Is this Camper on Medication?    Y    N    If yes, please explain  
\_\_\_\_\_

Is this camper on a Special Diet?    Y    N    If yes, please explain  
\_\_\_\_\_

PLEASE LIST ALLERGIES \_\_\_\_\_ MEDICATIONS \_\_\_\_\_ FOODS \_\_\_\_\_

BEES:    Y    N    OTHER \_\_\_\_\_

Use this space to list any additional causes that could affect your child's functional ability to participate in in camp.

This health history is correct, so far as I know, and the person herein described has permission to engage in all camp activities, except as noted by myself above.

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

Date \_\_\_\_\_

## AUTHORIZATION FOR THE MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, or health services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to the Silver Bay YMCA Staff to act for you, in your absence regarding the treatment of your child. If your child needs unexpected medical treatment the Silver Bay YMCA Staff will present this document to the appropriate person - physician, dentist, or hospital representative. When a true emergency exists, a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health. **I, being the parent of custody and/or legal guardian of the minor named, do hereby appoint SILVER BAY YMCA STAFF at 87 Silver Bay Road, Silver Bay NY 12874 to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the minor named in my absence.** I have read and understand the authorization for medical treatment.

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

Date \_\_\_\_\_

## CONSENTS AND AUTHORIZATIONS

Y N My child is allowed to ride on a Golf Cart when deemed necessary by the Youth and Teen Director

Y N My child can participate in walking field trips around campus

I understand program participants may be photographed for publicity purposes and that if I do not wish my child to be photographed, a Do Not Photograph request must be submitted, in writing to the Silver Bay YMCA Marketing Director, prior to my child's first day in Silver Camp.

I understand that Camp Staff are able to help my child apply bug spray and sunscreen ONLY if these products are provided by a parent/guardian.

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

Date \_\_\_\_\_

## ADDITIONAL INFORMATION

Y N Is this your child's first experience in a daycare/camp setting?

Y N Is your child potty trained?

### PLEASE USE THIS SPACE TO GIVE US INFORMATION ABOUT YOUR CHILD'S SCHEDULE

Does your child drink (circle one): N/A Breastmilk Formula (specify type) \_\_\_\_\_

At what time(s) \_\_\_\_\_ Amount \_\_\_\_\_

Temperature (circle one) Cold Room Temperature Warmed

What time(s) does your child normally snack? \_\_\_\_\_ OR N/A

What time(s) does your child normally nap? \_\_\_\_\_ OR N/A

**PLEASE DRESS APPROPRIATELY FOR THE WEATHER! All personal items, including diaper bags, should be labeled with your camper's first and last name.**