

# YMCA of Dodge County Summer Camp Registration Form

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

## Please select weeks of Camp Exploration

WEEK	DATES	THEME
WEEK 1	MAY 31 - JUNE 3	BUGGIN' OUT
WEEK 2	JUNE 6 - 10	SAFARI ADVENTURE
WEEK 3	JUNE 13 - 17	OOEY GOOEY CREATIONS
WEEK 4	JUNE 20 - 24	IN IT TO WIN IT
WEEK 5	JUNE 27 - JULY 1	SUMMER STARS & STRIPES
WEEK 6	JULY 5 - 8	TRADITIONS AROUND THE WORLD
WEEK 7	JULY 11 - 15	ARTFUL ANTICS
WEEK 8	JULY 18 - 22	DAY CAMP'S GOT TALENT
WEEK 9	JULY 25 - 29	MAD SCIENCE
WEEK 10	AUGUST 1 - 5	OLYMPICS
WEEK 11	AUGUST 8 - 12	TROPICAL PARADISE
WEEK 12	AUGUST 15 - 19	BARNYARD PALOOZA
WEEK 13	AUGUST 22 - 26	WE ARE FAMILY (TEAMWORK)

### Age

Please select one:

<input type="checkbox"/>	PIONEERS - COMPLETED 4K
<input type="checkbox"/>	ADVENTURERS - COMPLETED KINDERGARTEN
<input type="checkbox"/>	VOYAGERS - AGES 7-9
<input type="checkbox"/>	NAVIGATORS - AGES 10-12

### Weekly Registration Attendance

Please select one:

<input type="checkbox"/>	MONDAY - FRIDAY
<input type="checkbox"/>	MONDAY/WEDNESDAY/FRIDAY
<input type="checkbox"/>	TUESDAY/THURSDAY

## Please select weeks of Summer Camp School

SUMMER SCHOOL LOCATION:

NONE  JEFFERSON  LINCOLN  
 AM Camp Only  PM Camp Only  AM & PM Camp

WEEK	DATES	THEME
WEEK 3	JUNE 13 - 16	OOEY GOOEY CREATIONS
WEEK 4	JUNE 20 - 23	IN IT TO WIN IT
WEEK 5	JUNE 27 - 30	SUMMER STARS & STRIPES
WEEK 7	JULY 11 - 14	ARTFUL ANTICS
WEEK 8	JULY 18 - 21	DAY CAMP'S GOT TALENT
WEEK 9	JULY 25 - 28	MAD SCIENCE

## Please select weeks of Junior Specialty or Specialty Camp Add-ons

JUNIOR SPECIALTY (AGES 5-7)		
WEEK	DATES	THEME
WEEK 2	JUNE 6 - 10	BASKETBALL
WEEK 4	JUNE 20 - 24	TRACK & FIELD
WEEK 6	JULY 5 - 8	CAMP HOLLYWOOD
WEEK 8	JULY 18 - 22	LEGO BUILDERS
WEEK 10	AUGUST 1 - 5	OOEY GOOEY
WEEK 12	AUGUST 15 - 19	DANCE

SPECIALTY (AGES 7-12)		
WEEK	DATES	CAMP
WEEK 2	JUNE 6 - 10	LACROSSE
WEEK 3	JUNE 13 - 17	TRACK & FIELD
WEEK 4	JUNE 20 - 24	BASKETBALL
WEEK 5	JUNE 27 - JULY 1	SOCCER
WEEK 6	JULY 5 - 8	YOGA
WEEK 7	JULY 11 - 15	DANCE
WEEK 8	JULY 18 - 22	ARCHERY
WEEK 9	JULY 25 - 29	FISHING
WEEK 10	AUGUST 1 - 5	CARPENTRY SKILLS
WEEK 11	AUGUST 8 - 12	VOLLEYBALL
WEEK 12	AUGUST 15 - 19	PICKLEBALL

FRIDAY FIELD TRIP ADD-ON		
WEEK	DATE	LOCATION
WEEK 1	JUNE 3	
WEEK 2	JUNE 10	
WEEK 3	JUNE 17	
WEEK 4	JUNE 24	
WEEK 5	JULY 1	
WEEK 6	JULY 8	
WEEK 7	JULY 15	
WEEK 8	JULY 22	
WEEK 9	JULY 29	
WEEK 10	AUGUST 5	
WEEK 11	AUGUST 12	
WEEK 12	AUGUST 19	

## Select Field Trip Add-Ons

If your child is attending Camp Jefferson, Camp Lincoln or a Specialty Camp, please select Friday Field Trip Add-ons.

# YMCA of Dodge County 2022 Camp Contact and Health Information

- Please fill out the registration form completely. Submit a separate form for each camper. Forms may be copied.
- Registration forms must be on file prior to your child attending camp.
- The day care immunization record is required for all children.

## T-Shirt Size

Youth Small  Youth Medium  Youth Large

Adult Small  Adult Medium  Adult Large

First Date of Attendance \_\_\_\_\_

## CAMPER INFORMATION Please Print Clearly

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

Birth Date \_\_\_\_\_  M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

## PRIMARY CONTACT INFO

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email Required \_\_\_\_\_

## SECONDARY CONTACT INFO

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email Required \_\_\_\_\_

## ADDITIONAL EMERGENCY CONTACT/AUTHORIZED PICK-UP PERSON

In the event I am not available to call or pick-up my child or in case of an emergency, camp staff are permitted to contact and leave my child with:

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Is this person authorized to pick up child?  Yes  No

## PHYSICIAN/MEDICAL FACILITY INFORMATION

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

Address of Medical Facility \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

## PARENTAL AUTHORIZATION FOR CHILD OVER 7

Authorization for Child Over Age 7	Yes	No
I authorize my child to carry bee sting medication, an inhaler, insulin syringe, other medication or device.	<input type="checkbox"/>	<input type="checkbox"/>

## CAMP EXPERIENCE

Does child have prior camp experience?  Yes  No

If yes, please specify \_\_\_\_\_

## HEALTH HISTORY AND EMERGENCY CARE PLAN

### 1. Please check any special medical conditions your child may have.

- No specific medical conditions
- Asthma
- Cerebral Palsy/motor disorder
- Diabetes
- Epilepsy/seizure disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Any disorder including:
- Cognitively Disabled, LD, ADD, ADHD or Autism
- Other condition requiring special care – specify:
- \_\_\_\_\_
- \_\_\_\_\_

- Milk Allergy (if child is allergic to milk, attach statement from medical professional including the acceptable alternative)
- Food allergies – specify foods:
- \_\_\_\_\_
- \_\_\_\_\_

- Non-Food allergies – specify:
- \_\_\_\_\_
- \_\_\_\_\_

### 2. Triggers that may cause problems – specify:

\_\_\_\_\_

\_\_\_\_\_

### 3. Signs or symptoms to watch for – specify:

\_\_\_\_\_

\_\_\_\_\_

### 4. Steps the childcare provider should follow. If prescription or non-prescription medications are necessary, a copy of the Authorization to Administer Medication form (available on camp's website) should be attached to this form.

\_\_\_\_\_

\_\_\_\_\_

### 5. Identify any 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 camp:

\_\_\_\_\_

\_\_\_\_\_

Parental Authorizations	Yes	No
I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately	<input type="checkbox"/>	<input type="checkbox"/>
I had an opportunity to review the policies of this childcare center and a summary of the Wisconsin Rules for Licensing Child Care Centers	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my child to participate in transported and walking field trips and other activities during operating hours.	<input type="checkbox"/>	<input type="checkbox"/>

# YMCA of Dodge County 2022 Camp Authorization and Payment Information

## SUNSCREEN/INSECT REPELLENT AUTHORIZATION

The sunscreen and repellent should be labeled with the child's name.

Sunscreen Authorization	Yes	No
I authorize the center to apply sunscreen to my child	<input type="checkbox"/>	<input type="checkbox"/>
I authorize the center to allow my child to self-apply sunscreen	<input type="checkbox"/>	<input type="checkbox"/>

Sunscreen Brand	Ingredient Strength

Insect Repellent Authorization	Yes	No
I authorize the center to apply insect repellent to my child	<input type="checkbox"/>	<input type="checkbox"/>
I authorize the center to allow my child to self-apply insect repellent	<input type="checkbox"/>	<input type="checkbox"/>

Insect Repellent Brand	Ingredient Strength

## BUS AND FIELD TRIP PERMISSION

**Bussing:** I hereby authorize YMCA of Dodge County to transport my child by bus to and from Camp Exploration. I understand the YMCA of Dodge County uses external transportation resources. I understand that either myself or one of the persons indicated below as an authorized pick-up person must be present to pick up my child. I have read and understand the above statements and I grant my permission as indicated by my signature.

**Field Trips:** I hereby authorize Camp Exploration to transport my child to and from field trip locations and the YMCA of Dodge County.

**Parent Signature:** \_\_\_\_\_

## CAMPER SWIMMING SKILLS

Please check all that apply.

- My child enjoys the water
- My child can float
- My child will jump from the side
- My child is comfortable in chest-deep water
- My child can swim 10-20 yards
- My child can swim 25 yards

## PARTICIPATION AND PAYMENT AGREEMENT

I approve this application and certify that the applicant is capable of such an experience. I grant permission for the applicant to participate in all planned camp activities, including swimming, and out-of-camp trips by bus. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately. The YMCA is not responsible for lost, stolen, or damaged personal articles. I authorize the YMCA to have and use photographs and videos of the person named on this application as may be needed for its public relation programs. I agree to waive any claims against the YMCA and its members and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA programs.

I agree to pay the balance of camp fees prior to the payment schedule or to be on automatic payment withdraw. We cannot hold reserved space past the payment date without full payment. All change and cancellation requests must be made in writing to the Camp Director. I understand no refunds will be given if a child leaves early due to homesickness or for disruptive behavior as determined by the Camp and Executive Director.

**Parent Signature:** \_\_\_\_\_

## PAYMENT INFORMATION

I understand that this agreement will remain in effect while my child remains a participant at YMCA Summer Camp programming. It is my complete understanding that if I wish to terminate or change the contracted schedule of my child I must give a 2 weeks written notice to the Camp Director.

I understand the YMCA will do weekly or monthly EFT or Credit Card withdraws.

I understand that fees will not be prorated for partial attendance.

Should my preauthorized debit not be honored by the bank when received by then, then it is understood that the payment and any administration fees are to be made in the amount of said payment.

There is a \$15 administration fee for any returns from the bank, including but not limited to insufficient funds.

## AUTHORIZATION TO DRAW ON EFT OR CREDIT CARD FOR SUMMER CAMP

*Please complete Card or Bank Account Information*

Name on EFT Account/Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Account Holder's Address: \_\_\_\_\_

Visa    Mastercard    Discover    American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Bank Name and City: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Checking    Savings

I have given authority to my bank listed above to honor preauthorized debits drawn by you on my account for Camp weekly or monthly payments as indicated above. It is understood that your sending of preauthorized debit to the bank as a payment becomes due shall constitute valid notice of such payment due. When the bank honors the draft by changing my account, such check shall constitute my receipt for the payment. Should any preauthorized debit not be honored by said bank when received by them, then it is understood that the payment and any administration fees are to be made by me in the amount of said payment.

**Parent Signature:** \_\_\_\_\_

## CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

**PERSONAL DATA** **PLEASE PRINT**

<b>STEP 1</b>	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

**IMMUNIZATION HISTORY**

**STEP 2** List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

**Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.**

Yes year \_\_\_\_\_ (Vaccine is not required)

No or Unsure (Vaccine is required)

**REQUIREMENTS**

**STEP 3** The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup> 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup> 2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).

**COMPLIANCE DATA AND WAIVERS**

**STEP 4** **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR**

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.**

For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

**SIGNATURE**

**STEP 5** To the best of my knowledge, this form is complete and accurate.

\_\_\_\_\_  
SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
Date Signed