



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Licking County Family YMCA
Licking Heights
6507 Summit Rd, Pataskala, OH 43062
Fax: 740.964.1625
Phone: 740.964.1674 option 7

Registration Date: ___/___/___

Membership Status: _____

Weeks Attending: _____ Deposit: _____

Processed By: _____

2017 Summer Day Camp

Child's Last Name (please print) First MI

Street Address

City State Zip Code

E-mail Address-Mom

Home Phone Parent's Work Phone

Cell Phone-Mom Cell Phone-Dad

_____ Female _____ Male

Date of Birth

E-mail Address-Dad

Fee/Enrollment Schedule:

Please select the weeks your child will be attending camp. There is a \$10.00 non-refundable/non-transferable deposit for each week of camp you are scheduled to attend.

Week 1- June 5-9, 2017	
Traditional Camp	\$50/\$65
Week 2- June 12-16, 2017	
Traditional Camp	\$50/\$65
Week 3- June 19-23, 2017	
Traditional Camp	\$50/\$65
Week 4- June 26-30, 2017	
Traditional Camp	\$50/\$65
Week 5- July 3-7, 2017 (*closed Tuesday)	
Traditional Camp	\$50/\$65

Week 6- July 10-14, 2017	
Traditional Camp	\$50/\$65
Week 7- July 17-21, 2017	
Traditional Camp	\$50/\$65
Week 8- July 24-28, 2017	
Traditional Camp	\$50/\$65
Week 9- July 31-August 4, 2017	
Traditional Camp	\$50/\$65
Week 10- Aug. 7-11, 2017	
Traditional Camp	\$50/\$65

LIT: Number of weeks attending: _____ X \$10= _____ Total Deposit Required

Before Camp and After Camp Care:

***There will not be an additional fee applied for before and after camp care need for LIT/CIT participants. However, please mark below if you will need before and/or after camp care. This will help with activity planning and determining staff needs.**

Before Camp: _____ Child will be attend before camp care between 6:30 a.m. - 8: 30 a.m.

After Camp: _____ Child will be attending after camp care and be picked up between 3:30 p.m. – 6:00 p.m.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Permission & Authorization

Child's Name: _____ **School Attended Last Year:** _____

Immunizations

Is your child current on all their immunizations:

- Yes, they are current
- No, they are NOT current

Please list Insurance Provider: _____ Date of last tetanus vaccine: _____

Transportation

The YMCA will be responsible for transportation of children to and from routine swimming trips as well as occasional field trips. Please indicate permission for these trips

- Yes, I grant permission
- No, I do NOT grant permission

Parent Signature: _____ Date: _____

Participation

Is there any reason your child should NOT participate in camp or certain activities?

- Yes
- No

If yes, please explain:

Swimming Ability

Please check which category best describes your child's swimming ability

- Non-swimmer
- Beginner
- Intermediate/Advanced

I hereby give permission for my child, _____ to participate in swimming activities at the Newark Hollandar pool and/or Newark Branch YMCA outdoor pool during camp hours.

Parent Signature: _____ Date: _____

Photo Permission

The YMCA Western Branch occasionally will take pictures of campers and LITs during camp activities for use in promotional materials. Do you grant the Licking County Family YMCA permission to take/use photographs for your child?

- Yes, I grant permission
- No, I do NOT grant permission

Authorized Pick-Up

The Following People have my permission to pick-up my child

Name	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Please attach a copy of any custody paperwork that would affect your child while in our**



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Sponsor Statement of Understanding

_____ Child's Last Name _____ First _____ Date of Birth _____

SPONSOR: Name and number of person responsible for child's account: _____

_____ **Initial** **Waiver:** I realize that there is a risk of being injured that is inherent in all programs. I realize the risk of injury may be severe. The LCFYMCA carries no medical coverage on any participant. If your child is injured, your insurance is responsible.

_____ **Initial** **Payment:** I agree to pay my child's weekly fee no later than the Friday prior to each week of care provided. I understand a late fee of \$15 may be assessed if payment is not made on time. I understand that returned checks for insufficient funds or denied credit cards are assessed a \$20 processing fee. I also understand that a two-week, advance written notice must be given prior to withdrawing my child from any YMCA Day Camp Program.

_____ **Initial** **Late Fee:** I understand that the YMCA Day Camp program closes at 6:00 p.m. daily. I understand that a late pick up fee will be assessed to my child care account for any pick up starting at 6:01 p.m. as outlined in the Parent Handbook.

Payment Authorization/Method (\$25 deposit per week or camp due at registration)

Private Pay Weekly Tuition

_____ Check, Money Order, or Credit card in person or via phone.

_____ Bank Draft (No deposit required at registration)
*please complete the *Authorization Agreement* form*

Third Party Pay
(Authorization required at time of registration)

_____ ODJFS (minimum of 25 hours of attendance per week. All specialty camp fees are due at time of registration.)

No cash payments will be accepted at this location

Online payment option available. Stop by the child care office for more information



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear LIT/CIT applicant/Parents/Guardian,

Thank you for inquiring about our Leader-In-Training Program. For some of you, your child has attended summer camp at the YMCA for years, while others of you have only just begun. We are excited for this summer as our program is growing every year.

While serving as an LIT throughout the summer you will receive First Aid and CPR training as well as knowledge of the application and interviewing process when applying for jobs in the future. You will participate in a variety of fieldtrips throughout the summer including the LIT fundraiser trips.

Included in this packet is a questionnaire along with a list of rules and responsibilities the program has established. Please read the course of action that will be followed, if for some reason, those expectations are not met. We would like for both the LIT and parent to sign and return this to the YMCA. Please encourage your child to make the most of the opportunities this summer and have fun in the process.

Please take a moment to fill out and return the enclosed paperwork. The LIT training day is May 17th, 2016 9:00 a.m. – 3:00 p.m. Teens are required to attend the training date, however, if your child is unable to attend this training date, they will be trained on Mondays during the camp season. If you have any questions or concerns, please feel free to contact Brittany White at the Licking County Family YMCA, 740.964.1674 option 50909.

Sincerely,

Brittany White
Child Care Coordinator
Licking County Family YMCA
6507 Summit Rd
Pataskala, OH 43062
740.964.1674 ext. 50909
bwhite@lhschools.org
brittany.white@lcfymca.org

Betsy Merrill
LIT/CIT Coordinator
Licking County Family YMCA
betsy.merrill@lcfymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA 2017 Day Camp Questionnaire
Leader-In-Training (LIT)**

Name: _____ Date: _____

Please respond to the following questions in the space provided

What does responsibility mean to you?

LIT's are required to help counselors with their campers each day; this may include planning activities, running games, encouraging team work and confidence, being a positive role model and taking children where they need to go throughout the day. What are some qualities you possess that would help your counselor throughout the day?

What are some of your strengths and weaknesses, when you have to work with others to perform a certain task or accomplish a goal?

As an LIT, what are your expectations for this summer?



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LIT

RESPONSIBILITIES:

As a LIT (Leader-In-Training), the LCFYMCA expects you to:

1. Respect counselors, campers, and each other.
2. Meet with the LIT coordinator at least once a day.
3. Be at camp regularly and on time (8:30 a.m. if possible)
4. Be a positive role model at all times.
5. Actively participate in all trainings, games, and activities.
6. Communicate any concerns, problems, or positive feedback to the counselor and/or Camp Director.
7. Stay with your assigned group at all times.
8. Stay on camp grounds unless given permission
9. Help with the planning of opening circle and closing circle.
10. Help your mentor counselor with the supervision, planning and implementation of the group.

~There are to be NO CELL PHONES while serving as an LIT at the Y Day Camp~

Consequences:

If there expectations are not met, the consequences will progress in the following order:

- 1st time: Verbal warning with written documentation
- 2nd time: Parent/Counselor meeting with written documentation
- 3rd time: Removed from LIT position and placed in a camper position on trial basis

I have read and understand all of the above information concerning what the YMCA expects of me this summer. I will try my best to meet these expectations.

LIT Signature

Date

Parent Signature

Date

LIT Coordinator Signature

Date