



**LICKING COUNTY FAMILY YMCA**  
 470 W Church St, Newark OH 43055  
 Phone: 740-345-9628 Fax: 740-349-8535  
**Summer Day Camp Registration**

\_\_\_\_\_  
 Child's Last Name                      First                      Date of Birth                      Shirt Size

**Payment Method:**

**Private Pay**

**Third Party Pay** (Authorization required at time of registration)

\_\_\_ Cash, Check or Charge Weekly  
 (\$25 deposit per week of camp due at registration.)

\_\_\_ ODJFS (Minimum of 25 hours of attendance per week. All specialty camp fees are due at time of registration.)

\_\_\_ Bank Draft (additional form required)  
 (No deposit required at registration.)

\_\_\_ Clinical Committee/Family First Counsel  
 (Contract required at time of registration)

\_\_\_ MRDD (Contract required at time of registration)

\_\_\_ Other \_\_\_\_\_

**FEES/ENROLLMENT SCHEDULE:**

Please use the camp selection form to select the weeks your child will be attending camp. There is a \$25 non-refundable deposit for each week of camp enrolled. This amount is deducted from the weekly fees. Register before April 1, 2016 to receive early registration prices.

\_\_\_ Initial **Wavier:** 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 fees 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 declined credit cards are assessed a \$20 processing fee.

\_\_\_ Initial **Late Pick Up Fee:** I understand that the YMCA Day camp program closes at 3:30 PM daily and After Camp closes at 6:00 PM daily. I understand that a late pick up fee will be assessed to my child care account for any pick up starting at 3:31 PM for Day Camp participants or 6:01 PM for After Camp participants as outlined in the Parent Handbook.

\_\_\_ Initial **Membership Status:** I understand that in order to participate in the Summer Day Camp at the YMCA, my child must be either a Full Member or a Program Member of the Licking County Family YMCA. This membership is a separate cost from the Day Camp program. Please refer to the membership enrollment form for additional information regarding memberships.

*YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.*





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## Camper Information

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By providing complete information about your child, you will be assisting counselors in creating a positive experience for your child. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

Who is in your child's immediate family?

\_\_\_\_\_

\_\_\_\_\_

Who lives at home with your child?

\_\_\_\_\_

\_\_\_\_\_

What is the primary language spoken in your child's home? \_\_\_\_\_

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.?

\_\_\_\_\_

\_\_\_\_\_

Are there any changes or transitions that your child has recently experienced or is experiencing? (move, divorce, new home, death of a family member, friend or pet)?

\_\_\_\_\_

\_\_\_\_\_

Are there any cultural or religious practices of your family we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

Do you have any pets at home?

\_\_\_\_\_

Does your camper have any favorite foods?

\_\_\_\_\_

Does your camper dislike any foods?

\_\_\_\_\_



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Please check all of the words that best describe your child's personality and behavior?

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> active       | <input type="checkbox"/> easily-angered           | <input type="checkbox"/> loving                  |
| <input type="checkbox"/> adventurous  | <input type="checkbox"/> emotional                | <input type="checkbox"/> mellow                  |
| <input type="checkbox"/> affectionate | <input type="checkbox"/> energetic                | <input type="checkbox"/> outgoing                |
| <input type="checkbox"/> bossy        | <input type="checkbox"/> excitable                | <input type="checkbox"/> prefers adult attention |
| <input type="checkbox"/> bright       | <input type="checkbox"/> friendly                 | <input type="checkbox"/> quiet                   |
| <input type="checkbox"/> busy         | <input type="checkbox"/> gives-in-easily          | <input type="checkbox"/> sensitive               |
| <input type="checkbox"/> calm         | <input type="checkbox"/> happy                    | <input type="checkbox"/> serious                 |
| <input type="checkbox"/> cautious     | <input type="checkbox"/> hesitant                 | <input type="checkbox"/> shares well             |
| <input type="checkbox"/> cheerful     | <input type="checkbox"/> insecure                 | <input type="checkbox"/> social                  |
| <input type="checkbox"/> content      | <input type="checkbox"/> jealous                  | <input type="checkbox"/> spontaneous             |
| <input type="checkbox"/> creative     | <input type="checkbox"/> likes structure/routines | <input type="checkbox"/> stubborn                |
| <input type="checkbox"/> curious      | <input type="checkbox"/> loud                     | <input type="checkbox"/> tentative               |

Are there things that frighten your child? if so, how does he/she react and what do you do to comfort him/her?

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What routines/actions or items do you use to comfort your child?

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What causes your child to feel angry or frustrated?

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What methods do you use to respond to your child's negative behavior?

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What might you and/or your child be anxious about as he/she starts in the program?

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What are you and/or your child excited about as he/she starts in the program?

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What are your expectations of this program?

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What other information would be helpful for the staff caring for your child to know?

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☞ Parent Signature : \_\_\_\_\_ Date: \_\_\_\_\_