



**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)

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

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

**Before and After Camp Care:**

Day Camp hours are 8:30am to 3:30pm. Please indicate below if your child will need care before 8:30am and/or after 3:30pm.

**Before Camp: \_\_\_\$10 per week**

Before Camp is for children who will need to arrive at camp between 6:30am and 8:30am.

**After Camp: \_\_\_\$15 per Week**

After camp is for children who will need to be picked up between 3:30pm and 6:00pm.

**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, 2017 to receive early registration prices.

\_\_\_ **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.

\_\_\_ **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.

\_\_\_ **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.

**Child's Name**

**School Attended Last Year** **City, State**

**Immunizations**  
Is your child current on all of their immunizations:  
 Yes, they are current     No, they are NOT current (ODJFS Child Medical Statement Required)  
  
Medical insurance provider: \_\_\_\_\_ Date of last tetanus vaccine: \_\_\_\_\_

**Transportation**  
The YMCA vans and buses will be responsible for the transportation of children to and from any fieldtrip destinations specific to his/her specialty or traditional camp. Please indicate permission for these trips.  
 Yes, I grant permission     No, I do NOT grant permission

**Participation Statement**  
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 Swimmer  
  
\*There will be a water test for any child entering in to 5<sup>th</sup> grade or above who would like access to the deep end of the swimming pool. Children in grades 1<sup>st</sup> through 4<sup>th</sup> are not allowed access to the deep end while at camp.

**Photo Permissions**  
The YMCA occasionally will take pictures of campers, LITs and CITs during camp activities for use in promotional materials. Do you grant the YMCA permission to take/use photographs of your child?  
 Yes, I grant permission     No, I do NOT grant permission

**Creek Walking Permission**  
The YMCA occasionally takes the campers Creek Walking as safety allows with the creek water level. You will be notified in advance to the day of the event, as your child will need to bring an extra pair of clothes and shoes to participate that day.  
 Yes, I grant permission     No, I do NOT grant permission

**Pick Up Permissions**  
The following people have my permission to pick up my child. Parents/Guardians and Emergency Contacts already listed on the ODJFS Child Enrollment form do not need to be listed here.

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

By signing, I hereby acknowledge all of the above statements to be true and permissions granted.

\_\_\_\_\_

Parent/Guardian Signature Date

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