

REGISTRATION PACKET
Camper Information – pg. 1 of 4

To comply with State Licensing laws,
All sections of this form must be completed
before we can accept any child for care.

*please print

REGISTRATION PACKET CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Camper Information | <input type="checkbox"/> Session Enrollment form(s) |
| <input type="checkbox"/> Authorization for Emergency Medical Care & Waivers (2 pages) | <input type="checkbox"/> Payment for Deposits |
| <input type="checkbox"/> Payment Method Authorization | <input type="checkbox"/> Registration Fee (fee waived in Feb. & Mar.) |

- Workforce CSS
- Financial Assistance
- Y Member
- NonMember

For Office Use Only:

GENERAL CAMPER INFORMATION

CHILD #1

.....
first & last name

.....
date of birth

.....
grade: 2017/18 school year

Gender Identity: boy girl prefer not to answer

Please list any special needs or illnesses that your child may have. Such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware of.

Check Box if child has NO SPECIAL NEEDS or ILLNESSES

CHILD #2

.....
first & last name

.....
date of birth

.....
grade: 2017/18 school year

Gender Identity: boy girl prefer not to answer

Please list any special needs or illnesses that your child may have. Such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware of.

Check Box if child has NO SPECIAL NEEDS or ILLNESSES

PARENT / GUARDIAN INFORMATION

PRIMARY

*Person listed as Primary Guardian will be the sole person authorized to request changes to information and/or cancellation of care.

PRIMARY Parent/Guardian: mother father other,.....

Authorized to pick child up? yes no

.....
first & last name

.....
date of birth

.....
e-mail

.....
home address

.....
city

.....
state

.....
zip

.....
cell phone

.....
work phone

.....
ext.

.....
home phone

Opt-In to receive text messages for emergency purposes only

SECONDARY

Please check box if secondary parent is authorized to make changes to childcare account

SECONDARY Parent/Guardian: mother father other,.....

Authorized to pick child up? yes no

.....
first & last name

.....
date of birth

.....
e-mail

.....
home address

.....
city

.....
state

.....
zip

.....
cell phone

.....
work phone

.....
ext.

.....
home phone

Opt-In to receive text messages for emergency purposes only

EMERGENCY CONTACT / AUTHORIZED PICK-UPS

***Must list at least one emergency contact other than the parents listed above.**

Local person other than those listed above to contact in case of emergency if parent/legal guardian cannot be reached: To be in compliance with the YMCA of Austin Program Services' policies and those provided by DSHS and TDFPS, the individual authorized to pick up your child **must be 16 years of age or older.**

EMERGENCY CONTACT #1

.....
first & last name

.....
home address

.....
city

.....
state

.....
zip

.....
cell phone

.....
work phone

.....
ext.

.....
home phone

EMERGENCY CONTACT #2

.....
first & last name

.....
home address

.....
city

.....
state

.....
zip

.....
cell phone

.....
work phone

.....
ext.

.....
home phone

.....
 child 1 name

REGISTRATION PACKET
 Authorization for Emergency Medical Care – pg. 2 of 4

.....
 child 2 name

CAMPER EMERGENCY INFORMATION

.....
 physician name

.....
 physician address phone

To comply with State Licensing laws, a preferred physician and hospital must be listed. In the event that the parent/guardian cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA of Austin, Camp Staff to take my child(ren) to:

- Dell Children’s Hospital** 4900 Mueller Blvd. 78723 | 512.324.0000
- St. David’s NAMC** 12221 North Mopca Expwy. 78758 | 512.901.1000
- Seton Northwest** 11113 Research Blvd. 78759 | 512.324.6000
- South Austin Hospital** 901 West Ben White Blvd. 78704 | 512.447.2211
- Other**
- Seton Medical Ctr. (Hays)** 6001 Kyle Pkwy. Kyle, 78640 | 512.504.5000

.....
 please provide name of hospital, address and phone number

PARENTAL CONSENT

*Please provide your initials acknowledging each item below

.....
 initial **CONSENT FOR TREATMENT** – I give consent for any and all necessary treatment when my child(ren) is in the care of his physician or hospital.

.....
 initial **AUTHORIZATION** – In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its workers can be held responsible in the event of accident or accidental death.

.....
 initial **IMMUNIZATION** – My child’s immunization record and/or records are on file at my child’s school in Texas. If not, or if my child goes to school outside of Texas, then I must provide a copy of my child’s immunization records upon registration. All required immunizations and/or tuberculosis tests are current.

REQUIRED:
 name of school address phone

PARENT & PARTICIPATION STATEMENT OF AGREEMENT

- I understand that I may not leave my child at the YMCA location unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo ID’s and who are over the age of 16 can be authorized to pick up the child.
- I understand that the YMCA is mandated by Texas Law to report any suspected cases of child abuse or neglect.
- I understand that the YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that my child may be removed from a YMCA program for any of the following reasons:
 1. Failure to pay program fees by designated deadlines
 2. Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA
 3. Inappropriate behavior towards YMCA staff
 4. Failure to observe any of the conditions listed in the seasonal Parent Handbook
 5. Custodial issues which cannot be resolved by parents or legal guardians
- I authorize for my child(ren) to participate in the following activities while enrolled in YMCA Camp
 1. Swimming/Water Activities
 2. View PG rated film
 3. Participate in Camp Activities including Field Trips
 4. Travel on YMCA arranged transportation
 5. Participate in photos or videos for YMCA publications

PLEASE SIGN to indicate that you have received the YMCA of Austin’s Parent and Participant Statement of Agreement and agree to the terms listed above.

.....
 signature of parent/guardian date

REGISTRATION PACKET
 Waivers & Consents - pg. 3 of 4

.....
 child 1 name

.....
 child 2 name

WAIVER / RELEASE / INDEMNIFICATION & HOLD HARMLESS AGREEMENT

WAIVER, RELEASE, INDEMNIFICATION & HOLD HARMLESS AGREEMENT – I understand that YMCA activities have inherent risks and in consideration for membership at the YMCA and participation in YMCA programs I hereby assume all risks and hazards incident to my participation in all YMCA activities, due to the negligence of the YMCA or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA, including volunteer service. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property or participation in programs.

LARGE GROUP FORMAT – I understand that, due to the large group format of our program, the YMCA is unable to provide one-on-one care for any child except on an intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children. I UNDERSTAND THAT I WILL RECEIVE A COPY OF THE YMCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD'S ENROLLMENT. THIS INFORMATION IS ALSO AVAILABLE AT AustinYMCA.org.

PLEASE SIGN to indicate that you have received, read and agree to the above waiver, release, indemnification, and hold harmless agreement.



.....
 signature of parent/guardian



.....
 date

DISCIPLINE AND BEHAVIOR POLICY AGREEMENT

BEHAVIOR POLICY – Good behavior is important to everyone in daily life. Certain behaviors are expected from the children involved in the YMCA Summer Camp, and following rules promotes a good learning experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. A **Behavior Contract** is the first formal step to help solve rule violations. The Behavior Contract involves parents, child, and staff and it requires the participation of all parties. If your child's behavior becomes an ongoing problem, then a Behavior Contract will be issued. A sample contract is available at the Summer Camp site. Failure to correct behavior may result in suspension or dismissal. Please note that not all of the steps of a Behavior Contract will be taken every time a child breaks a YMCA rule. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues which compromise the safety of the YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from the program. Refunds are not available for suspended or expelled campers.



.....
 signature of parent/guardian



.....
 date

FEES AND PAYMENT GUIDELINES

REGISTRATION FEE – Any registration fee applied is **Non-refundable / Non-Transferable** \$30 per child (waived in Feb. & Mar.)

CAMP DEPOSIT – Camp deposits are **Non-refundable / Non-Transferable—NO EXCEPTIONS** A Camp Deposit of \$15.00, per week, per child is required for all camp sessions. (Example: If you are registering for three camp sessions, a \$45.00 deposit will be required to hold your spot for those sessions of camp.) The \$15.00 deposit is applied to the weekly camp fee. However, in the case that you cancel those weeks of camp, all deposits of \$15.00/week are non-refundable.

CAMP FEES – If you are registering for multiple sessions, you must complete the Payment Method Authorization form authorizing payment for the balance of sessions. Automatic drafts will occur (12) twelve days prior to the beginning of each session. All camps must be paid in advance or on the due date. Only paid participants are allowed to attend camp. Payments made from 11-5 calendar days before the desired session will pay an additional late fee of \$30.00. Checks and EFT will only be accepted as a form of payment on or before payment due date. Money Orders, exact cash, and valid credit cards will be accepted at any time as a form of payment. Unpaid camp sessions will be canceled by the Wednesday before each session. If canceled due to non-payment, the camp spot and registration fee is forfeited. A \$25.00 cancellation fee will occur. Re-registration is not guaranteed. Please see the Camp Parent Handbook for more information regarding our fees and payment guidelines. The Camp Parent Handbook, Map to Sites, and Registration Confirmation will be emailed upon receipt of completed materials. **ALL CANCELLATIONS DUE TO NON-PAYMENT WILL INCUR A \$25.00 CANCELLATION FEE.**

MEMBERSHIP DISCOUNT – In order to receive the membership discount, you must be a member of the YMCA on or before the payment due date for the desired camp weeks. Once there is a change in membership, the Primary Member on the account must notify Program Services prior to the upcoming draft in order to receive the member rate for camp. Once Program Services is notified, the discounts will be applied towards future payments and fees.

NSF PAYMENTS – A \$30.00 fee is charged for all non-sufficient funds and declined credit card charges. Children will not be allowed to attend camp unless payment for camp session has been received and recorded by the Program Services Branch.

CANCELLATIONS & TRANSFERS – After initial enrollment, no refunds or credits will be given for registration fee and camp deposit(s). All changes to a child's enrollment or cancellations must be received by the Program Services Branch, by submitting the 2017 online cancellation form.

- 14 Calendar Days or more Before Camp Session: Cancellations and transfer requests submitted as indicated will receive no additional charge.
- 13 (two Tuesdays before) - 5 (Wednesday before camp week) Calendar Days before Camp Session: Cancellation fee of \$25 charged upon receipt of online cancellation submission. Transfer fee of \$10 charged upon receipt of written notice.
- On or After the Thursday Before Camp Session: No cancellations or transfers will be accepted. No credits will be awarded. No refunds will be given. You will be held responsible for the full amount of camp fees, regardless of whether or not your child attends camp.
- A \$25 cancellation fee is charged for any cancellation due to non-payment.
- Emergency Registration: An emergency registration is defined as any registration occurring Thursday or Friday before the desired camp session. The emergency registration will only be accepted up until 12pm on Friday and an additional \$50.00 Emergency Registration fee will apply for all requests.



.....
 signature of parent/guardian



.....
 date

..... child 1 name

REGISTRATION PACKET

Payment Method Authorization / Session Enrollment - pg. 4 of 4

..... child 2 name

AUTOMATIC PAYMENT PLAN

The YMCA of Austin offers an automatic payment plan via our accounting software company called Daxko. This plan provided you the opportunity to spread the payment of camp fees. Fees are automatically charged to Bank, Credit Union, or Credit Card Company. There's no additional cost for this program.

BANK / CREDIT / DEBIT DRAFT AGREEMENT

- I understand that Daxko has been authorized as an agent on behalf of YMCA of Austin, Program Services Branch to initiate debit entries against my Checking/Savings Account or Credit/Debit Card. Also, I acknowledge that the origination of ACH (Automatic Clearing House) transactions to my account must comply with the provisions of United States Law.
- I understand that Daxko, a U.S. corporation, will be processing electronic funds transfers. Debit to your account will be presented in your bank statements as "Daxko" and these funds will be electronically transferred to the YMCA of Austin, Program Services Branch and posted to your childcare account weekly.
- The YMCA of Austin, Board of Directors and/or management may, at their discretion, adjust the rate plan applicable to childcare programs at any time. I understand that I will receive at least a 30 day notification prior to any such change.
 - When using the credit/debit card payment method: Should any debit not be honored by my credit card company for any reason, I understand that I am still responsible for the payment plus a \$30.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company may require.
 - When using the bank draft/EFT method: Should any debit not be honored by my bank/EFT account for any reason, I understand that I am still responsible for the payment, plus a service charge.

week #	1	2	3	4	5	6	7	8	9	10	11	12
draft date	May 24	May 31	June 7	June 14	June 21	June 28	July 5	July 12	July 19	July 26	August 2	August 9

OPTION 1: CREDIT / DEBIT CARD

Is this the primary contact for all billing concerns/questions?: yes no
Please check one: visa mastercard discover amex

..... name of card / account holder cell / work phone
..... credit / debit card number exp. date
..... card billing address zip code
..... signature of parent/guardian date

OPTION 2: BANK DRAFT

***PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM** (This needs 10 business days to authorize before we could use this account. Please note that the EFT/Check account cannot be used as a form of payment after the payment due date.)

..... name of card / account holder bank name
..... routing / transit number bank account number
..... signature of parent/guardian date

I would like to donate to the Annual Campaign so that a child in need can attend camp. Please charge me an additional: \$20 \$50 \$100 Other

SESSION ENROLLMENT (REQUIRED)

KEY: child 1 c1 child 2 c2

Please shade box for EACH child session
Example: child 1 enrollment Example: child 2 enrollment Example: child 1&2 enrollment

	Jun 5-9	Jun 12-16	Jun 19-23	Jun 27-30	Jul 3 & 5-7	Jul 10-14	Jul 17-21	Jul 24-28	Jul 31-Aug 4	Aug 7-11	Aug 14-16	Aug 21-23
	week 1	week 2	week 3	week 4	week 5	week 6	week 7	week 8	week 9	week 10	week 11	week 12
KINDER CAMP												
Clayton Elem (South)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—	—
Caraway Elem (Northwest)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—
Carpenter Hill Elem (Hays)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2
THEME CAMP												
Bastrop Church of Christ	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—
Carpenter Hill Elem (Buda)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2
Pease Elem (Central)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—	—
Dawson Elem (Central)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—	—
East Communities YMCA	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—
Zavala Elem (East)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—	—
Lucy Read Pre-K (North)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—
Pioneer Crossing Elem (Manor)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—	—
Presidential Meadows Elem (Manor)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—	—
Caraway Elem (Northwest)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—
Concordia (Pflugerville)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—	—	—
Clayton Elem (South)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—
Faith U.M. Church (South)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—	—
Springs Family YMCA (D.S.)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—
SPORTS CAMP												
Fulmore Middle (Central)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—	—
TRAILBLAZER CAMP												
Fulmore Middle (Central)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—	—
Spicewood Elem (North)	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	c1 c2	—	—