

2019 TAYLOR YMCA DAY CAMP REGISTRATION



PLEASE PRINT CLEARLY

PARENT/GUARDIAN INFORMED CONSENT

Child's Name

Grade as of 9/19 age as of 6/19

Date of Birth Gender

Child's Home Address

City State Zip

Home Phone Number

Mother's/Guardian's Name Cell Phone

Work Phone Email Address

Mother's Address

City State Zip

Father's/Guardian's Name Cell Phone

Father's/Guardian's Address

City State Zip

Work Phone Email Address

1. I understand that my child/children's participation in YMCA activities, regardless of location, is at my own risk. As such, I as the parent or legal guardian assume full responsibility for bodily injury, death, or property damage arising out of my child/children's participation in YMCA activities.
2. I understand that, on occasion, photos may be taken for YMCA promotions/publicity as such, I give my permission for the use of my/my family's likeness in such promotion.
3. I have read the policies of the Taylor Family YMCA Summer Day Camp Parent Handbook. [\2019\Taylor Family YMCA Parent Handbook 2019.pdf](#) I understand and agree to follow these policies. Failure to follow these policies may result in termination of the summer day camp program.

Signature (Parent/Guardian)

Date _____

Please Circle your child's shirt size:

6/8 10/12 14/16 AS AM AL AXL

Please circle if your child is attending 3- day or 5-day camp? 3 day 5 day

Traditional Camp Fees:

5 Days \$170 Member \$185 Non Member
(After May 1st) \$180 Member \$195 Non Member
3 Days \$140 Member \$155 Non Member
(After May 1st) \$150 Member \$165 Non Member

CIT CAMP

5 Day Camp \$140 Member \$155 Non Member
(After May 1st) \$150 Member \$165 Non Member

Why did you select the Taylor YMCA Day Camp?

- ◇ Close to home
- ◇ Positive Past Involvement
- ◇ Convenient
- ◇ Best value for the cost
- ◇ Recommended by a friend

How did you hear about our Summer Camp?

- ◇ Mail
- ◇ Past Participant
- ◇ Friend
- ◇ Brochure
- ◇ Flyer
- ◇ Village of Gilberts
- ◇ Y Website

**PLEASE CIRCLE THE DAYS AND
WEEKS YOUR CHILD PLANS TO
ATTEND:**

Circle the weeks your child will attend	Week 1 May 28- May 31	Week 2 June 3-7	Week 3 June 10-14	Week 4 June 17-21	Week 5 June 24-28	Week 6 July 1-3 No Camp on the 4 th & 5 th	Week 7 July 8-12	Week 8 July 15-19	Week 9 July 22-25	Week 10 July 29- August 2	Week 11 August 5-9	Week 12 Aug. 12-16	TOTAL
For 3 day camp circle in the days your child will attend	T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	
Discovery Ages: 3-4	1	2	3	4	5	6	7	8	9	10	11	12	
Explorers Ages 5 & Entering	1	2	3	4	5	6	7	8	9	10	11	12	
Pathfinders Entering Grades 1 st & 2 nd	1	2	3	4	5	6	7	8	9	10	11	12	
Voyagers Entering Grades 3 rd & 4 th	1	2	3	4	5	6	7	8	9	10	11	12	
Navigators Entering Grades 5 th & 6 th	1	2	3	4	5	6	7	8	9	10	11	12	
Teen Camp Entering Grades	1	2	3	4	5	6	7	8	9	10	11	12	
CIT Camp Entering Grades 9 th & 10 th	1	2	3	4	5	6	7	8	9	10	11	12	
Cost per Week	4 day fee applies					3 day fee applies							

PICK UP AND DROP OFF LOCATION OPTIONS:

Please circle which location you will be picking up and dropping off your camper:

Memorial Park-Village of Gilberts

Taylor YMCA– Elgin

NOTE: PICK UP AND DROP OFF WILL BE AT THE TAYLOR YMCA MAY 28– May 31. THERE WILL BE NO PICK UP AND DROP OFF AT MEMORIAL PARK.

AUTHORIZED PICK-UP CONTACT INFORMATION
(Must have a minimum of 3 additional other than parents)

1.

_____	Name	Relationship	Date of Birth
_____	Address	City	State Zip
_____	Home Phone	Cell Phone	Work Phone

2.

_____	Name	Relationship	Date of Birth
_____	Address	City	State Zip
_____	Home Phone	Cell Phone	Work Phone

3.

_____	Name	Relationship	Date of Birth
_____	Address	City	State Zip
_____	Home Phone	Cell Phone	Work Phone

MEDICAL INFORMATION

Allergies—List all know (medication, food, insect bites, etc.):

Is your child taking any medication while at camp or at home? _____ Yes _____ No

If "yes" please list all medications:

List all Current/Prior Medical, Physical, Emotional, and/or Behavioral Restrictions (i.e. ADHD, Asperger's, Autism etc.) that affect your child?

_____	_____
Doctor's Name	Phone Number

In the event of an emergency and I cannot be reached, I give my permission for the YMCA to act on my behalf in authorizing any necessary medical treatment. If an emergency vehicle is necessary, I understand that I will be called immediately following the call for appropriate follow-up.

_____	_____
Parent/Guardian's Signature	Date

Please select an option below for your child's most recent physical form

- ◇ I will email my form to Chris
- ◇ I will fax it to 847-428-2762
- ◇ Attached

TAYLOR FAMILY YMCA

Summer Day Camp Automatic Payment Form (EFT/CAD)

The Taylor Family YMCA offers two different types of automatic payment plans called Electronic Funds Transfer (EFT) and Charge Account Draft (CAD). Both plans are very easy to use and are available to everyone.

Your signature will confirm that you've read and understand the following:

- I understand that my childcare payment will be automatically withdrawn from my checking account or charged on my credit card on a weekly basis according to the schedule provided. Payments are due the Wednesday prior to the week attending.
- I understand that I must provide two weeks written notice before my automatic payment can be cancelled or changed.
- I understand that the YMCA automatic payment plans are continuous and will remain in effect until I cancel or change my payment preference in writing or until a program ends.
- I understand that the Taylor Family YMCA may, at their discretion, adjust the monthly rate associated with my childcare, provided they announce any rate change 30-days in advance.
- I understand that I am responsible for making funds available for each and every payment while I am enrolled as a YMCA member. I also understand that I will incur a \$25.00 service charge fee any payment declined by my bank or credit card provider.
- I understand that the YMCA reserves the right to cancel my childcare if a payment is not made prior to the camp week beginning.

Print Child's Name:

Print Program Name:

Please select a payment option below:

_____ EFT – I have attached a voided check.

_____ CAD – Please circle: Visa MasterCard Discover American Exp

Credit Card # _____

Expiration Date _____ / _____

Print Name (as it appears on Card) _____

Weekly Withdrawal Amount: \$ _____ Withdrawal Start Date: _____

I hereby authorize the Taylor Family YMCA to withdraw my weekly camp fees stated in the amount above from the designated credit card or account provided on my voided check. This authority is to r e m a i n in full force and effective until I provide the YMCA with 2-weeks written notice of my intention to cancel or change from a u t o m a t i c payment.

Please Print Authorized Name:

_____ Date: _____

Authorized Signature:

_____ Date: _____