



SCOTTSDALE/PARADISE VALLEY FAMILY YMCA 2021 LEADERS IN TRAINING REGISTRATION

***AGES 13-17**

Child's name _____ Birth date _____ Grade _____ Age _____
 Parent's name _____ Birth date _____ (required for registration)
 Address _____ City _____ AZ Zip code _____
 Primary Phone (C) or (H) _____ Work _____
 Parent's E-mail address _____ (required for registration)

MUST BE AT LEAST 13 YEARS OF AGE OR COMPLETED 6th GRADE. ALL PARTICIPANTS WILL PARTICIPATE IN AN INTERVIEW TO ENSURE YOUTH'S COMMITMENT TO THE PROGRAM. INTERVIEWS WILL BE HELD PRIOR TO ACCEPTANCE IN PROGRAM.

Weekly Fees (circle fee): **\$70 (Members) / \$100 (Non-Members)**

Please check the weeks you want reserved in each weekly session. A \$25.00 deposit is due per week, per child

Example: Weekly Camp fee is \$70 - \$25 deposit = \$45 your weekly amount due. Draft amount is the remaining amount due.

WEEK (✓)	PAYMENT OPTIONS			
	WEEKLY COST	PRE-PAID	DRAFT	DRAFT DATES
<input type="checkbox"/> May 31* - June 04	\$	\$	\$	MAY 21
<input type="checkbox"/> June 07 - June 11	\$	\$	\$	MAY 28
<input type="checkbox"/> June 14 - June 18	\$	\$	\$	JUNE 04
<input type="checkbox"/> June 21 - June 25	\$	\$	\$	JUNE 11
<input type="checkbox"/> June 28 - July 02	\$	\$	\$	JUNE 18
<input type="checkbox"/> July 05 - July 09	\$	\$	\$	JUNE 25
<input type="checkbox"/> July 12 - July 16	\$	\$	\$	JULY 02
<input type="checkbox"/> July 19 - July 23	\$	\$	\$	JULY 09
<input type="checkbox"/> July 26 - July 30	\$	\$	\$	JULY 16

REGISTRATIONS MUST HAVE THE FOLLOWING ATTACHED:

- Signed registration form Completed emergency information Behavior guidelines

Payments and Billing:

- Payment due dates (10 days in advance) are for all weeks reserved. Payments will be withdrawn on the noted due dates.
- Deposits are transferable. Deposits are not refundable. You are reserving a space for your child.
- There is no credit given for absent days.
- Reserved space will be forfeited if the payment does not clear your account. In order to attend camp all fees need to be paid in advance.
- Payments returned NSF for any reason will be re-posted electronically and you will be charged a \$25 processing fee.
- Any registrations received after the draft date (10 days prior to start of each week of camp) will need to be **PAID IN FULL**

FEES DUE AT TIME OF REGISTRATION

\$	Total of Prepaid Weeks	FOR OFFICE USE ONLY: ID #: _____ Date Received: / /2021 Camp Lead Initials: _____
\$	Total of all \$25 deposits for each week (\$25 x number of ✓'s)	
\$35 or \$0	Registration Fee (Facility Member \$0, Non-Member \$35 per child)	
\$15	YMCA T-shirt (mandatory)	
\$	TOTAL DUE TODAY	

Check here if you would like to have our Statement of Services emailed to you. Please refer to Statement of Service for all policies.

I have read, understand, and agree to adhere to the YMCA childcare program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE.

Parent/Guardian's Signature _____

Date _____

Financial Assistance is available upon request. You must fill out, attach a Financial Assistance form, and provide proof of income.

THIS PROGRAM IS NOT LICENSED BY THE STATE OF ARIZONA AND OPERATES UNDER AZ REVISED STATUTE 36-884.6



FOR YOUTH DEVELOPMENT™
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

EMERGENCY INFORMATION

Child's Name:		Date Enrolled:
Home Address/PO: State: Zip:		City: Email:
Home Phone:	Date of Birth:	Sex: Male Female

Mother/Guardian Name:	Home Address:
Cell Phone:	Business Phone:

Father/Guardian Name:	Home Address:
Cell Phone:	Business Phone:

I authorize the following individuals to collect my child from the facility in case of an emergency or if I cannot be contacted:

Name:	Telephone:
Name:	Telephone:
Name:	Telephone:
Name:	Telephone:

<p>In case of injury or sudden illness, I request that this individual be called first if parent/guardian is unable to be contacted</p>	<p>Name:</p>	<p>Telephone:</p>
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The following individual(s) may NOT remove my child from the facility:

<p>Name(s):</p>

Custody papers have been provided and are on file in the facility: Yes No N/A

Medical Information

<p>Is child allergic to food or other substances? If yes, describe symptoms, name food or substance to be avoided, and the procedure to follow if reaction occurs.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Is child usually susceptible to infections? If yes, list precautions that should be taken:</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Is child subject to convulsions? If yes, specify procedure if one occurs:</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Is there any physical condition that we should be aware of: If yes, list precautions that should be taken:</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Does child take medication on a daily/weekly basis? If yes, please list medication and reason:</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Additional Comments:</p>	
<p>Other special instruction or information we should be aware of concerning your child:</p>	

The Emergency Information provided is accurate and complete, front and back, and was provided by:
(I, Parent/Guardian, will continuously update this Emergency Information form as needed)

<p>Parent/Guardian PRINTED Name:</p>	<p>SIGNED Name:</p>	<p>Date:</p>
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BEHAVIOR MANAGEMENT GUIDELINES

It is the Y's goal to provide a healthy, safe, and secure environment for all program participants. Children who attend the program are expected to follow the behavior guidelines based on the Y's four core values and to interact appropriately in a group setting.

Behavior Guidelines:

- We will **CARE** for ourselves and for those around us.
- **HONESTY** will be the basis for all relationships and interactions.
- People are **RESPONSIBLE** for their actions.
- We **RESPECT** each other and the environment.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and program rules, and a discussion will take place.
3. If the behavior persists, a parent or caregiver will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent or caregiver so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem persists, staff will schedule a conference that includes the parent or caregiver, child, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent or caregiver may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the program, the Y reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a child for the remainder of the current day and the next day:

- Endangering the health and safety of children or staff, members, and volunteers
- Stealing or damaging Y or personal property
- Leaving the program without permission
- Continually disrupting the program
- Refusing to follow the behavior guidelines or day camp rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the child a second time before expulsion. Immediate expulsion may occur if a child is in possession of or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

Parent or Caregiver Signature

I have reviewed with my child the Behavior Management Guidelines. I understand and agree to all of the terms presented in this document.

Parent or caregiver's signature

Date

Child's Signature

Date