



# YUMA FAMILY YMCA 2019 DAYCAMP REGISTRATION

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GRADE (2019/20) \_\_\_\_\_  
 PARENT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ (Required for registration)  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 HOME # \_\_\_\_\_ WORK# \_\_\_\_\_ CELL # \_\_\_\_\_  
 PARENT'S EMAIL ADDRESS: \_\_\_\_\_

FEES PER WEEK: **\$150** (Members) **\$205** (Non-Members) *PM Upgrades Available for Additional Fee*

DAYCAMP SITE LOCATION: YMCA HL SUVERKRUP – 1590 S Avenue C –Yuma (928)210-9485  
 HOURS: MONDAY - FRIDAY 6:30AM – 6:00PM

**Please check the weeks you want reserved in each session and your payment preference.**  
**If choosing to draft, a \$25.00 deposit is due per week, per child. Deposits are non-refundable and non-transferable.**  
*Example:* Camp fee is \$150 - \$25 deposit = \$125 your weekly amount due. Draft amount is the remaining amount due.

WEEK (✓)		INCLUDED OPTION	SPLASH CAMP UPGRADE OR	GYMNASTICS UPGRADE	WEEKLY COST	PRE-PAID	DRAFT	DRAFT DATES
1	<input type="checkbox"/> June 03 - June 07	<input type="checkbox"/>	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	\$_____	\$_____	\$_____	MAY 24
2	<input type="checkbox"/> June 10 - June 14	<input type="checkbox"/>	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	\$_____	\$_____	\$_____	MAY 31
3	<input type="checkbox"/> June 17 - June 21	<input type="checkbox"/>	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	\$_____	\$_____	\$_____	JUNE 07
4	<input type="checkbox"/> June 24 - June 28	<input type="checkbox"/>	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	\$_____	\$_____	\$_____	JUNE 14
5	<input type="checkbox"/> July 01 - July 05*	<input type="checkbox"/>			\$_____	\$_____	\$_____	JUNE 21
6	<input type="checkbox"/> July 08 - July 12	<input type="checkbox"/>	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	\$_____	\$_____	\$_____	JUNE 28
7	<input type="checkbox"/> July 15 - July 19	<input type="checkbox"/>	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	\$_____	\$_____	\$_____	JULY 05
8	<input type="checkbox"/> July 22 - July 26	<input type="checkbox"/>	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	<input type="checkbox"/> \$25 (M) <input type="checkbox"/> \$45 (NM)	\$_____	\$_____	\$_____	JULY 12

\*Closed Thursday, July 04

**FEES DUE AT TIME OF REGISTRATION**

<b>\$</b>	Total of Prepaid Weeks	<b>FOR OFFICE USE:</b>	
<b>\$</b>	Total of all \$25 deposits for each week (\$25 x number of ✓'s)	ID #:	Date Received: / / 19
<b>\$35 or \$0</b>	Registration Fee (Facility Member \$0, Non-Member \$35 per child)	Receipt #	Date Entered: / / 19
<b>\$15</b>	YMCA T-shirt (1 mandatory for field trips)	Registration Packet Reviewed:	/ / 19
<b>\$</b>	<b>TOTAL DUE TODAY</b>	Camp Lead Initials:	

- All payments are on the bank draft system attached to your debit or credit card account. Payments will be withdrawn weekly on the noted draft dates. Deposits are non-refundable and non-transferable. You are reserving a space for your child. This form contains the weeks you have reserved, your fees, and your payment due dates. There is no credit given for absent days. Your deposit and reserved space will be forfeited if the payment does not clear your account. If your payment is returned NSF for any reason, the items will be re-presented electronically and you will be charged a \$25 processing fee.
- A new blue emergency card, immunization records, and Best of Care form, and Permission to Transport must be submitted with this form
- Any registrations received after the draft date (10 days prior to start of each week of camp) will need to be **PAID IN FULL WITH AN ADDITIONAL \$10 LATE FEE** at the YMCA Welcome Center.
- I have read, understand, and agree to adhere to the YMCA child care 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.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Assistance is available upon request. Please complete a Financial Assistance Form and provide proof of income.  
 DES participants must attach the Certificate of Authorization listing correct location to this form.



## BEHAVIOR MANAGEMENT GUIDELINES

It is the Y's goal to provide a healthy, safe, and secure environment for all day camp 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 camper does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the camper to more appropriate behavior.
2. The camper will be reminded of the behavior guidelines and day camp 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, camper, 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 day camp 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 camper 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 day camp 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 camper a second time before expulsion. Immediate expulsion may occur if a camper 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.

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Parent or caregiver's signature

Date

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Camper's signature



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Child Care Administration

**BEST OF CARE**

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

**Instructions:** This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. If additional space is needed, attach a separate sheet of paper.

CHILD'S NAME	DATE OF BIRTH
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PARENT/GUARDIAN COMPLETING THIS FORM	WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?
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PROVIDER/CENTER NAME

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Has your child attended child care in the past?  Yes  No

*If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)*

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What did you like most about your child's previous child care setting?

What did you like least?

Other comments:

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What is important to you about your child's care?

Who is important to your child?

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Does your child prefer to play alone or with other children?  Alone  Other children

Does your child have a favorite toy or comfort object?  Yes  No

*If yes, what?*

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What is your child's current sleep schedule?

Does your child fall asleep easily?  Yes  No

What is his/her mood upon waking?

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What does your child like?

What does your child dislike?

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See reverse for EOE/ADA/LEP/GINA disclosures

CHILD'S NAME

Special things you say or do to comfort your child are?

How do you know when your child is:

*Happy?*

*Sad?*

*Mad?*

*Tired?*

*Other?*

How does your child react when:

*Something unexpected happens?*

*Something happens he/she doesn't like?*

*He/She is scared?*

*Other?*

Does your child have any health issues?  Yes  No

*If yes, please explain:*

Does your child have any other special needs?  Yes  No

*If yes, please explain:*

Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her?  Yes  No

*If yes, please explain:*

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

Parent/Guardian declined to complete

Parent/Guardian Signature

Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

Arizona Department of Health Services  
Bureau of Child Care Licensing

Travel Permission Form

R9-3-408.A.1.a-e  
R9-5-517.A.1

**PERMISSION to transport a child from the Facility or Group Home**  
My child has permission to be dropped off at or picked up from his/her school,  
bus stop or another location.

Child's name:	
Name of location where the child will be dropped off and/or picked up:	
*Beginning date:	*End date:
<small>*The time period is not to exceed 12 months, during which permission is given for other trips away from the facility or group home.</small>	
Time(s) to be dropped off and/or picked up:	
Special Instructions:	
Parent/Guardian Signature:	Date:

R9-3-408.B.1. - Maintain a copy of the written permission for 12 months after the date of the last trip.  
R9-5-517.A.2 - Maintain a copy of the written permission on facility premises for 12 months after the date on the written permission.



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SWIM AUTHORIZATION

Name of Child: \_\_\_\_\_ Grade/Group: \_\_\_\_\_

Swimming will occur according to the posted swim days per age group.

Children must come to camp with their: ●bathing suits ●a towel ●sun screen.

Please send clothes and swimsuits that children can change into independent of adult assistance. Please make sure all items are labeled with the child's name. All clothing should stay in the child's backpack when not being used. If you send your child to camp in their swimsuit, they must bring a full set of clothes to change into after swimming.

**My child may participate in swim and pool activities:**

Yes  No

**My child knows how to swim and is permitted to take the swim test to be able to swim in the "deep end":**

Yes  No

**My child may have sun screen applied by a YMCA staff member:**

Yes  No

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_