2024 Bath YMCA SUMMER CAMP REGISTRATION

Child Emergency Information

Child's Name:_____ Age:_____ Date of Birth:_____ Sex: M F

Address:_____ Town:_____ Zip:_____

School:_____ Grade 2024-2025:_____

T- Shirt Size: YS YM YL YXL

☐ Extra Camp Shirt (additional $11.00) (Cut off order date 05/01/2024)

Parent/Guardian Name:_____ DOB: _____ Relationship:_____

Address:_____ Town:_____ Zip:_____

Primary Phone:_____ Alternate Phone:_____ Email:_____

Business Name:_____ Business Phone:_____

Parent/Guardian Name:_____ DOB: _____ Relationship:_____

Address:_____ Town:_____ Zip:_____

Primary Phone:_____ Alternate Phone:_____ Email:_____

Business Name:_____ Business Phone:_____

With whom is the child living with: _____

Is there a Court Order? O Yes *(please attach)* O No

Parent/Caregiver to contact first: _____

Other Person to Contact: _____ Date of Birth: _____ Relationship: _____

Mailing Address: _____ Physical Address: _____ Town: _____

Zip: _____ Primary Phone: _____ Alternate Phone: _____

Email: _____ Business Name: _____ Business Phone: _____

Child's Physician: _____ Phone: _____ Address: _____

Child's Dentist: _____ Phone: _____ Address: _____

***Allergies:** _____ **Reaction:** _____

***Medical Conditions:** _____ **Daily Medications:** _____ (Please fill out Auth. To Dispense Medication)

Should your child have an allergy or medical condition, please contact the director prior to enrollment.

Authorized Pick-Up

The following people are the ***ONLY*** people to pick up my child, should I be unable to do so. We must be notified in writing of any changes in pick up routine. Please remind them to bring a picture ID when they come to pick up your child(ren).

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency Authorization

I_____ hereby authorize the Bath Area Family YMCA to arrange for medical and/or treatment for my child_____ should an emergency arise; during, summer camp or on a field trip. It is understood that a conscientious effort will be made by the YMCA to contact me at the emergency number I have provided before any medical action is taken. I understand that if the need arises, my child will be taken to the nearest hospital.

Parent/Caregiver's Signature: _____ Date: _____

Parent/Caregiver's Signature: _____ Date: _____

Insurance Information:
Policy Holder: _____ Policy #:_____

Does your child require reasonable accommodations under the Americans with Disabilities Act? O Yes O NO
If you have answered "YES" the Bath Y staff will reach out to you for a meeting to discuss any reasonable accommodation. The Bath Y is committed to providing programs and services to children and families in the community that are inclusive of individuals with special needs. In addition, the Y is committed to providing staff with clear and consistent guidelines for compliance with federal, state, and local laws, Association standards and best practice.

All information above MUST be completed prior to enrollment.

OFFICE USE ONLY	
☐ Climbing Waiver	☐ Field Trip & Bus Waiver
☐ Swimming Permission Form	☐ Photo Waiver
☐ Peanut & Tree Nut Notice & Agreement	☐ Sunscreen Waiver
☐ Family Handbook Understanding	☐ Immunization Records
☐ Financial Agreement	☐ Behavior Policy Understanding

If the above is not checked, the child does NOT have these forms on file. Therefore, they cannot:

- Climb the Rock Wall
- Ride the bus to go to the Y or field trips
- Swim
- Have photos taken of them to be on display or on the Y's website or social media platforms
- Have staff help apply sunscreen
- Be enrolled in the summer camp program

AUTHORIZATION

To Draw Debits or Drafts for Summer Camp Payments

YMCA-Bank and YMCA Credit Card /Debit Card Summer Camp Payment Agreement

Payment is due the Wednesday before the program start date. Automatic draft is available, please complete the form below.

1. I understand that this plan will remain in effect until the end of the contract period or until I request in writing that the debit end. I understand that the funds will need to be available by 5pm, five days prior to the start of care. If funds are not available at that time, an overdraft or decline of payment may occur and may result in additional fees charged by my banking institution and by the YMCA.
2. It is to my complete understanding that if I wish to cancel or change my status in any way; I must give the YMCA two weeks' written notice prior to my draft date. It will be my responsibility to notify the YMCA of any changes to my account. (i.e., new account numbers, new credit or debit card numbers and expiration dates)
3. As all contracts are weekly, payment is still expected during these 2 weeks even if the child is removed from the program earlier. Weeks will not be prorated.
4. Should my bank/credit card company for **any reason** not honor any summer camp draft, I realize that I am still responsible for that payment plus a service charge of $10.00-$30.00 applied by the YMCA. This is in addition to any service fee my bank/credit card company may charge. The rejected summer camp payment and service charge will be automatically resubmitted to your bank/credit card company. If there is a second rejection, you will be required to pay the summer camp payment and fees with an alternate form of payment.
5. A late pickup fee of $2.00 a minute after 5:30PM will be charged.
6. The Bath Area Family YMCA does not have the option of splitting or altering multiple family household payments. Payments and tuition for care will be taken as a single payment the week prior of the care provided. Child care payments will only be scheduled to draft from one payment method on file.

Please draft the indicated account every Wednesday

Draft Amount: $_____ *I understand that all drafts that are not weekly will vary by the number of weekly payments covered in each draft. **Additional fees incurred by registering for extra child care (field trips) or camp shirts will be added to my normal draft according to due dates.**

CHECKING / SAVINGS INFORMATION

I, _____ hereby give authority to _____
Name of Bank Customer — Name of Bank

to honor preauthorized checks drawn by the Bath Area Family YMCA on my account for summer camp payments. I understand that the Bath Y will send a preauthorized check to your bank. That preauthorized check will serve as notice and receipt for payment of child care.

Type of account**:** □ **Checking*** □ **Savings****

***We must have proof of your account in order to process your child care debit. For checking accounts, please attach a voided check or a photocopy of a check.

** For savings accounts, please bring this form to your financial institution and have them complete the information below.

ATTENTION: TO BE COMPLETED ONLY FOR DRAFTS FROM SAVINGS ACCOUNTS ONLY!

Routing number: _____ *Account Number:* _____

X_____ _____

(Bank Depositor Signature) (Date)

CREDIT CARD or DEBIT CARD

Name of Card Holder: _____ Visa MasterCard Discover Amex (Circle one)

Mailing Address of Card Holder: _____ Town: _____ Zip: _____

Credit Card Number: _____ Exp. Date: _____ **CVV#:** _____

Signature: X _____ Date: _____

FINANCIAL AGREEMENT

The following agreement is a binding agreement between the Bath Area Family YMCA and _____.
(parent/ guardian name)

I have read (or have had read to me) and understand the Payment Policy and Procedure Form. I realize that by signing this, I agree to comply with the above policy. If I am not able to adhere to these policies, I will contact the Youth & Family Director or the Child Care Billing Specialist.

I, _____, hereby enroll my child, _____, in the child care program of this facility listed above. My payment of $_____will be made by the previous WEDNESDAY of services rendered. In other words, payment is to be made 5 days in *advance* of service, not at the end of the completed week. Late fees will be applied accordingly.

Signed: _____ Date: _____

BEHAVIOR POLICY UNDERSTANDING

Mandatory

While most children in our care respond to our Typical Behavior Management Procedures, some children exhibit continuing behaviors that threaten the safety and development of other children/themselves, or have special needs necessitating the use of additional strategies. To ensure a smooth transition into our program and to ensure that our staff are adequately trained and/or have sufficient experience to meet the needs of all children for who they are responsible, we encourage parents of all children with known disabilities (medical, educational/developmental, and behavioral) to share additional information with the YMCA. (Helpful information includes diagnoses, recommendations by physicians, and recommendations by child development experts and other professionals who have relationships with the child and family.)

We want to provide children with the support they need to be successful in our program. If a child has known or diagnosed behavioral issues, we require to have the Individualized Behavior Plan in place at the start of the child's time in our program and ask that parents assist the YMCA in creating this plan. Cooperation and sharing of information go a long way toward making the child's transition as smooth as possible.

There may be times when your child's behavior requires a parent or caregiver to pick up their child immediately. In this instance parents or caregivers are required to pick up their child within 30 minutes of the phone call. Not adhering to this policy may result in termination of enrollment.

Because of the nature of our program, the Bath Y child care programs will adhere to a strict behavioral policy of each behavioral incident (Physical injuries/Incident Reports are different from Behavioral and are not a part of this policy) before your child will be terminated from Summer Camp. All incidents Behavioral and Physical will be documented and a written notice of termination will be provided.

***Disciplinary Action Reports/Termination are evaluated on situational bases.

_____ _____

Parent/Guardian Signature Date

ESSENTIAL ELLIGIBILITY CRITERIA

Due to the nature of a group-based style of this program, the following list of eligibility criteria has been developed to create a safe environment for all the children in our care. We will do our best to make any reasonable accommodation.

- Your child should be able to meet his/her personal needs (toileting, basic hygiene.)
- Your child should be able to move from place to place with the group without wandering off.
- Your child should be able to follow basic directions from staff.
- Your child should be capable of effective interaction in our group-based environment.
- Your child should be able to talk with a staff person when assistance is needed.

(PLEASE FAMILIARIZE YOURSELF WITH THE BEHAVIOR GUIDELINES &

PROGRAM DISIPLINE PROCEDURES OUTLINED IN OUR Y CARE HANDBOOK)

Does your child have any behavioral concerns? (i.e., that ability to follow the above requirements)
❑ YES ❑NO If "YES" please explain in detail (additional info may be attached)

_____
_____
_____
_____

Does your child have any disabilities or physical restrictions that we should be aware of? ❑ YES ❑ NO
If "YES" please describe any disabilities or physical restrictions of which you want us to be aware and any reasonable adaptations or accommodations that are requested? (Additional info may be attached)

_____
_____
_____
_____

Does your child have an IEP? ❑ YES ❑ NO If YES (IEP REQUIRED)

_____
_____
_____
_____

Is there anything we should know about your child to ensure their success in our program?

_____
_____
_____
_____
_____

ANYTHING that will help YMCA staff to better understand or work with your child should be indicated.

BATH AREA FAMILY YMCA
CLIMBING RELEASE and WAIVER of LIABILITY
ASSUMPTION of RISK and INDEMNITY AGREEMENT

I, the climber, (or parent/guardian if applicable), signing this form, understand that climbing is a potentially HAZARDOUS activity. I am well aware of the inherent risks in the use of the Bath Area Family YMCA Climbing Wall and have full knowledge of the nature and extent of all the risks associated with the use of the facility. I understand that the risks include, but are not limited to, serious injury and possible death, which may result from, among other things:

- Rope abrasion, entanglement and other injuries resulting from activates on or near the Climbing wall, such as, but not limited to:
    - Climbing, rappelling, belaying, and lowering of the rope, rescue systems and other rope techniques.
- Injury including death resulting from falling off the wall and hitting projections, (permanent or temporary), or the floor.
- Injuries resulting from falling climbers or dropped items, such as, but not limited to:
    - Ropes or climbing hardware.
- Cuts and abrasions resulting from contact with the Climbing Wall structure.
- Slips, trips, falls, rope burns or being dropped while participating or observing, at the Climbing Wall.
- Failure of ropes, harnesses, climbing hardware, anchor points, or any other part of the Climbing Wall structure.

I understand that I am voluntarily participating in this activity with knowledge of the danger involved and agree to accept all risks of personal injury, damage to property and possible death. I fully realize and understand that the YMCA does not warrant or guarantee, in any respect, the physical condition of the Climbing Wall or any of the equipment that will be used in connection with this activity. I understand that the Bath Area Family YMCA will offer helmets for use by climbers and that the climber may decline to wear one. I further understand that such failure would increase the risk of head injuries and I assume such risks. Consideration of being permitted to use the Bath Area Climbing Wall today, and on any and all future dates, on behalf of my heirs, my state's personal representative and myself.

I HEREBY RELEASE AND DISCHARGE THE BATH AREA FAMILY YMCA FROM ALL LIABILITY AND I COVENANT NOT TO SUE FOR ANY AND ALL LOSS OR DAMAGE, AND ANY AND ALL CLAIMS OR DEMANDS ON ACOCUNT OF INJURY TO ME, OR MY PROPERTY, ARISING OUT OF, OR RELATED TO, MY USE OF THE CLIMBING WALL, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE BATH AREA FAMILY YMCA. I HEREBY ASSUME FULL REESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE ARISING OUT OF, OR RELATED TO, MY USE OF THE CLIMBING WALL, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE BATH AREA FAMILY YMCA.

I further agree to indemnify and hold harmless the Bath Area Family YMCA, its employees, volunteers, trustees, officers, members, and agents from any and all present and future claims, resulting from or arising out of my use of the Climbing Wall and any negligence on the part of the Bath Area Family YMCA. I certify that I have sufficient insurance to cover any property damage, personal injury, loss of life, or other loss caused by, or suffered by me, that arise in any way out of participating in the Bath Area Family YMCA climbing activities.

In the event of any accident or injury, I hereby give consent for any designee of the YMCA to provide or procure any medical treatment deemed necessary on my behalf, including the provision for, or arranging for, any necessary emergency, medical services, and transportation to an appropriate medical facility, should that be required.

I understand and agree that all climbers and observers may be photographed and/or videotaped without their specific consent. I hereby authorize the Bath Area Family YMCA to use any photographs or videotape for all purposes, including as marketing or educational materials.

I further acknowledge that I have read and understand the Bath Area Family YMCA Climbing Wall rules and safety procedures and agree to comply with them. If any portion of this agreement is held invalid, it is agreed that the balance shall nevertheless continue with full force and effect and remain binding upon all parties, subject to the above terms and conditions.

I HAVE READ THIS **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT** AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT AND INTEND

THAT MY SIGNATURE BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY MAINE LAW.

Climbers Printed Name: _____ Age: _____

Street Address: _____

Town/State/Zip: _____

Home Telephone: _____ Office Telephone: _____

Climber's Signature: _____ Date Signed: _____

IF CLIMBER IS UNDER AGE 18:
I AM THE CLIMBER'S PARENT OR LEGAL GUARDIAN AND HAVE CAREFULLY READ THE ABOVE AGREEMENT AND HAVE BEEN GIVEN AN OPPORTUNITY TO REVIEW ITS MEANING WITH OTHERS, AND I BELIEVE THAT I UNDERSTAND ITS MEANING AND LEGAL EFFECTS ADEQUATELY.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date Signed: _____

Reviewed and accepted by YMCA employee: _____ Date Signed: _____

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FIELD TRIP & BUS WAIVER

I _____, understand that The Bath Area Family YMCA transports my child _____ during summer camp for field trips. I give my permission to the Bath Area Family YMCA to transport my child during the times summer camp is in operation.

X_____ _____
(Parent/Legal Guardian Signature) (Date)

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SWIMMING PERMISSION FORM

Child's Name_____
My child's swimming ability is:
__ **Water adjustment incomplete (unable to swim/afraid of water)**
__ **Non-swimmer, but comfortable (will go to the pool with familiar adults)**
__ **Swims independently, with flotation**
__ **Swims independently**
I give permission for my child _____to participate in open swim and free swim at the Bath Area Family YMCA.

X_____ _____
(Parent/Legal Guardian Signature) (Date)

.....

PHOTO WAIVER

I give permission for the Bath Area Family YMCA to use, display, publish, etc. photos in print and video footage of my child _____participating in YMCA programs or activities. No names will be used.

X_____ _____
(Parent/Legal Guardian Signature) (Date)

.....

PEANUT/TREE NUT FREE PROGRAM WAIVER

I understand that all Bath Area Family YMCA child care programs are peanut & tree nut free environments. I understand that I may NOT send my child with food that includes peanut or tree nuts. Noncompliance with this policy will result in my child not being allowed to eat their snack or food. Continued noncompliance with this policy may result in termination of enrollment.

X_____ _____
(Parent/Legal Guardian Signature) (Date)

.....

SUNSCREEN PERMISSION FORM

I give permission for the Bath Area Family YMCA staff to apply sunscreen to my child as needed. (Spray sunscreen ONLY)

X_____ _____
(Parent/Legal Guardian Signature) (Date)

.....

FAMILY HANDBOOK UNDERSTANDING

I have received, read, and understand the Summer Camp Family Handbook. I am aware of all policies & procedures outlined in the handbook.

X_____ _____
(Parent/Legal Guardian Signature) (Date)

Bath Area Family YMCA
303 Centre St., Bath, ME 04530
Phone (207) 443-4112 Fax (207)4431079

Authorization to Dispense Medication

(Prescription & Non-Prescription)

I hereby authorize_____to administer the following medication to

Name of Facility

_____ _____

Name of Child *Prescribing Physician (when applicable)*

Name of Medication	Dosage	Time(s) to Give	Continue this medication until

Medication must be in its original container with the child's name on it.

(Container should be up to date & not expired)

I,_____have given the first dosage on _____

Name of individual administering meds *Date*

_____ _____

Name of parent/Guardian (please print) *Signature of parent/Guardian*

Date: _____

Record of Medication: Use this to indicate dosage(s) given and as a reference for sharing this information with the child's parent. When complete, please return, and add to child's file.

Amount	Time	Date	Initials	Notes (As needed)

2024 Summer Day Camp Registration

Day Camp at Bath YMCA

*Please indicate the summer camp weekly program you would like to register for by checking the box to the left of each.

* In order to receive member rates, you will need to be a member at the time of registration and remain a member throughout the summer.

* Additional Care Runs: (Please see the end of registration to register for this care)

    *Early Drop Off- 6:30AM-9:00AM

    * Late Pick Up- 4:00PM-5:30PM

* Field trips are subject to change based on bussing availability.

* Swim lessons are not required, but will be offered Monday-Friday 8:00AM-9:00AM.

    <u>*Please circle swim lessons wanted for weeks attending.</u>

*5% discount on each additional child enrolled. This does not include additional charges or swim lesson fees.

* $25 registration enrollment fee; per weeks enrolled for summer camp. (Not applicable for pay in full).

* Pay in full option is **<u>ONLY</u>** for 9 Weeks and is nonrefundable. Pay in full options will not be prorated for sick, vacation, or non-attended days.

    * DO NOT select pay in full if you are not paying for all 9 weeks up front.

    * Pay in full option is only available until 5/1/2024 OR until weeks fill.

    * Additional charges for field trips/swim lessons are not discounted/added into pay in full prices (will need to be paid the week prior).

    *Pay in full offers a 10% discount. Sibling discounts cannot be combined with this offer.

Mark "X" to enroll	Program	Fee	Add. Field Trip Fee	Swim Lessons Circle to enroll
	Full Summer Camp Enrollment: Pay in Full (due at registration) (9 weeks)			
	Basic Summer Camp (9:00AM-4:00PM)	Member: $1701 Community Member: $1863	Paid week prior: See week by week pricing	
	Basic Summer Camp W/ Before Care (6:30AM-4:00PM)	Member: $1944 Community Member: $2106	Paid week prior: See week by week pricing	
	Basic Summer Camp W/ After Care (9:00AM-5:30PM)	Member: $1954 Community Member: $2065.50	Paid week prior: See week by week pricing	
	Basic Summer Camp W/ Before & After Care (6:30AM-5:30PM)	Member: $2146.50 Community Member: $2308.50	Paid week prior: See week by week pricing	
	Weekly Summer Camp Enrollment: Weekly Payments			
	Session 1: 6/24-6/28 Bath First Responders	Member: $210 Community Member: $230		Member: $95 Community Member: $120
	Session 2: 7/1-7/5 (No CARE 7/4) Cook Out	Member: $210 Community Member: $230		Member: $95 Community Member: $120
	Session 3: 7/8-7/12 Mr. Drew & His Animals Too	Member: $210 Community Member: $230		Member: $95 Community Member: $120
	Session 4: 7/15-7/19 Botanical Gardens	Member: $210 Community Member: $230	$20	Member: $95 Community Member: $120
	Session 5: 7/22-7/26 FunZ Jump Park	Member: $210 Community Member: $230	$25	Member: $95 Community Member: $120
	Session 6: 7/29-8/2 Seadogs Game	Member: $210 Community Member: $230	$25	Member: $95 Community Member: $120

	Session 7: 8/5-8/9 Smitty's	Member: $210 Community Member: $230	$20	Member: $95 Community Member: $120
	Session 8: 8/12-8/16 Aquaboggan	Member: $210 Community Member: $230	$25	Member: $95 Community Member: $120
	Session 9: 8/19-8/23 Y-Lympics	Member: $210 Community Member: $230		Member: $95 Community Member: $120
	Early Drop Off Session 1	$30		
	Early Drop Off Session 2	$30		
	Early Drop Off Session 3	$30		
	Early Drop Off Session 4	$30		
	Early Drop Off Session 5	$30		
	Early Drop Off Session 6	$30		
	Early Drop Off Session 7	$30		
	Early Drop Off Session 8	$30		
	Early Drop Off Session 9	$30		
	Late Pick Up Session 1	$25		
	Late Pick Up Session 2	$25		
	Late Pick Up Session 3	$25		
	Late Pick Up Session 4	$25		
	Late Pick Up Session 5	$25		
	Late Pick Up Session 6	$25		
	Late Pick Up Session 7	$25		
	Late Pick Up Session 8	$25		
	Late Pick Up Session 9	$25		