

HAPPY CAMPER

YMCA Summer Day Camp

June 7 – August 13

Week Days: 9:00 am to 4:00 pm

Ages: Completed K through Age 13

Cost: \$170/week – YMCA Members

\$190/week – Non YMCA Members

WADSWORTH YMCA

623 School Dr.

Wadsworth, OH 44281

330.334.9622

Adventures! Swimming! Nature! Sports! Crafts!

Sign Up by 4/15 and SAVE \$40 Registration Fee

Paiton Hosey

**Program Director/ Day Camp
Director**

paitonh@akronymca.org

330.334.9622





PARENT INFORMATION PAGE



CAMP FEES

Registration Fee: \$40.00 per child
YMCA Member: \$170/week
Program Member: \$190/week
Camp Y-Noah Extended Care Fees:
\$45/week for Before AND After Care
\$25/week for Before OR After Care
***ALL Campers must have completed Kindergarten by the first day of camp and be under 13 years old.**



CAMP TIMES

Before Care: 7:00-9:00 am
Camp: 9:00 am-4:00 pm
After Care: 4:00-6:00 pm

Before and After Care are provided at no extra charge for children attending our day camp.



WHAT TO BRING

- Camp T-Shirt
- Closed Toe Shoes (Tennis Shoes)
- Packed Lunch- cold lunches only
- Water Bottle
- 2 Face Masks
- Backpack
- Swim Suit and Towel
- Sunscreen



WHAT NOT TO BRING

- Flip Flops or Crocs
- Cell phones or other Electronics
- Toys from Home
- Hand Sanitizer (will be provided)
- Valuables
- Two Piece Bathing Suits
- Money (unless requested)



DATES TO REMEMBER

First Day of Camp: June 7, 2021
Last Day of Camp: August 13, 2021



Special Needs

The Wadsworth YMCA Day Camp is open to children of all abilities. If your child has a special need, please feel free to speak with the Camp Director to arrange appropriate accommodations.



From exercise to education, from volleyball to volunteering, from preschool to preventive health, the Y doesn't just strengthen bodies -- we strengthen community! The YMCA strives to make programs and memberships available to all. Financial Assistance is available to those who qualify.



WHO TO CALL: 330-334-9622

Paiton Hosey:
DAY CAMP DIRECTOR
paitonh@akronymca.org



Wadsworth YMCA DAY CAMP

Wadsworth's BEST DAY CAMP



REGISTRATION CARD

CAMPER INFORMATION

To comply with State of Ohio Day Camp Licensing and the American Camp Association guidelines **all sections of this form must be completed** before we can accept any child for care. If you need assistance completing the form, please contact the Camp Director.

*** please print**

ELIGIBILITY: Children must have completed Kindergarten by the first day of camp and be under the age of 13 years old.

GENERAL CAMPER INFORMATION

CAMPER INFORMATION

Camper's first & last name _____ Date of birth _____

Home address _____

City, State, Zip _____

School _____ T-shirt Size: YS YM YL YXL AS AM _____ Grade in August 2021 _____

Gender Identity: male female prefer not to say

REGISTRATION

Please select only the weeks your child will be attending camp:

- Week 1 (6/7 – 6/11)
- Week 2 (6/14 – 6/18)
- Week 3 (6/21 – 6/25)
- Week 4 (6/28 – 7/2)
- Week 5 (7/5 – 7/9)
- Week 6 (7/12 – 7/16)
- Week 7 (7/19 – 7/23)
- Week 8 (7/26 – 7/30)
- Week 9 (8/2 – 8/6)
- Week 10 (8/9 – 8/13)

*Full tuition is due for all registered weeks if a written withdrawn notice is not submitted two weeks in advance to the Camp Director.

PARENT/ GUARDIAN INFORMATION

PRIMARY

Primary parent/guardian first & last name _____ Date of birth _____

Primary phone number _____

Secondary phone _____ Work phone _____

Email address *(required)* _____

Relationship to child _____

SECONDARY

Secondary parent/guardian first & last name _____ Date of birth _____

Primary phone number _____

Secondary phone _____ Work phone _____

Email address *(required)* _____

Relationship to child _____

EMERGENCY CONTACT INFORMATION

PRIMARY

Primary parent/guardian first & last name _____ Date of birth _____

Primary phone number _____

Secondary phone _____ Work phone _____

Email address *(required)* _____

Relationship to child _____

SECONDARY

Secondary parent/guardian first & last name _____ Date of birth _____

Primary phone number _____

Secondary phone _____ Work phone _____

Email address *(required)* _____

Relationship to child _____

PROGRAM WAIVER

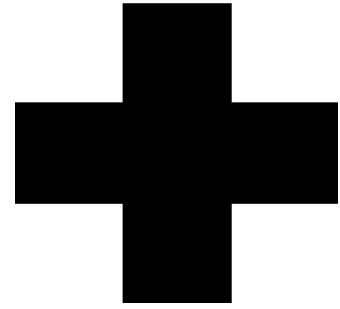
I/We understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement. I authorize the Akron Area YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes containing my image for its recordkeeping or marketing/public relations programs.

Signature of parent/guardian _____

Date _____



Wadsworth YMCA DAY CAMP



CAMPER HEALTH RECORD- 2021

Please remember to attach a copy of your child's immunization record as well as a copy of their Medical

* Please print

Camper's Name: _____ CAMPER DATE OF BIRTH: _____

CAMPER HEALTH HISTORY

1. Does your child have any food, medication or environmental allergies? YES NO
If yes, please list the allergy, symptoms and actions that should be taken if a reaction occurs:

2. Does your child have a special health or medical condition? YES NO
If yes, please list the condition, any special procedures that a staff member may be required to perform.

3. Is your child currently taking any medication? YES NO
If yes, please list the medication and dosage.

4. Does your child require medication to be given while at camp? YES NO
If yes, a **JFS01217** form must be completed and signed by a physician.

MEDICAL INSURANCE INFORMATION

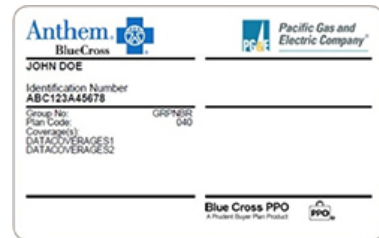
Is this camper covered by family medical/hospital insurance? YES NO

First and last name of primary Date of birth

Policy Number

Insurance Company Name


Insurance Company Phone Number



Please provide a copy of the front and back of your camper's Medical Insurance Card.

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

This health history is correct and accurately reflects the health status of the camper who is pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situations. I give the Akron Area YMCA permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photo copy/scan this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

 _____
Signature of Parent/guardian

Date



Wadsworth YMCA



REGISTRATION PACKET- 2021 CENTER POLICIES AGREEMENT

At the Y, we are fully committed to the participation of all individuals in our programs and will make every effort to meet your child's needs based on our available resources. Please contact the Camp Director prior to enrollment to discuss possible options.

* please print

General Policies

Initials

_____ There is a \$40.00, non-refundable, registration fee per child due at the time of enrollment. This fee will be waived if registration is completed and returned by April 15th, 2021 at 5:00 pm.

_____ Weekly tuition is due on Friday prior to the week of service via auto draft.

_____ If childcare payments fall one week behind I will be asked to withdraw my child(ren) until payment is made in full.

_____ Any balance of \$100 or more that is more than 30 days overdue will be turned over to a third-party collection agency and a \$15 fee will be added to the total balance.

_____ If I have balance with any facility within the Akron Area YMCA Association, I will be unable to register for any programs or membership until the balance is paid in full.

_____ A returned payment fee of \$5.00 will be charged for all payments returned.

_____ The YMCA will charge a late pick-up fee of \$15 for every 15-minute increment, if my child(ren) have are not picked up from the center by 6:00 pm. Three or more late pickups may result in the termination of care. The YMCA will contact Wadsworth Police Department if the child(ren) remain at the center longer than one hour after closing and all attempts to reach me, other custodial parents, and authorized persons have been made, without success.

_____ I am required, by the State of Ohio, to disclose all medical, physical, or behavioral issues that pertain to my child at the time of enrollment, and supplement that information on an ongoing basis if needed.

_____ I have read the YMCA Day Camp Registration packet and Parent Handbook, and agree to all terms therein for my child(ren) to receive childcare. I understand that I forfeit the privilege of childcare if all policies are not followed.

I have read and understand the policies of the Akron Area YMCA and agree to follow them.



Signature of parent/guardian

Date

Photograph Consent

I give my permission for my child _____ to be in photographs, slides, DVD's, and/or videotapes for the promotion of the Akron Area YMCA.

Parent/Guardian Signature _____ Date _____

Permission for Routine Walks

Weather permitting, I give permission for my child _____ to accompany his/her class/group on routine walks on Akron Area YMCA grounds and visits to the MetroParks.

Parent/Guardian Signature _____ Date _____

Child Drop-Off/Pick-Up Policy

When you enroll your child in any YMCA Child Care Program, it is to be understood that our policy is for you to bring your child into the center each morning, sign the attendance sheet, and let one of the staff members know your child has arrived. Please note: we are not legally responsible for your child when he/she is dropped off without completing the above procedure.

I understand that state law requires me to sign my child in and out each day, as well as notify staff that my child is leaving for the day.

Parent/Guardian Signature _____ Date _____

Permission for Routine Field Trips

I give permission for my child _____ to accompany his/her group on routine field trips throughout the week from 9:00 am - 4:00 pm June 7, 2021 - August 13, 2021. Transportation is provided by school buses.

Parent/Guardian Signature _____ Date _____

Permission to Participate in Swimming Activities

I give permission for my child _____ Date of Birth ___/___/_____ to participate in the following water activities at the following locations on the dates and times listed.

I am aware that my child will be near and/or have access to waters exceeding eighteen inches in depth. I also understand the center will always provide at least a 1:35 lifeguard to child ratio, and 1:14 counselor to camper ratio during all water and swimming activities.

Parent/Guardian Signature _____ Date _____