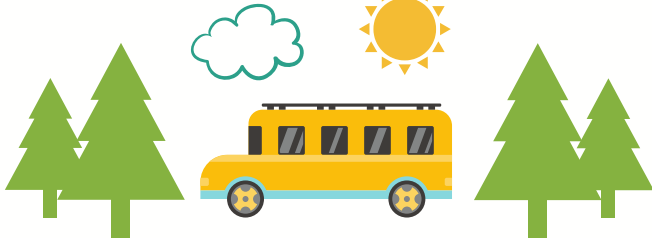




LAKE ANNA YMCA
500 W HOPOCAN AVE



2022

SUMMER

DAY CAMP

FIELD TRIPS • SWIMMING • OUTDOOR FUN

WEEKDAYS



9AM-4PM

FREE BEFORE & AFTER CARE AVAILABLE

JUNE 6 - AUG 19

★ AGES 6-12 ★

\$40 one-time Registration Fee

\$180/WEEK - Y MEMBERS

\$200/WEEK - NON Y MEMBERS


SIGN UP BY 4/14
AND SAVE \$40
REGISTRATION FEE

\$10/WK DEPOSIT & COMPLETED
CAMP PACKET REQUIRED AT
REGISTRATION

In-house registration only

VICTORIA GONZALEZ
PROGRAM DIRECTOR
Victorian@akronymca.org
330.745.9622



PARENT INFORMATION

2022



CAMP FEES

- Registration Fee:** \$40/child
YMCA Member: \$180/wk
Program Member: \$200/wk
Non-Refundable Deposit: \$10/wk

*ALL Campers must have completed Kindergarten by the first day of camp & be under 13 years old



WHAT TO BRING

- Camp Shirt
- Closed Toe Shoes
- Packed Lunch
- Labeled Water Bottle
- Swimsuit & Towel
- Labeled Sunscreen



CAMP TIMES

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



DO NOT BRING

- Electronics
- Flip Flops
- Toys from Home
- Money



DATES TO REMEMBER

- First Day of Camp:** June 6
No Day Camp: July 4
Last Day of Camp: Aug 19



SPECIAL NEEDS

The Lake Anna 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.





REGISTRATION FORM – 2022 – 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.

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

*** please print**

GENERAL CAMPER INFORMATION

CAMPER INFORMATION

.....
 camper's first & last name date of birth

 home address

 city, state, zip

 school Grade in September 2022
 Gender Identity: boy girl prefer not to say

REGISTRATION

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

- | | |
|--------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Week 1 (June 6-10, 2022) | <input type="checkbox"/> Week 7 (July 18-22, 2022) |
| <input type="checkbox"/> Week 2 (June 13-17, 2022) | <input type="checkbox"/> Week 8 (July 25-29, 2022) |
| <input type="checkbox"/> Week 3 (June 20-24, 2022) | <input type="checkbox"/> Week 9 (Aug 1-5, 2022) |
| <input type="checkbox"/> Week 4 (June 27-July 1, 2022) | <input type="checkbox"/> Week 10 (Aug 8-12, 2022) |
| <input type="checkbox"/> Week 5 (July 5-8, 2022) | <input type="checkbox"/> Week 11 (Aug 15-19, 2022) |
| <input type="checkbox"/> Week 6 (July 11-15, 2022) | |

*Full tuition is due for all register 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

 primary emergency contact

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 emergency contact name

 primary phone number

 secondary phone work phone

 relationship to child

SECONDARY

.....
 secondary emergency contact name

 primary phone number

 secondary phone work phone

 relationship to child

PROGRAM WAIVER

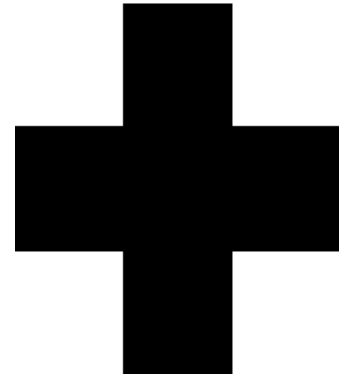
I/We understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment 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.

.....
 parent/guardian signature date



Lake Anna YMCA DAY CAMP

BARBERTON'S BEST DAY CAMP



CAMPER HEALTH RECORD - 2022

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

* please print

Camper's Name:	CAMPER DATE OF BIRTH:
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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 PROVIDER INFORMATION

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

first and last name of primary	date of birth	Child's Primary Care Provider
policy Number		Address
insurance Company Name		City, State Zip
insurance Company Phone Number		PCP Telephone Number

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



REGISTRATION PACKET- 2022
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

- 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, 2022 at 9:00 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 until payment is made in full.
- Any balance of \$100 or more that is over 30 days in arrears will be turned over to the 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 that 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 assessed for any and every payment return.
- The YMCA will charge a late pick-up fee in the amount of \$15 for every 15 minute increment per family 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 Summit County Children Services 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.

PUBLICLY FUNDED CHILDCARE RECIPIENTS ONLY

- The Lake Anna YMCA Day Camp only accepts full time enrollments (25+ hours) per week. I understand that my child must attend at least 25 hours per week or I will be responsible for paying the difference in the state reimbursement and full-pay rate.
- Parents/Guardians are fully responsible for ensuring that their ODJFS childcare case is active and children are authorized to attend the program.
- TAPS must be done daily via the KINDERSMART app or tablet at the center. Parents are responsible for ensuring that if a TAP is missed that it is corrected by 6:00 pm on Friday. Parents/Guardians will be charged the difference between their co-pay and weekly private pay rates if they fail to use the ODJFS TAPS system.

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



signature of parent/guardian date