



THE ONLY **SCREEN** THEY'LL NEED
THIS SUMMER IS
SUN SCREEN.



**SUMMER DAY CAMP
AT THE LAKE ANNA Y**

A SUMMER OF FUN AWAITS!

Ditch the screens this summer and get back to what it means to be a kid. In our Summer Day Camp program, campers will get the opportunity to build relationships with their peers, swim, go on field trips all over the greater Akron area, and--best of all--PLAY!

WEEKDAYS 9AM - 4PM | JUNE 5 - AUG 18 | AGES 6-12

PARENT INFORMATION

CAMP TIMES

BEFORE CARE: 7-9AM

DAY CAMP: 9AM-4PM

AFTER CARE: 4-6PM

DATES

FIRST DAY OF CAMP: 6/5

NO DAY CAMP: 7/4

LAST DAY OF CAMP: 8/18

CAMP FEES

REGISTRATION FEE: \$40/child

YMCA MEMBER: \$190/wk

PROGRAM MEMBER: \$210/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

DO NOT BRING

- Electronics
- Flip Flops
- Toys from Home
- Money

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.



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

IN-HOUSE REGISTRATION ONLY

Completed Camp Packet & \$10/wk Deposit
required at registration.

Pick up your packet at the front desk starting Feb. 1st!

QUESTIONS?

Contact Victoria Gonzalez

VICTORIAN@AKRONYMCA.ORG | (330) 745-9622





REGISTRATION FORM

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 AL Grade in Sept. 2022
 Gender Identity: ☐ Male ☐ Female ☐ prefer not to say

REGISTRATION

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

- | | |
|--|---|
| <input type="checkbox"/> Week 1 (June 5-9, 2023) | <input type="checkbox"/> Week 7 (July 17-21, 2023) |
| <input type="checkbox"/> Week 2 (June 12-16, 2023) | <input type="checkbox"/> Week 8 (July 24-28, 2023) |
| <input type="checkbox"/> Week 3 (June 19-23, 2023) | <input type="checkbox"/> Week 9 (July 31-Aug 4, 2023) |
| <input type="checkbox"/> Week 4 (June 26-30, 2023) | <input type="checkbox"/> Week 10 (Aug 7-11, 2023) |
| <input type="checkbox"/> Week 5 (July 3-7, 2023) | <input type="checkbox"/> Week 11 (Aug 14-18, 2023) |
| <input type="checkbox"/> Week 6 (July 10-14, 2023) | |

*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

 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 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

CAMPER HEALTH RECORD - 2023

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:

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



AUTHORIZED PICK UP FORM

Excluding custodial parents, only those listed below will be permitted to pick up your child. Please note that photo ID is required at the time of pick up. Changes may be made to this list at any time by contacting the Camp Director.

* Please Print

Camper's Name:

Authorized Pick Up #1

.....
First and last nameDate of birth

.....
Home address

.....
City, State, Zip

.....
Relationship to childPhone number

Notes:

Authorized Pick Up #2

.....
First and last nameDate of birth

.....
Home address

.....
City, State, Zip

.....
Relationship to childPhone number

Notes:

Authorized Pick Up #3

.....
First and last nameDate of birth

.....
Home address

.....
City, State, Zip

.....
Relationship to childPhone number

Notes:

Authorized Pick Up #4

.....
First and last nameDate of birth

.....
Home address

.....
City, State, Zip

.....
Relationship to childPhone number

Notes:


.....
Signature of parent/guardianDate

REGISTRATION PACKET- 2023

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 14th, 2023 at 8:00 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 a half 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