



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# IT'S THE SUMMER TO DISCOVER!

## HOW TO REGISTER YOUR CHILD?

Registration forms available at the Sandusky Area YMCA Welcome Center

Each week of summer day camp requires a \$25 deposit (*deposits are non-refundable and non-transferable*).

## QUESTIONS? WE ARE HERE FOR YOU.

**Denise Robinson**  
Program Director  
419-621-9622 ext. 15  
[drobinson@clevelandymca.org](mailto:d Robinson@clevelandymca.org)

## MEMBERSHIP



## NOT A MEMBER? Try a bundle!

Join the Y now as a Family or Single-Parent Family and:

- Get 20% off when you sign up for 3 or more weeks of camp
- Pay no Joiners Fee

## Sandusky Area YMCA Summer Camp

2101 W. Perkins Avenue, Sandusky 44870

**June 5 – August 18, 2017** (closed on Tuesday, 7/4/17)

**Member - \$100/week Non Member \$125/week**

Serving children ages 5 -12

### WE OFFER

- Convenient hours
- Swimming
- Fun weekly themes
- Dedicated, well-trained staff
- Financial assistance for those who qualify
- Daily curriculum activities with sports focus

### FUN WEEKLY THEMES

- Week of 6/5/17: Summer Olympics
- Week of 6/12/17: Space Explorers/Basketball
- Week of 6/19/17: Game Show Mania/Soccer
- Week of 6/26/17: Mad Scientists
- Week of 7/3/17: Amazing Race
- Week of 7/10/17: Christmas in July/Soccer
- Week of 7/17/17: Wacky Water
- Week of 7/24/17: Animal Planet/Basketball
- Week of 7/31/17: Getting Buggy/Flag Football
- Week of 8/7/17: Survivor
- Week of 8/14/17: Sports Extravaganza

### BRING TO CAMP

- Water Bottle
- Lunch and a snack! **First week only**. We are moving all day and these kids get hungry
- Tennis shoes and sunscreen
- Swim Suit and a towel

### DAILY SCHEDULE

9:00-9:30	Camp Opening
9:30-10:30	Sports and Crafts
10:30-10:45	Bathroom Break
10:45-11:45	Sports and Science
11:45-12:30	Group Activity
12:30-1:15	Lunch
1:15-2:00	Outside Play
2:00-3:00	Sports and Outdoor Activity
3:00-3:45	Group Team Building Activity (3:15-3:45 Snack)
4:00pm	Camp Closing/ Pickup

### SWIMMING

Tuesdays and Thursdays 1:00-3:00

**Free lunch and afternoon snack daily for all campers beginning the week of 6/12/2017.**

### WHY SUMMER DAY CAMPS?

Summer just wouldn't be the same without the excitement and adventure of Summer Camp! Kids come together for a fun-filled summer of games, arts and crafts, water fun, sports, nature, community projects and new friendships.

### WHERE KIDS GROW AND SHINE

The YMCA is committed to the healthy development of kids through a broad range of activities that instill positive values, build self-confidence while emphasizing the Y's four core values of caring, honesty, respect and responsibility.

### KIDS LOVE US!

There is no place like the Y for kids during summer. There able to try new things and learn lessons that will serve them throughout their lives. They get to: play games and sports; spend time outside; enjoy swimming and make many new friends.



# 2017 SANDUSKY SUMMER CAMP REGISTRATION

Please note: You will receive an email confirmation once your registration has been processed.

**MEMBER \$100 NON MEMBER \$125**

## PROGRAM REGISTRATION – SELECT ALL THAT APPLY

<input type="checkbox"/> WEEK OF 6/5 – 6/9	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F
<input type="checkbox"/> WEEK OF 6/12-6/16	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F
<input type="checkbox"/> WEEK OF 6/19-6/23	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F
<input type="checkbox"/> WEEK OF 6/26-6/30	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F
<input type="checkbox"/> WEEK OF 7/3-7/7	<input type="checkbox"/> M	CLOSED	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F
<input type="checkbox"/> WEEK OF 7/10-7/14	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F
<input type="checkbox"/> WEEK OF 7/17-7/21	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F
<input type="checkbox"/> WEEK OF 7/24-7/28	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F
<input type="checkbox"/> WEEK OF 7/31-8/4	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F
<input type="checkbox"/> WEEK OF 8/7-8/11	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F
<input type="checkbox"/> WEEK OF 8/14-8/18	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F

## CAMPER INFORMATION – PLEASE PRINT

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Grade completed as of June 2017 \_\_\_\_\_ Gender  M  F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Race:  Caucasian  African-American  Asian  Hispanic/Latino  Native American  Other

Does your child have an Individualized Education Plan (IEP), a 504 plan, and/or a special need that we should be aware of to ensure your child's success in the program?  Yes  No If yes, please describe (additional forms may be required).

Child resides with:  Mother  Father  Both  Other \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION – Both parents must be listed or use N/A if not applicable

#1 Parent/Guardian Full Name: \_\_\_\_\_ Gender  M  F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address – Home (Street, City, Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E- Mail \_\_\_\_\_

#2 Parent/Guardian Full Names: \_\_\_\_\_ Gender  M  F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address – Home (Street, City, Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E- Mail \_\_\_\_\_

Marital status of parents:  Single  Divorced  Widowed  Separated  Married

Annual household income:

\$0-\$13,999  \$14,000-\$24,999  \$25,000-\$39,999  \$40,000-\$54,999  \$55,000-\$74,000  \$75,000 and up



**SANDUSKY YMCA CAMP PAYMENT INFORMATION – PLEASE PRINT**

Registration fees include a \$25 (*non-refundable/non-transferable*) deposit for each week your child will attend. \_\_\_\_\_  
(initial)

All childcare payments and applicable fees will be collected either in full or pre-authorized checking account or credit card draft. \_\_\_\_\_ (initial)

Deposits will be drafted from the designated account listed below upon receipt of this registration form. Drafts are completed weekly and occur one week prior to each week of service \_\_\_\_\_ (initial)

You will receive an email confirmation when your registration is processed. Please refer to our parent handbook for more policy information. \_\_\_\_\_ (initial)

Please choose one of the following methods of payment:

- Private Pay  Scholarship  Other \_\_\_\_\_

Bank Draft Account Information:

Child's Name \_\_\_\_\_

Account Holder's Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I would like to donate to the YMCA Annual Scholarship Campaign and help send a child to summer camp. \$ \_\_\_\_\_

I authorize the Sandusky Area YMCA to automatically draft my designated account. If necessary, adjustments or entries to correct errors are also authorized. Rates may be subject to change upon 30 day written notice. All additional fees will be drafted from your account (credit card declines will be resubmitted with a \$30 fee until fees are collected).

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Submit Completed Registration Form To:

**Sandusky Area YMCA**  
Mail: 2101 W. Perkins Ave Sandusky, Ohio 44870  
Email: drobinson@clevelandymca.org  
Fax: 419-625-6166

## CHILD ENROLLMENT AND HEALTH INFORMATION FOR SUMMER CAMP 2017

**This form shall be completed prior to the child's first day of attendance and updated annually and as needed.**

Child's Name		Date of Birth	First Day at Program	
Home Address			City	
State	Zip Code	Home Telephone Number		
Parent/Guardian Name		Relationship to Child		
Home Address		Home Telephone Number		
City		State	Zip	
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
<b>Where can you be reached while your child is in this program?</b>				
Parent/Guardian Name		Relationship to Child		
Home Address		Home Telephone Number		
City		State	Zip	
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
<b>Where can you be reached while your child is in this program?</b>				
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> as emergency contacts. List the name <u>of at least one person</u> who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b> . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.				
Name		Name		
City	State	City	State	
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital		Address	Telephone Number	
Name of Dentist		Address	Telephone Number	

Child's Name

### Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring program staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the program.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No  
 Yes - check all that apply     Food     Medication     Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical conditions? (*check one*)

- No  
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Are there any activities your child should not participate in because of health reasons? (*check*

- one*) No  
 Yes - please explain

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check*

- one*) No  
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the  program? No

- Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check*

- one*) No  
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food  group? No

- Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."  
 N/A - child does not attend a full time program.

Child's Name
List any history of hospitalization, diseases, outpatient surgery, or previous health concerns (physical/mental) that would be needed to assist the staff <b>or medical personnel</b> in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

**Emergency Medical Treatment/Transportation Authorization**

Program Name	
has permission to secure emergency transportation/medical treatment 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.	
Parent's Signature	Date

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the program's policies and procedures/handbook. (check one)     Yes     No

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

**Swimming Permission**

The camp will swim on designated dates and times provided in advance to the parent/guardian. The camp will NOT be providing additional adults above the required staff /child ratios.

**(CHECK APPROPRIATE ANSWER):**

1. My child is a \_\_\_ SWIMMER \_\_\_ NON-SWIMMER
2. Swimming Ability (check one) \_\_\_ swimmer \_\_\_ non-swimmer \_\_\_ beginner  
    \_\_\_ Intermediate \_\_\_ advanced
3. My child has permission to participate in water activities \_\_\_ YES \_\_\_ NO

Parent's Signature	Date
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## 2017 Sandusky Area YMCA Permission Form

### Waiver

I am an adult over 18 years of age and wish my children or legal wards to participate in Sandusky Area YMCA (the "YMCA") membership/program activities, and give them permission to participate in YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read the authorization, waiver, and release, understand it, and am voluntarily signing it.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photography Release

I give my permission to the Sandusky Area YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include me or my children's image, voice, or name for the purpose of promotion of interpreting YMCA programs.

I hereby release and discharge the Sandusky Area YMCA, as well as the person/organization for who took the photographs, from any and all claims and demands arising out of or in connection with the use of the photos or videotaping.

No; I do not want my child to be photographed

Yes; my child may be photographed for these purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization for Release

I hereby authorize the Sandusky Area YMCA to release my child, \_\_\_\_\_, to the following individuals. In addition, I understand that for safety purposes, photo identification will be requested for verification purposes.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_