

## 2024 EDMONT SUMMER DAY CAMP REGISTRATION

(for children entering grade K-5 fall of 2024)

### CHILD BEING ENROLLED:

Child's First & Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_\_\_

Please mark with an "x" which week(s) your child will attend:

<b>May 28<sup>th</sup> – 31<sup>st</sup></b>	<b>June 3<sup>rd</sup> – 7<sup>th</sup></b>	<b>June 10<sup>th</sup> – 14<sup>th</sup></b>	<b>June 17<sup>th</sup> – 21<sup>st</sup></b>	<b>June 24<sup>th</sup> – 28<sup>th</sup></b>

Days of the week your child will attend:        MON   TUES   WED   THURS   FRI

### FIRST PARENT/GUARDIAN:

This parent/guardian will be contacted first in case of emergency and MUST sign this form.

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Marital status: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to receive email reminders for upcoming events?        YES    NO

Preferred form of communication:        TEXT    EMAIL

### SECOND PARENT/GUARDIAN:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to receive email reminders for upcoming events?        YES    NO

### ADDITIONAL CONTACTS:

To be contacted in the event of an emergency and neither parent/guardian above can be reached:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### At the conclusion of each day my child:

- |  |     |    |
|--|-----|----|
| 1. May walk or ride their bike to his/her next destination             | YES | NO |
| 2. Will be picked up by a parent/guardian or additional contact person | YES | NO |

MEDICAL INFORMATION:

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any special dietary needs or allergies below. If your child should have an allergic reaction please request and complete an action plan, such as an epi-pen, allergy medication that you provide, etc.

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If your child has a disability, or condition that requires medication or other accommodations, please inform the YMCA of your child's needs before the program begins to ensure that the YMCA is prepared to address your child's needs. Once a parent/guardian submits a modification request, the Edgemont YMCA will consider the request on a case-by-case basis and will attempt to accommodate your child within seven days from the date the request is received.

IEP or 504: \_\_\_\_\_ Outside services: \_\_\_\_\_

Please provide information and documentation on any outside services of IEP/504 currently in place.

I feel that my child will successful in a group childcare setting:

With Accommodations \_\_\_\_\_ Without Accommodations \_\_\_\_\_

If you feel accommodations are needed, please request an accommodation form from the director.

MENTAL, EMOTIONAL, and SOCIAL HEALTH: (Circle "Yes" or "No" for each statement)

Has the camper:

1. Ever been treated for ADD or ADHD? Yes No

2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No

Please explain:

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3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No

Please explain:

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4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Yes No

Please explain:

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I am aware that participating in any indoor/outdoor program can involve many risks. Because of the dangers of participating in any of these programs, I recognize the importance of my child following the counselor's instructions and guidance and agree to aid in the adherence of such instruction and guidance.

I understand that all the necessary precautions are made for the safety of my child, however, in the event of injury or illness, I agree to hold harmless and indemnify the YMCA, volunteers, and staff associated with this program. I further agree to allow emergency treatment of my child in the event I or the emergency contacts are not available. I also understand that the YMCA does not carry accident insurance and that all injuries related to this program will be referred to my personal medical policy.

I have disclosed information regarding any accommodation for above named child.

I give my consent for my child to take part in field trips or excursions under proper supervision as well as being transported in a YMCA or Edgemont school vehicle.

I also give my consent to the YMCA to take pictures of my child for YMCA publications.

First parent name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

First parent signature: \_\_\_\_\_