



2025 Custer Summer Camp Sign-up

Child's name:

Kidstop Hermosa Summer Camp 2025

Our theme this summer will be: *"A Journey Through Time"*

Each Camp session is designed as 2-week blocks:

June 2nd – June 13th Precambrian

June 16th – June 27th Triassic

Costs:

\$120 YMCA Members

\$145 Program Participant

\$50 Nonrefundable Registration Fee

___yes___no June 2nd – June 6th "Rock hunt on the road and welcome"

___yes___no June 9th – June 13th "Museum of Geology"

___yes___no June 16th – June 20th "scavenger hunt"

___yes___no June 23rd – June 27th "Dinosaur Park Rapid City"

Remember: If you sign up for a camp you agree to pay fees regardless of if your child attends the entire session or not.

Custer YMCA Child Development Programs
Child Information Form
2025 Summer Camp

Enrollment Information:

Rate: _____ Youth member _____ Family member _____ Non-member

School District

Grade _____

Parent/Child Information:

Child Being Enrolled:

Name: _____

Address (if different from 1st parent): _____

Phone #: (if different from 1st parent): _____

Sex: Male Female Date of Birth: _____

Siblings: _____ Age _____ Age _____

_____ Age _____ Age _____

First Parent:

Name: _____ Email: _____

Address (if different): _____ Zip Code: _____

Home Phone (if different): _____ SS#: _____

Employer:

Work phone: _____ Cell phone: _____

Second Parent:

Name: _____ Email: _____

Address (if different): _____ Zip Code: _____

Home Phone (if different): _____ SS#: _____

Employer:

Work phone: _____ Cell phone: _____

Contact People: (these people will be contacted in the event of an emergency if parents are unavailable)

Name: _____

Relationship to child: _____

Home Phone # _____ Work Phone # _____

Authorized to pick up: YES NO

Name: _____

Relationship to child: _____

Home Phone # _____ Work Phone # _____

Authorized to pick up: YES NO

Does your child have any swimming experience? _____

Does your child have any special problems or fears? _____

Does your child have any developmental needs that we should know about? _____

Does your child play well with others? _____

Does your child have any pets? _____

What are your child's favorite activities and or toys? _____

Is there anything that you would like us to know about your child? _____

Medical Information:

Physician: _____ Address: _____

Phone: _____ Alternate # _____

Hospital Preference: _____

Medical form on file: YES NO Chicken Pox Vaccine: YES NO

Dentist: _____ Phone # _____

Allergies: _____

Medications: _____

Medical Problems or limitations to participating: _____

Please initial that you understand the following policies:

Emergency Care Consent:

_____ I hereby authorize the Custer YMCA to secure emergency medical treatment and transportation for my child under the following conditions:

1. An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of my child.
2. Reasonable attempts to contact me have failed.

Field Trips/Photos:

_____ I understand that all programs take part in field trips. I give my consent for my child to take part in field trips or excursions under proper supervision.

_____ I give my consent to the YMCA to take pictures and videos of my child for YMCA publications.

_____ I am aware that participating in any indoor/outdoor program can involve many risks or injury. Because of the dangers of participating in any of these programs, I recognize the importance of my child following the teacher's instruction and guidance and agree to obey such instruction and guidance. I understand all precautions are 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 these programs. I understand the YMCA does not carry accident insurance and that all injuries related to this program will be referred to my personal medical policy.

Illness:

_____ No child who appears sick will be allowed to stay in childcare. Any child who appears sick and has a fever, flu symptoms, and or nasal discharge indicating an infection will be sent home.

Discipline:

_____ A pleasant and nurturing environment is our focus. The children are expected to be kind and considerate to each other, NO child will be allowed to intentionally hurt another person. If a child is disruptive to others and if "time out" is not working to maintain a healthy environment for all, the parents will be asked to help with cooperative discipline. In the event "time-out" and parental discipline is not effective, we may need to ask you to remove your child from this program. The well-being of all children is our priority. We believe every child deserves happiness and comfort. Rules exist for the benefit of all.

Payments:

_____ Kidstop is funded by the 21st Century Learning Centers Grant. A \$50.00 registration fee is due at the time of registration. Any family having a past due YMCA balance will not be allowed to register until said balance is taken care of.

Absences/Vacation/Drops:

_____ If a child does not use the Kidstop program for more than 5 consecutive days without giving prior notice to the Kidstop Site Coordinator, the child may be removed from the program in order to enroll someone on the waiting list who needs the program.

If a child is withdrawn from the program, written notification must be given to the program director. In the great majority of cases, termination of care by the parent is due to reasons such as relocation, loss of employment, etc.

Refunds:

_____ The program is a non-profit organization, which operates primarily on the tuition fees from each child. Therefore, it is essential that your fees be paid promptly and regularly. Because our program and licensing regulations require us to engage staff based on the number of children enrolled, we cannot refund or credit deposits on tuition.

Late Pick Up Fees:

_____ A late fee of \$1 per minute will be charged to all children after 5:30 pm. If an emergency delays you, please make sure to call before closing time or make other arrangements. The authorities will be called if your child is left after 6 pm and we have not heard from you.

THE HEALTH, SAFETY, AND WELL-BEING OF CHILDREN ARE OUR FIRST PRIORITY. WE CARE ABOUT YOUR CHILDREN AND PROMOTE AN ENJOYABLE ATMOSPHERE.

I HAVE READ AND UNDERSTAND THE ABOVE AUTHORIZATION, CONSENT, PAYMENT, AND ABSENCES/VACATION/DROPS/ILLNESS STATEMENTS.

I HAVE RECEIVED THE CUSTER YMCA CHILD DEVELOPMENT HANDBOOK AND READ THE ABOVE POLICIES. I UNDERSTAND AND AGREE WITH THE POLILCIES, PROCEDURES, AND PHILOSOPHY.

Parent Signature:

_____ **Date:** _____

Parent Email _____