

Franklin County Family YMCA CAMP HOPE 2020 REGISTRATION

IMPORTANT:

- **DSS Requires 100% of this form completed. Forms turned in with any blank spaces will not be accepted.**
- **This Summer Camp Registration must be accompanied by registration fee and payment for first week child is registering to attend, along with all DSS required documents.**
- **Please PRINT LEGIBLY!**

Start Date: _____ **End Date:** _____ **School:** _____ **Rising Grade:** _____

Last Name of Child Participating in camp _____ Address _____ City _____	Given First Name _____ _____ State _____	Goes by Name _____ Best Contact # _____ Zip Code _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ Age _____ Child Primarily resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____
---	--	--	---

LEGAL GUARDIAN	NAME	HOME #	CELL #	WORK #	EMPLOYER
<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Female person or agency having legal custody of child.	Address—				
<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other Male person or agency having legal custody of child.	Address—				

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

*Note: Section 22.1-4.3 of the Code of Virginia states that unless a court order had been issued to the contrary, the noncustodial parent of a student enrolled in public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Best Email: _____

**EMERGENCY CONTACTS WHEN LEGAL CUSTODIAN MAY NOT BE REACHED:
DSS REQUIRES 2 CONTACTS LISTED BELOW THAT ARE NOT LEGAL GUARDIANS!**

CONTACT	STREET ADDRESS & CITY, STATE	HOME #	WORK #	RELATIONSHIP

At time of registration, the parent will be given Pick-Up Authorization Cards for each of the authorized persons below.

AUTHORIZED	RELATIONSHIP	AUTHORIZED	RELATIONSHIP
1)		1)	
2)		2)	
3)		3)	

Please list any persons not authorized to pick up child:

EMERGENCY MEDICAL AUTHORIZATION

The parent(s)/guardian(s) authorized the YMCA to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. The parent(s)/guardian(s) understand that the provider will make every effort to contact them and/or their designated emergency contacts.

1. I will be responsible for payment of medical expenses.
2. Medical treatment costs are covered by:

Insurance Company: _____ Child's Physician: _____

Policy number: _____ Physician's Phone: _____

Does child take medication or vitamins by doctor's orders? No Yes* (please specify): _____

***If center is to administer meds, a medication authorization form my be correctly filled out and submitted.**

Parent Signature	Date	Received by (YMCA STAFF)	Date
------------------	------	--------------------------	------

**Franklin County Family YMCA
CAMP HOPE PARTICIPATION FORM**

Medical Information

Please indicate if your child has or is subject to any of the following:

asthma—____ yes ____ no if yes, is an inhaler required? Yes No

Please indicate if your child is allergic to any of the following. Write "NA" if not applicable:

insect toxin foods medication other (Please list) _____

Is EpiPen required: ____ Yes ____ No

Please indicated what type of reaction child has to the allergens and what action should be taken if reaction occurs. Also list any other pertinent medical information about child.

Personality is..... ____ shy ____ quite ____ aggressive ____ bullying ____ a leader

Health..... ____ robust ____ normal ____ below average

Appetite ____ above average ____ average ____ below average

Regarding child care, my child is ____ excited ____ apprehensive ____ nervous ____ upset

Health History (please check if your child has/had any of the following: ____ Asthma ____ Chicken Pox

____ Convulsions ____ Diabetes ____ Frequent Ear Trouble ____ Fainting Spells ____ Mumps

____ Frequent Colds ____ Heart Trouble ____ Frequent Sore Throats ____ Measles ____ Polio

____ Meningitis ____ Sinusitis ____ Tuberculosis ____ German Measles ____ Kidney Trouble

The code of Virginia requires licensed child care centers to verify children's identity and date of birth, and to identify previous child care providers. Please list previous child care providers below:

If no other child care providers have been used, indicate here: ____ None

If no concurrent child care service are being used, indicate here: ____ None or list: _____

Weekly Care

Days Needed for the Week of: _____

Place check the box you need.

Option 1: My Child will be enrolled (5 days) Monday through Friday.

Option 2: My child will be enrolled 4 days per week.

Monday Tuesday Wednesday Thursday Friday

Option 3: My child will be enrolled 3 days per week.

Monday Tuesday Wednesday Thursday Friday

Option 4: My child will be enrolled 2 days per week.

Monday Tuesday Wednesday Thursday Friday

Cost: \$26 per day

*Children must be picked-up on time. A \$1.00 late fee per minute charged from the time of closing until child is picked up.

YMCA STAFF:

I have checked and 100% of all requested information is listed.

Birth Certificate # _____

Copies of Physical Exam & Immunization Form are attached dated within 12 months.

Completed Payment Form is attached for first week attending which will be week: _____

I have given parent _____ security cards.

Received by: _____ on _____