



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Stanly County Family YMCA 2025 Summer Day Camp Registration Form

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

### PARENT CHECKLIST

- Form is complete
- Camper Info                       Healthy History/General Health ??
- Responsible Parties Info             Allergies/Medications
- Emergency Info                       Signed Waiver
- Family E-mail                         Week(s) Attending
- Code Word                             Full-time/Part-time
- Registration open for Y Members      February 17-March 1      Y Family Members \$0, Y Youth Members \$30
- Registration open to all                March 2                      Y Family Members \$0, Y Youth Members \$30,  
Program Participants \$30
- Late Registration Open where available      May 12-July 22            +\$25 per child
- Open Doors Scholarship Application attached with requested information
- Payment Options Form completed
- I would be willing to help send a child to camp by making a donation to the YMCA "Strong Communities Fund".
- Yes!                       Not at this time.                       Parent Initials

Child's T shirt size:  YXS  YS  YM  AS  AM  AL  AXL

### STAFF CHECKLIST

- Form is complete
- ODS form attached with requested information, if applicable
- Registration Fee/Camp Fee collected
- Y Family Member                       Y Youth Member                       Program Participant
- Amount paid w/ registration \$ \_\_\_\_\_      Rec. # \_\_\_\_\_      Ck# \_\_\_\_\_      CC# \_\_\_\_\_      Cash \_\_\_\_\_
- Date \_\_\_\_\_      Staff Initials \_\_\_\_\_

Notes \_\_\_\_\_

### ADMINISTRATION CHECKLIST

- Form is complete
- Correct fee collected
- ODS \_\_\_\_\_%       SD       CCD       SCSD       ED \_\_\_\_\_%
- BD or CC/DC draft set up
- Child Info set up
- Notes \_\_\_\_\_

**Summer Day Camp:**

**Weekly Fee**                      \_\_\_\_\_

**Discount?**                      \_\_\_\_\_

**Weekly Fee Due**                      \_\_\_\_\_

**Summer  
Day Camp  
Payment  
Option Form**

**What do I pay when I register?**

Registration is open to Y Members **February 17-March 1**.  
Y Family Members \$0, Y Youth Members \$30, program participants \$30

Registration opens to everyone **March 2**.  
**Y Family Members \$0, Y Youth Members \$30,  
Program Participants \$30.**

Late Registration will be accepted **May 12-July 22** where space is available.  
There will be a additional \$25/child late fee due upon registration.

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



To register for Summer Day Camp, there are two payment options:

Registration is open February 17-March 1 to Y members. Everyone may register beginning March 2. Late registration will be accepted May 12-July 22, where space is available for only \$25 per child. Register early to secure your child's place. **THIS IS A NON-REFUNDABLE FEE.**

After registering and your child's spot is secured there are three options to pay the balance of camp:

- Pay in full no later than first day child attends camp.
- Draft your bank account, debit card, or credit card weekly on Tuesdays two weeks before each week of attendance.

\*\*\*\*To make any changes to your Summer Day Camp registration/drafts, you must complete and return a "Request for Schedule Change" form at least two days before the specified draft date.

**Payment method for Summer Day Camp:**

\_\_\_\_ Option 1: Payment in full

\_\_\_\_ Option 2: If I didn't pay in full, then I give permission for the Stanly County Family YMCA to draft my bank account, debit card or credit card on Tuesdays two weeks before the next week of attendance. By chance, if the Y draft is declined, the YMCA has the **right to redraft me at any time**. If payment is not made on time, there will be a \$10 late fee added if my balance is not taken care of by that Friday. If the weekly payment is not made by the next Monday, I understand that care will be suspended until the balance is paid.

Below is my bank account information:

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**or**

Below is my credit/debit information:

VISA MC AMEX Discover (circle one) Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



# Camper Information/Medical Form

Camper's Name: \_\_\_\_\_

## Insurance and Medical Information:

Carrier/Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Provider: Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### \_\_\_\_ I HAVE INCLUDED A COPY OF MY CHILD'S IMMUNIZATION RECORDS.

Is camper currently taking prescription/over the counter medications? \_\_Yes \_\_No

List Medication/Dosage/Purpose: \_\_\_\_\_

(\*We may only administer meds that are sent in original container. A medication form must be completed by parent and given to Site Director before camper begins.)

•Does your camper have any condition that requires special care? \_\_Yes \_\_No

If yes, please specify: \_\_\_\_\_

•Has your camper had surgeries, illness or any severe injuries? \_\_Yes \_\_No

If yes, please specify: \_\_\_\_\_

•Does your camper have allergies? \_\_Yes \_\_No

If yes, please describe in detail: \_\_\_\_\_

•Does your camper have dietary restrictions? \_\_Yes \_\_No

Please explain: \_\_\_\_\_

•Does your camper (please circle) wear glasses wear contacts have braces have frequent headaches

other \_\_\_\_\_

•Please provide information we may not have asked that you feel is important for us to know as we include your child in our programs. \_\_\_\_\_

## WAIVER

\*\*This information given is complete and accurate. My child has permission to participate in all activities unless otherwise stated in writing.

\*\*I understand that the Stanly County Family YMCA assumes no responsibility for injuries or illnesses my child may sustain as a result of his/her participation in camp.

\*\*Prior to time of registration, I will discuss any special needs (behavioral problems or physical, emotional, psychological, or medication needs) with the Afterschool/Camp Director.

\*\*I understand and agree to the payment schedule for Summer Day Camp.

\*\*I understand that if my child becomes sick while at camp, I must pick him/her up immediately.

\*\*I give permission to the Stanly County Family YMCA to use pictures or videos of my child as a program participant in promotional literature/media/social media published and used by the YMCA.

\*\*In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child.

\*\*I understand that I am responsible for primary insurance for my child.

\*\*I have read and agree to all of the policies and financial expectations of the Stanly County Family YMCA Summer Camps.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Stanly County Family YMCA Field Trip Permission Form

Child's name \_\_\_\_\_

I permit my child to leave the YMCA on field trip listed on the Summer Day Camp schedule as a part of the Stanly County Family YMCA Day Camp Program. By signing this form, I give my child permission to be transported in YMCA vehicles. My child has permission to ride the YMCA bus without holding the Stanly County Family YMCA or it's Staff or Board liable if an accident occurs.

Parent/Guardian signature

\_\_\_\_\_ Date \_\_\_\_\_