



YMCA OF CENTRAL NEW MEXICO DAY CAMP ENROLLMENT FORM

YMCA OFFICE USE
<input type="checkbox"/> Signatures Completed
<input type="checkbox"/> Parent Handbook Received
<input type="checkbox"/> Shot Records Received
<input type="checkbox"/> Financial Aid Completed

CAMP SITE LOCATION	CHILD'S AGE	DATE OF BIRTH	GRADE IN FALL
CHILD'S NAME		SEX	PRIMARY PHONE
CHILD'S ADDRESS		CITY	STATE ZIP
PARENT/GUARDIAN NAME		DATE OF BIRTH	PRIMARY PHONE CELL PHONE
HOME ADDRESS		CITY	STATE ZIP
DRIVER'S LICENSE #	EMPLOYEEER	WORK PHONE	
PARENT/GUARDIAN NAME		DATE OF BIRTH	PRIMARY PHONE CELL PHONE
HOME ADDRESS		CITY	STATE ZIP
DRIVER'S LICENSE #	EMPLOYEEER	WORK PHONE	
EMERGENCY CONTACT		RELATIONSHIP	PRIMARY PHONE
HOME ADDRESS		CITY	STATE ZIP
SECURITY CODE	LIST LAST 4 DIGITS OF PARENT'S SOCIAL SECURITY NUMBER AS A SECURITY CODE. THIS CODE WILL BE USED WHEN CALLING IN A CHILD'S ABSENCE, ETC. FOR PHONE VERIFICATION		

I AUTHORIZE THE YMCA TO RELEASE MY CHILD TO THE ADDITIONAL FOLLOWING PEOPLE:

NAME	RELATIONSHIP	PRIMARY PHONE

CUSTODY/COURT ORDERS

Are there any court orders affecting custody of this child?)yes)No If yes, you **MUST** provide the YMCA with a copy of these orders.

Are there any restraining orders?)Yes)No Who has Primary custody of this child? _____

Child may be released to:)FATHER)Mother)OTHER/NOTES:

PARENT'S ACKNOWLEDGEMENTS AND STATEMENT OF CONSENT

TRANSPORTATION: (required for participation) I hereby give consent for my child to be transported and supervised by the YMCA to and from field trips. Advance notice will be given.

Parent Signature: _____ **Date:** _____

IMMUNIZATION/ SHOT RECORDS: I understand that due to licensing requirements the YMCA must keep all children's current shot records on file during Day Camp. I understand that I must provide the YMCA with a current copy of my child's shot records prior to their attendance.

Parent Signature: _____ **Date:** _____

WATER ACTIVITIES: (required for participation) I hereby give my consent for my child to participate in water activities that might be offered by the YMCA. I hereby give the YMCA staff permission to assist my child in the application of sunscreen. .

Parent Signature: _____ **Date:** _____

YMCA PARENT HANDBOOK: This is to acknowledge that the YMCA of Central New Mexico has provided me with a Payment Schedule, Policies, and my own YMCA Parent Guide/Handbook. I agree to read and adhere to the information included .

Parent Signature: _____ **Date:** _____

Please provide us with a current email address to receive notifications, reminders, newsletters and other important program information.

PARENT'S E-MAIL ADDRESS

CHILD'S HEALTH HISTORY	
Please list any DIETARY or Physical Restrictions: _____	
Please list any known ALLERGIES: _____	
Treatment to be given when in contact with states ALLERGIES: _____ _____	
Please check all the following that apply to your child's health history <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> AUTISM <input type="checkbox"/> DIABETES <input type="checkbox"/> ASTHMA <input type="checkbox"/> EPILEPSY <input type="checkbox"/> ASPERGER'S <input type="checkbox"/> DAILY MEDICATION <input type="checkbox"/> OTHER: _____	
Parent's Understanding of PROBATIONARY PERIOD and RATIOS: I understand that my child's enrollment is on a probationary period of up to 2 weeks. During this probationary period the YMCA will observe your child in the program environment to assess if the needs of the child are being met. I understand that my child must be able to comply with the YMCA guidelines and Code of Conduct stated in the Program Guide/ Parent Handbook.	
I understand that the YMCA of Central New Mexico Day Camp Programs generally have a staffing ratio 1:15. Do you feel this will be adequate for your child's needs? <input type="checkbox"/> YES <input type="checkbox"/> NO if no please explain: _____	
Parent's Signature: _____	Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION	
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the YMCA Director or person in charge to take my child to:	
NAME OF PHYSICIAN: _____	
ADDRESS: _____ _____	
PHONE NUMBER: _____	
HOSPITAL OR CLINIC: _____	
ADDRESS: _____ _____	
PHONE NUMBER: _____	
I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.	
<u>Unless selected otherwise, your child will be taken to the nearest emergency facility available.</u>	
Parent's Signature: _____	Date: _____
INSURANCE INFORMATION My child does ____ does not ____ have medical insurance for accidents and illnesses. I understand that if my child is uninsured that I will be responsible for any incurred medical costs due to any treatments, Medical or Emergency.	
Name of Insurance Co, _____	ID # _____
Group # _____	Expiration Date _____
Parent's Signature: _____	Date: _____

YMCA OF CENTRAL NEW MEXICO
Day Camp Enrollment Agreement
ymcacnm.org

Welcome to the YMCA of Central New Mexico Winter Camp! Our Policies, Procedures, Philosophy, etc. are more fully stated in the **Child Care Parent Handbook**. Please read it carefully; your signature at the bottom will mean that you understand and will follow our procedures and policies.

- First weeks fee due in full before attendance.
- Weekly fees are due no later than 6:00 p.m. on the Wednesday prior to the week's service is to be provided. If payment is not received by Wednesday at 6:00 p.m. for the following week, a \$10.00 late charge will be added to the amount due.
- The YMCA does not accept temporary checks or cash payments at day camp locations.**
- The YMCA offers automatic payment withdrawal options, please see the front desk for more information.
- There is a \$5 discount for a second child attending from a family, and for every subsequent child from that family.
- Signing participants in and out on a daily basis is required.
- Late Pick-Up Fee:** The YMCA Day Camp hours are 7:00 a.m. – 6:00 p.m. There is a late pick-up charge of \$1.00 per minute, or portion thereof for each child picked up after 6:00 p.m. Fee is due before or on the next day of attendance.
- Medications must be in the original container and can only be administered if prescribed by a physician.
- The YMCA will not be responsible for personal property brought from home. Games, electronic toys, and other expensive items are not allowed at camp.
- Damage to any property or vehicle that occurs from a deliberate act of any participant, while attending our programs, will be repaired or replaced at full expense by the child's parent or guardian.
- The YMCA reserves the right to disenroll participants at any time.

_ December 19 - 23 Week 1

_ December 26 - 30 Week 2

I understand and accept the YMCA of Central New Mexico terms and conditions of enrollment.		
Parent or Guardian's Signature _____	Printed Name _____	Date _____