



Hamilton Area YMCA

Preschool Summer Camp Registration Form

Child's Name: _____ Age: _____

Grade in September: _____ DOB: _____ Sex: ___ F ___ M

Child's Address: _____

Mother's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Mother's Address: _____

Father's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Father's Address: _____

Primary E-mail: _____

Child Release Information

The following information is considered confidential. **Parents are asked to keep this information current by contacting the Hamilton Area YMCA with changes.** Any adult picking up a child will be asked for identification. All persons must be at least 18 years of age. Authorization for Release procedures must be strictly adhered to. Your cooperation is requested and appreciated.

In addition to the parent(s) who have signed below, the following person(s) are authorized to pick up the child or to be contacted in case of an emergency if neither parent is available to assume responsibility for the child.

Name: _____ Primary Number: _____

Address: _____

Name: _____ Primary Number: _____

Address: _____

Please list any person(s) that are PROHIBITED from picking up the child: _____

If a non-custodial parent is **not included** among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate document (court order) required by The Division of Children and Families.

Parent Signature _____ **Date:** _____

Please check appropriate week and schedule attending:

Week	Full Day Camp	Extended Day Camp	Half Day Camp	Office Use Only
1				
2				
3				
4				
5				
6				
7				
8				

Child's Name _____

Hamilton Area YMCA
Preschool Summer Camp Program Medical Form

COPIES OF IMMUNIZATION RECORDS MUST BE ON FILE AT THE
CHILD CARE ADMINISTRATIVE OFFICE BY FRIDAY, JUNE 7.

Is your child under any medical restrictions? Yes No If yes, check all that apply:

Asthma Hearing loss Diabetes Convulsions Other: _____

Is your child taking any medication? Yes No If yes, please list: _____
(If medication is needed during the Program, an authorization form must be completed. The form can be obtained from the Director or from the child care office.)

Has your child been under a doctor's care or hospitalized within the last three years? Yes No

If yes, please explain: _____

Is your child allergic to any medications/food/insect stings? Yes No If yes, Please list _____

Child's Physician _____ Telephone Number _____

Physician's Address _____

Please notify the Hamilton Area YMCA office if your child is exposed to any communicable diseases during the school year.

As a parent/guardian of the above participating child, I certify that he/she is in good physical health and may participate in all of the activities of the Early Childhood Program, except as noted above.

Parent/Guardian Signature _____ Date _____

Parental Authorization for Emergency Treatment

In the case of emergency, illness, or accident to the child named on this form, the Hamilton Area YMCA is authorized to proceed as indicated below:

1. The Parent/Guardian will be contacted immediately.
2. If the Parent/Guardian cannot be reached, we will attempt to contact him/her through the emergency persons listed on the child's registration form.
3. If the Parent/Guardian still cannot be reached, the child's physician will be contacted.
4. If none of the above can be contacted, we will do any or all of the following:
 - a. Call for emergency first aid assistance/transportation.
 - b. Call another physician.
 - c. Have the child transported to an emergency hospital in the company of a Hamilton YMCA staff member. (Robert Wood Johnson University Hospital at Hamilton)

I state that I am the Parent/Guardian having legal custody of the above child and attest that the information at the top of the form is correct. I authorize the Hamilton Area YMCA staff to obtain emergency treatment for our child. I consent to an e-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

Parent Name (Print) _____ Parent Signature _____

Date of Signature _____



Hamilton Area YMCA Preschool Summer Camp REGISTRATION - Deposit, fees, payments

Parent Acknowledgement

I hereby enroll my child, _____,
in the Hamilton Area YMCA Preschool Summer Camp at the JKR Branch, and I;

1. Grant permission for the child to fully participate in all scheduled activities, including swimming, unless otherwise stated in writing to the Director, Y's Owls Preschool. Any conditions which might affect this child's performance at camp, or any conditions of which the staff should be aware (medical treatment, allergies, asthma, special requirements), are listed on the medical history part of the registration form.
2. Understand that at minimum a Hamilton Area YMCA Program Membership is required and must remain current through the duration of the program.
3. Understand I must complete the registration form, including the medical history and immunization information, in full, one form per child.
4. Understand I must leave at least a \$25.00 non-refundable, non-transferable deposit for each child, for each week registered.
5. Understand the Hamilton Area YMCA will refund payment, less the \$25.00 deposit, if cancellation is made by to June 7. Refunds will not be given after June 7.
6. **Understand that registrations will not be accepted after 4:00 p.m. on the Wednesday prior to camp start date.**
7. **Understand the first camp change is free, all subsequent changes are assessed a \$25.00 fee each time.**
8. Agree to pay the balance of camp fees in full. All payments must be paid in full by the date stated on Fee Schedule.
Registration taken after July 26 must be paid in full at the time of registration. Camp balances may be paid online, hamiltonymca.org or in the Childcare Administration Office, during scheduled office hours.
9. Understand I must supervise my child until he/she is signed in. I must sign my child in and out with the proper staff and identification at drop off and pick up.
10. Give permission to use any pictures or film taken of my child during participation at camp for Hamilton Area YMCA promotional purposes as deemed appropriate.
11. Understand each camper and parent must cooperate and accept camp policies and guidelines. Inappropriate behavior may involve disciplinary action by the Director and/or dismissal from camp. If a camper is dismissed for inappropriate behavior, camp fees are non-refundable.
12. Understand Financial Assistance is available for camp where funds are available. Applications are accepted through **June 7**.
13. Have read and understand these policies and procedures in addition to those explained in the parent handbook, found on our website hamiltonymca.org.
14. In the event of payment default I will be responsible for reasonable collection agency fees and/or attorney fees in addition to the delinquent balance.

Parent or Guardian Signature _____ Date _____



Hamilton Area YMCA
Child Learning and Development Parent Handbook

Policy and Procedure Acknowledgement Form

Dear Parents/Guardians,

In keeping with the New Jersey's Child Care Center Licensing Requirements, we are obligated to provide you, as the parent of a child enrolled in our program, with the Information to Parents statement.

The statement highlights your right to visit and observe our program at any time without having to secure prior permission; the program's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline 1-877-NJ ABUSE.

Names(s) of Child(ren) _____

Name of Parent/Guardian _____

___ I have read the Child Learning and Development Parent Handbook (located on-line) and am aware of the policies and procedures regarding the **Release of Children, Discipline, Expulsion, and Illness or Injury.**

___ I have read the **Information to Parent's Statement** prepared by the Office of Licensing, Child Care and Youth Residential Licensing, in the Department of Children and Families.

___ I give permission for my child to participate in the **Activities and Events** conducted by the Hamilton Area YMCA. Such activities and events may include, but are not limited to, nature walks, outdoor play and/or additional classes held on the JKR Campus. Advanced notice and permission slips will be provided for planned field trips.

___ I give permission for my child, _____, to leave the Preschool classroom to attend **Swim Class**. I understand that my child will be escorted to and from the classroom by a teacher or swim instructor. I also understand that a Preschool staff member may assist my child in changing in and out of his/her swimsuit, if necessary.

Parent/Guardian Signature

Date