



# Day Camp

NEWBERRY COUNTY FAMILY YMCA

Summer Camp at the Newberry YMCA will give your child the opportunity to grow and thrive in a fun and safe environment.

We strive to give your child the best experience at camp through bringing on the best camp staff, swimming, arts & crafts, exciting games, field trips and so much more!

You will not want your child to miss out on what great things we have in store for our campers! This will truly be the

**BEST. SUMMER. EVER.**

## 2022 Summer Day Camp

### Rates:

YMCA Member \$95 per week

Non-Member \$120 per week

\$5 sibling discount per week

### Payment Details:

- Payment is due each Friday for the following week.
- \$10 late fee will be assessed for payments not received by Tuesday of active week.
- Please see YMCA staff to make other payment arrangements, such as: bi-weekly, semi-monthly, monthly.
- Any outstanding balances must be addressed prior to enrollment.

# FREQUENTLY ASKED QUESTIONS

**What should my camper wear to camp?** Active type clothing and tennis shoes. Due to safety concerns, we ask that children not wear flip flops or open toed shoes.

**What should my camper bring to camp?** Sunscreen, swim suit, towel, lunch

**What should my camper NOT bring to camp?** Any electronic devices, personal toys from home, or anything of high value.

**Are field trips included?** Yes, field trips are included with your weekly fees.

**What is the camper to staff ratio?** 1 counselor for every 10-12 campers.

**Do you offer financial assistance?** Yes, as a 501(C)3 not for profit organization, financial assistance is available. See YMCA staff for details.

**Can my child sign-up for partial weeks?** We do not offer a daily registration. All registration is weekly.

# Registration Form

## Summer Camp 2022

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Child's School: \_\_\_\_\_

Grade next school year: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact other than parent: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact other than parent: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Phone: \_\_\_\_\_

### MEDICAL INFORMATION

**Insurance Carrier** \_\_\_\_\_ **Policy#:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Doctor's phone:** \_\_\_\_\_

The Newberry YMCA will only administer medications in the original container as prescribed. Does your child take medication that the YMCA will need to administer? If so, please see day camp director to set up an administration plan for the medication(s).

**Allergies?** Does your child have allergies that the YMCA needs to be aware of? **YES NO** If **YES**, please see staff to establish a safety plan.

## Other People Authorized to pick up Child or children

*Note: Anyone picking children up from the YMCA may be required to show proof of identification. Persons not on this list will **NOT** be allowed to pick children up. Additions or deletions to the list can be made by seeing day camp director.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ I hereby give the staff of the Newberry YMCA permission to treat minor health issues. Should my child or children need medical care beyond what the YMCA staff deems as minor, I give the Newberry YMCA permission to seek medical treatment for my child or children. I further understand that the YMCA staff will attempt to contact me regarding medical treatment prior to any treatment is given; however, if I am not available, I give the YMCA staff permission to seek care.

\_\_\_\_\_ I hereby authorize the use of my child's photo or likeness in YMCA social media, print materials, or other forms of communication.

\_\_\_\_\_ I release the Newberry County Family YMCA, their officers, directors, agents, and employees, from any and all liability or claims arising from my child's participation in activities or my access to YMCA facilities related to my child's participation.

By initialing the statements above, I am in agreeance with the statements .

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Summer Day Camp Weeks

Please Check weeks that you plan to attend

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> June 6-10                 | <input type="checkbox"/> July 11-15  |
| <input type="checkbox"/> June 13-17                | <input type="checkbox"/> July 18-22  |
| <input type="checkbox"/> June 20-24                | <input type="checkbox"/> July 25-29  |
| <input type="checkbox"/> June 27- July 1           | <input type="checkbox"/> August 1-5  |
| <input type="checkbox"/> July 5-8(Closed July 4th) | <input type="checkbox"/> August 8-12 |

***You are responsible for payment for any weeks that you sign up, unless you cancel prior to the start of any week.***

**Initials:** \_\_\_\_\_