



Parent Form Checklist

Dear Parents, we need completed forms for your child to come to camp!

Required Forms (available in Enrollment Packet)

- Summer Registration Form
- Summer Enrollment Form
- Swimming Permission Slip
- Parent Statement of Understanding
- Verification of Parent Review and Receipt of Center Policies and Procedures
- ODJFS Child Health and Medical Form
 - Required fields:
 - Child's Information
 - Parent/Guardian Information (Including how to be reached while your child is in the program)
 - TWO** Emergency Contacts
 - Doctor/Dentist Information (Don't have one? Use Cincinnati Children's Hospital)
 - Permission to Transport
 - Health Information Section
 - Immunizations (or a copy of immunization history)

Child's Immunization History

Sunscreen Administration Form

Non-Required Forms (available at Front Desk)

- Administration of Medication Form

Does your child need to take medication while at camp?
- Medical/Physical Care Plan

Does your child have allergies or special needs?



2009 SUMMER CAMP PROGRAM REGISTRATION FORM

Date of Enrollment ___/___/___ Shirt Size (Adult or Youth) _____

Camper's Name _____ Birth Date _____ Age _____ Gender _____

Street Address _____ City/State/Zip _____

Parent Name _____ Parent DOB _____

Parent E-mail Address _____

Deposit: \$10.00/Week Balance for week of camp is due Monday prior to camp.

Please place an X in the box.

Week	Dates	Day or Teen Camp	Sports Camp	Pre School Camp	Pre Camp 6:30-9:00am	Post Camp 4:00-6:00pm
LISTED IN AS400 UNDER SUMMER I						
01*	Jun 1 - Jun 5					
02	Jun 8 - Jun 12					
03	Jun 15 - Jun 19					
04	Jun 22 - Jun 26					
05	Jun 29 - Jul 2					
06*	Jul 6 - Jul 10					
LISTED IN AS400 UNDER SUMMER II						
07	Jul 13 - Jul 17					
08	Jul 20 - Jul 24					
09	Jul 27 - July 31					
10	Aug 3 - Aug 7					
11	Aug 10 - Aug 14					

Annual Campaign: Did you know we provided more than \$170,000 in financial assistance in 2008 so that no child was turned away from a Clermont Family YMCA program? Are you willing to help give another child the experience of YMCA Day Camp?

Amount: \$ _____

Program Fee	
Credit Used	-
Late Fee	+
Strong Kids Donation	+
Total Amount Paid	=

Method of Payment

Cash
Check
Charge

Staff Initials: _____

Date: _____

I understand that all registration fees and deposits are non-refundable and non-transferable and that the balance of the fee for each camp is due 7 days before the session begins (Monday by 6 pm). I understand that I must cancel on request credit at least 7 days before the session begins. Credits and refunds are subject to approval. I understand that credits or refunds will not be issued for missed days of camp.

Thank you for registering for YMCA Summer Programs.

You must complete an enrollment packet and receive a parent handbook prior to attending the first day of the program.



2009 SUMMER CAMP PROGRAM REGISTRATION FORM

Date of Enrollment _____

Camper's Name: _____ Birth Date: _____ Age: _____ Gender: _____

School: _____ Grade Entering: _____

Are there any special circumstances in your family that may be a factor in your child's present behavior (divorce, separation, new baby, recent move, hospitalization, etc.):

Are there any concerns regarding restricted activities / special considerations?

Child lives with: Both Parents _____ Mother Only _____ Father Only _____ Other _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

AUTHORIZATION TO PARTICIPATE: _____ Yes _____ No

- _____ Yes _____ No I give my permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trip or excursions may be by YMCA van, public transportation, walking or leased bus.
- _____ Yes _____ No I give my permission for my child to use all of the equipment and participate in all activities of the program.
- _____ Yes _____ No I give my permission for my child to be included in evaluations, pictures, newsletters, and marketing pieces associated with the program.
- _____ Yes _____ No I give my permission for the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment.
- _____ Yes _____ No I have received, read, and understand the Summer Programs Parent Handbook.

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic events, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Greater Cincinnati is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to the YMCA of Greater Cincinnati to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the waiver set forth above.

POLICIES: I agree to sign my child in and out of camp each day. I understand that the YMCA of Greater Cincinnati and the program will not assume responsibility for a child who has not been signed in when he/she arrives for the day. I understand that only those people designated by me on this form may pick up my child from camp, and that I, or the person picking up my child, must sign my child out each afternoon. I further attest that I have read and understand all camp refund / credit and registration policies. I understand that the YMCA is not able to provide duplicate receipts for tax purposes and agree to keep my original receipt and/or returned checks for this purpose.

ADULTS AUTHORIZED TO PICK UP MY CHILD (must be at least 18 years of age)		
PLEASE INCLUDE YOURSELF AND SPOUSE (should spouse apply).		
NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and fully understand the above policies and authorization, and do hereby give such authorization as indicated.

Signature Date



2009 SUMMER CAMP PROGRAM REGISTRATION FORM

YMCA of Greater Cincinnati

Swimming Permission Slip

I grant permission for my child _____

(Date of Birth) _____ to go swimming or otherwise participate in water activities in bodies of water two or more feet in depth at the YMCA.

My child is a ___ non-swimmer ___ swimmer

During any scheduled swimming activity a certified lifeguard or water instructor will be on duty at all times. A child staff ratio maximum of 1:18 for school-age children and 1:12 for preschool children will be maintained at all times. Additional staff is provided above the licensing ratio standards. All children will swim on location. I understand my child will be evaluated by YMCA program staff prior to swimming activity according to the YMCA of Greater Cincinnati Swim Testing Policy. Depending on the swim skills demonstrated, my child will:

- Be required to swim in shallow water only and wear a Coast Guard approved flotation device while participating in the aquatic portion of the program. (Note: The YMCA will provide this equipment)
- Be required to swim in shallow water only or
- Able to swim in deep water. (Child must be able to jump feet first into water, tread for 10 seconds and continue to swim for 1 length of the pool)

I understand that the YMCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water if deemed necessary.

I would like my child to swim in shallow water only. ___ Yes ___ No

Parent's Signature

Date



2009 SUMMER CAMP PROGRAM REGISTRATION FORM

Parent Statement of Understanding

I have received and reviewed the Summer Program Policies & Procedures Handbook and understand its contents.

I understand that I need to pack my child's lunch and drinks daily and there will be no refrigeration/microwave/cooking provided. I understand that I need to pack my child a swimsuit, towel, and water bottle and that my child needs to wear closed-toed shoes each day.

I understand that under no circumstances will my child bring their own toys, which include but are not limited to: personal electronic devices, card games, other personal items. If my child does so, the staff will confiscate the item and return it to the parent at the end of the day. If the child goes to post-camp, the item will only be returned to the parent.

I understand that program fees are due by 6:00 pm the Monday prior to the week of attendance. Failure to pay will result in removal of my child from the program and the space will be given to another child on the waiting list.

I understand that there is a late fee if children are not picked up by 4:15 (6:00 for post camp). This fee is \$1/minute/child. I understand that I must pay, in full, the late fee amount before my child can be accepted back into the program.

I understand that the YMCA is not responsible for lost or stolen items. My child is responsible for his/her own belongings. I understand that any items not claimed by the middle and end of summer will be given to Goodwill.

I understand that camp activities are based outdoors and my child will be outside all day—weather permitting.

I understand that if I no longer need a program I need to notify the YMCA in writing at least 1 week prior to attendance. I also understand that I forfeit my deposit.

I understand that my child will not be allowed to attend the Summer Camp Program until this entire enrollment packet and a copy of my child's immunization records are turned into the YMCA.

I understand that the YMCA is not responsible for my child until the parent/guardian signs them in to a program.

Child's Name _____

Parent's Name _____

Parent Signature _____

Date _____

VERIFICATION OF PARENT/GUARDIAN REVIEW AND RECEIPT
OF CENTER POLICIES AND PROCEDURES:
(5101:2-12-30, OAC)

- Licensing Information
- Center Program Information
- Guidance and Management Policy
- Supervision of Children Information
- Food Information
- Procedures for Emergencies and Accidents
- Management of Illness
- Transportation of Children
- Swimming Policy (if applicable)
- Outdoor Play Policy
- Parent Participation Policy
- Evening/Overnight Care Information (if applicable)
- Fees, Overtime Charges
- Registration, Permanent Disenrollment Information
- Enrollment and Health Information which is required for admission
- Additional Center Policies (if applicable)

I have received and reviewed all of the above information.

Parent/Guardian Name (print) _____

Parent/Guardian signature _____

Date _____

Ohio Department of Job and Family Services
REQUEST FOR ADMINISTRATION OF MEDICATION
 Child Care Centers and Type A Homes

This form is valid for no longer than twelve (12) months. One form must be used for each medication.

Box 1 - The following section must always be completed by the parent/guardian.

Check all that apply:	
<input type="checkbox"/> Prescription medication	<input checked="" type="checkbox"/> Topical product or lotion
<input type="checkbox"/> Nonprescription medication	<input type="checkbox"/> Food supplement
<input type="checkbox"/> Refrigeration required	<input type="checkbox"/> Modified diet
Complete all of the following information:	
Name of child: _____	Date of birth: _____ Weight: _____
Name of medication: <u>No AD 60SPF Sunscreen</u>	Exact dosage: <u>All exposed skin</u>
To be administered at the following times <u>9:00am, noon, 3:00pm</u>	
For the following period of time: <u>Summer 2009</u>	
Parent/Guardian signature: _____	Date: _____

Box 2 - The following section must be completed by a licensed physician, a licensed dentist or an advance practice nurse when:

1. A physician's instruction is needed for a nonprescription medication (e.g. child is underage or underweight per the label instructions); or
2. It is a sample medication without a prescription label; or
3. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period or is a topical product or lotion that is being used for a skin ailment and is to be applied longer than fourteen consecutive days; or
4. The child is on a modified diet (an entire food group is eliminated) or food supplement; or
5. The medication contains codeine or aspirin.

_____	is under my care and should receive	_____
(name of child)		(name of medication, vitamin, diet)
as follows: _____		
(include dosage and instructions)		
Possible side effects to watch for are: _____		
Expiration date: _____ (May not exceed 12 months from the date of this request for medications or food supplements)		
Signature of physician, dentist or advance practice nurse	Date of signature	Phone number

This form must be used by child care centers and type A homes to meet the requirement of OAC rules 5101:2-12-31 and 5101:2-13-31

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

Child's Name			Date form completed/updated		First Day at Center	
Date of Birth		Home Address			City	
State		Zip Code		Home Telephone Number		
Parent/Guardian Name				Relationship to child		
Home Address						
City			State		Zip	
Home Telephone Number				Cell Phone		
Work/School				Work/School Telephone Number		
Address					City	
Pager and directions for use						
Where can you be reached while your child is in this program?						
Parent/Guardian Name				Relationship to child		
Home Address						
City			State		Zip	
Home Telephone Number				Cell Phone		
Work/School				Work/School Telephone Number		
Address					City	
Pager and directions for use						
Where can you be reached while your child is in this program?						
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who you want to be contacted in the event of an emergency or illness if the parent/ guardian cannot be reached. Persons listed should be able to assist in locating the parent/ guardian and at least one person listed must be local and able to take responsibility for the child in cases where the parent/ guardian can not be located.						
Name			Name			
City		State		City		State
Telephone Number		Relationship to Child		Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (optional)				Other numbers where emergency contact can be reached (optional)		
Name of Physician or Clinic/Hospital				Name of Dentist (Recommended for children over 18 months of age.)		
Street Address				Street Address		
City		State	Telephone Number		City	State
						Telephone Number

Note: This is a prescribed form provided by JFS which must be used by centers and type A homes to meet the requirements of Rules 5101:2-12-37 and 5101:2-13-37. This form must be completed and on file at the center or type A home on or before the child's first day of attendance.

Child's Name		Form Last Updated	
1. Give <i>Permission</i> to Transport		OR Do not sign both	2. Do Not Give <i>Permission</i> to Transport
I give (Center/Type A Home name) _____ permission to have my child (name) _____ transported to (Hospital/Clinic) _____ for emergency medical care or to (Dentist) _____ for emergency dental care, or to the nearest available source of assistance.			I do not give (Center/Type A Home name) _____ my permission to have my child _____ transported for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish for the following action to be taken _____
Parent's Signature	Date		Parent's Signature
Allergies (food, medication or environmental) and precautions, reactions and treatment			Check here if not applicable <input type="checkbox"/>
Medications, food supplements, modified diet currently being administered			<input type="checkbox"/>
Chronic Physical Problems			<input type="checkbox"/>
History of Hospitalization			<input type="checkbox"/>
History of diseases the child has had			<input type="checkbox"/>
Any additional health or enrollment information you feel we should know about your child			<input type="checkbox"/>

Immunizations (enter month, day, and year)						(Not required for children enrolled in school)					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5						
Diphtheria, Tetanus, Pertussis (DTaP)											
Hepatitis B (Hep B)											
Haemophilus Influenza type b (HIB)											
Measles, Mumps, Rubella (MMR)											
Inactivated Polio											
Varicella (chicken pox)											
Influenza											
Pneumococcal Conjugate (PCV)											
The immunizations above are recommended immunizations. Please consult your child's physician for more information.											

Parent Roster

I agree to have my name and telephone number included on the center or Type A Home's parent roster which will be made available upon request to any parent whose child is enrolled in the center or Type A Home.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Signature (If different information than parent listed above.)	Date

Note: This is a prescribed form provided by IFS which must be used by centers and type A homes to meet the requirements of Rules 5101:2-12-37 and Rules 5101: 2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance.