



READY, SET... Summer

Now offering
curbside drop-off
and Pick-up!



2021 Summer Camp

Clifton Springs Family
YMCA

315-462-6184



June 28th - September 3rd

10 Week Program



www.csaymca.org



YMCA Summer Day Camp

Camp day runs from 9am - 4pm. The Y is committed to healthy living and modeling healthy eating. A healthy afternoon snack will be provided for all campers. Please note: Parents are responsible for breakfast and lunch. Parents must inform the camp office in writing of all changes to camper registration. Changes will not be accepted over the phone.

Extended morning care begins at 7am and afternoon extended care is available at no extra charge or additional registration to campers.

Anyone picking up a camper must be listed in the child's Authorized Pick Up List and must have a valid photo ID (Drivers License)

Once registration is completed you will receive a Parent Packet. The packet has all the information you will need to navigate while at camp.

Session Number & Dates	Themes	Tacky Tuesdays
Session 1, June 28-July 2	Aloha Summer	Dress like a Tourist
Session 2, July 5-9	Holiday Week	Ugly Christmas Shirt
Session 3, July 12-16	Scientists and Engineers	Crazy Hair Day
Session 4, July 19-23	Disney Week	Favorite Disney Character
Session 5, July 26-30	Y's Got Talent	Crazy Hat Day
Session 6, Aug. 2-6	Survivor Week	Favorite Team Jersey/Hat
Session 7, Aug. 9-13	7 Wonders of Waterworld	Inside Out Day
Session 8, Aug. 16-20	Mystery Maps and Riddles	Twin Day
Session 9, Aug 23-27	Time Travelers	Hippy Days
Session 10, Aug.30-Sept. 3	Crazy Color Week	Crazy Socks



Summer Camp 2021

Clifton Springs Family YMCA ♦ 5 Crane Street ♦ Clifton Springs, NY ♦ 14432

PARTICIPANT PROFILE:

Child's Full Name _____ Male Female D.O.B. ____/____/____ Grade Completed in 06/19 _____
Address _____ Zip _____ Ph _____
Parent/Guardian #1 _____ Relationship _____ Email _____
Employer _____ D.O.B. ____/____/____ Cell _____
Parent/Guardian #2 _____ Relationship _____ Email _____
Employer _____ Office Ph _____ Cell _____

EMERGENCY INFORMATION:

In the event of an emergency, YMCA staff will make every attempt to reach a parent/guardian. In the event that a parent/guardian cannot be reached, I authorize the following people to be contacted and act on my behalf:

Emergency Contact #1 _____ Relationship _____
Employer _____ Office Ph _____ Cell _____
Emergency Contact #2 _____ Relationship _____
Employer _____ Office Ph _____ Cell _____

Pick-up Authorization Information

Name, address and phone number of individuals other than parents authorized to pick up your child over the age of 16. A non-expired ID must be presented to the staff before a child will be released. Any special instructions such as custody or restraining orders must be attached and communicated to the Camp Director.

#1 _____ Address _____ Phone # _____
#2 _____ Address _____ Phone # _____
#3 _____ Address _____ Phone # _____

MEDICAL INFORMATION: (NYS Licensing regulations require the full name, address, & phone # for doctor. Hospital information is optional.)

The YMCA complies with applicable federal and state disability discrimination laws and will consider reasonable accommodations and/or modifications to its policies and procedures to allow children with disabilities an equal opportunity to participate in this program. Please contact the Camp Director at (315) 4562-6184 if your child requires accommodations. If you feel that an accommodation and/or enrollment request has been wrongfully denied based on disability, you may contact the Executive Director at Todd@csaymca.org to further discuss the matter.

Physician _____ Address _____ Ph _____
Family Dentist _____ Address _____ Ph _____

Preferred Hospital (We will request the EMTs take your child here whenever possible.) _____

Medication child is presently taking _____ Dosage _____ Time of Administration _____ am pm
Additional Medication _____ Dosage _____ Time of Administration _____ am pm

*** If medication is required during program hours, you must complete a NYS mandated Written Medication Consent form.**

Please list any allergies (Medication must be provided for all life threatening allergies.) _____

If exposed to this known allergen, what action should be taken? _____

Over-the-Counter Medication: I authorize the YMCA Summer Camp staff to administer over-the-counter topical ointments such as sun-screen, first aid ointments, itch reliever and topically applied insect repellent to my child when needed. **Initial** _____

PARENT AGREEMENTS:

1. I understand that I must provide at least 2 weeks written notice to withdraw from any camp session. I am responsible for full payment of any sessions not cancelled 2 weeks in advance.
2. In the event of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health & well-being of my child.
3. I have provided information on my child's special needs (allergies, diet, and/or medical) to the provider, as may be necessary to assist the facility in properly caring for my child in the case of an emergency. All information received by the YMCA will be treated as confidential.
4. I give consent for the Clifton Springs YMCA Directors to release personal healthcare information to program staff and/or medical professionals, when necessary, so that they may provide quality treatment and/or services for my child.
5. I give consent for photographs and video footage of the above named child to be used to promote the YMCA Summer Camp programs. Such promotional efforts may include brochures, posters, flyers, showing a video tape of a camp event, etc. In addition, I give consent for photographs to be displayed on the YMCA Lobby PowerPoint, YMCA Website, YMCA Facebook page, and YMCA Twitter. Please strike out any social media that you do not agree to.

Summer Camp 2021



Child's Name: _____

Registration Fee: \$20/child, \$30/family due at the time of registration

Deposit: A \$10 deposit per week will be required for all weeks registered. This reserves your child's placement in the program. If enrolled in one of these sessions, there is no additional charges for field trips. The parent(s) acknowledge the decision not to participate in any field trips, which may require the parent(s) to locate alternative care for that date.

Agreement For: 10 % discount applied to youngest children when registering more than one child (part time and full time only)

10 Week Program

Flat Rate for 10 sessions: **\$1,650**

Must be paid in full upon registration

Auto Draft Plan minimum of 7 weeks

Per Session Fee: **\$175 Y Member / \$210 Program Member**

Payment will be automatically debited from the account provided on the Monday of each session's service.

Full Time 3-5 days a week

Per Session Fee: **\$180 Y Member / \$220 Program Member**

Financial Assistance available to those who need it, please call 315.462.6184 for more information

2021 Season

Circle session of attendance	Session	Part Time Only Indicate days of week attending
PT or FT	Session 1: June 28-July 2 <u>Aloha Summer</u>	M T W TH F
PT or FT	Session 2: July 5-9 <u>Holiday Week</u>	M T W TH F
PT or FT	Session 3: July 12-16 <u>Scientists and Engineers</u>	M T W TH F
PT or FT	Session 4: July 19-23 <u>Disney Week</u>	M T W TH F
PT or FT	Session 5: July 26-July 30 <u>Y's Got Talent</u>	M T W TH F
PT or FT	Session 6: Aug 2-6 <u>Survivor Week</u>	M T W TH F
PT or FT	Session 7: Aug 9-13 <u>7 Wonders of Waterworld</u>	M T W TH F
PT or FT	Session 8: Aug 16-20 <u>Mystery Maps and Riddles</u>	M T W TH F
PT or FT	Session 9: Aug 23-27 <u>Time Travelers</u>	M T W TH F
PT or FT	Session 10: Aug 30-Sept. 3 <u>Crazy Color Week</u>	M T W TH F

Email my confirmation to the below address:
(Please print)

_____@_____

# of Sessions	
Session Fee	
FEES PAID	
BALANCE DUE	