



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TIME TO EXPLORE



Pre-K Summer Camp

Our 8 week program provides enriching experiences in a safe, age appropriate setting. Children will enjoy activities organized around weekly themes including games, sports, songs, arts and crafts, story time and more. With a 1:6 staff to child ratio, we emphasize a hands-on learning curriculum, motor skill development and creativity as we strive to provide an environment for preschoolers to learn, gain self-confidence, make new friends, and respect others.

Session

July 9th - August 29, 2019

Tuesdays & Thursdays 9:00 A.M. to 11:30 A.M.

(All surrounding communities are welcome to participate)

Enrollment

Our program is designed for children ages 3 & 4 years of age. Registration may be done in person or by mailing in the registration form with proper payment in order to fill your spot. It is on a first-come, first-serve basis until the class is filled. At that time a wait-list will be generated.

Cost (8 week session)

Y-Member: \$180

Non Y-Member: \$220

Fee Schedule

Our Pre-K Summer Camp begins on Tuesday July 9, 2019 and runs through Thursday August 29, 2019. Half of the program cost will be due at the time of registration, the other half will be due on August 5th.

**For more information contact:
YMCA at 315.462.6184**



YMCA Emergency Information Sheet

Child's Full Name: Nickname:		Date of Birth: / /	Gender:
Child's Home Address:			
Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
Phone Number(s) of Person Enrolling Child: () -		Address of Person Enrolling Child:	
Email Address:			
EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER/ EMAIL
Primary Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -	() -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -	() -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -	() -

Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/ Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (list) _____ <input type="checkbox"/> Other _____	
Child's Primary Care Physician's Name/ Group:	Phone Number: () -
Preferred Hospital:	Phone Number: () -
Child's Dentist:	Phone Number: () -
Child health insurance information is available by calling toll-free 1-800-698-4543 or The NYS Health Marketplace website: https://nystateofhealth.ny.gov/	
AGREEMENTS	
I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permission for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I've provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs or at least once a year..... <input type="checkbox"/> Yes <input type="checkbox"/> No 	
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

YMCA Parent Authorizations

Over-the-Counter Medication

I authorize the YMCA Pre-K Summer Camp staff to administer over-the-counter topical ointments such as sunscreen, first aid ointments, itch reliever and topically applied insect repellent to my child when needed.

Parent Initial

Emergency Transportation

I authorize the Clifton Springs YMCA to contact 911 to have my child transported in the unlikely event of an accident or illness. I understand and acknowledge that my child may be injured while participating in the YMCA Pre-K Summer Camp. I will not hold the YMCA Pre-K Summer Camp or representatives responsible for any injury my child may sustain while participating in this program. I further agree to be legally and financially responsible. My health and accident insurance will cover my child.

Parent Initial

Financial Agreement

Half of the program cost will be due at the time of registration, the other half will be due on August 5th. Parents whose payments are two weeks late will be asked to withdraw their child from the program, unless other arrangements have been made with the Child Care Director.

Parent Initial

Promotion Agreement

The YMCA staff may take photos and videos during program and post them on the organization's social media sites or use them in brochures or other YMCA material. I authorize the YMCA staff to take and post photos or use videos of my child for the use of this program.

Parent Initial

SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:

DATE:

/ /

For Program Use Only

Date of Enrollment: / /

Date of Disenrollment: / /

Program Enrolled in : _____