



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SILVER BAY YMCA

6 WEEKS TO 4 YEARS OLD

SILVER CAMP

ENROLLMENT FORM

CHILD INFORMATION please fill in each blank completely

LAST NAME _____ FIRST NAME _____

BIRTHDAY _____ AGE* _____ GENDER M

**Children aged 5 or older, as of 9/01/17, should fill out the 5 years to 17 years old enrollment form*

PARENT/GUARDIAN INFORMATION please fill in each blank completely

PARENT 1 FIRST NAME		PARENT 1 LAST NAME	
STREET ADDRESS		CITY	
STATE	ZIP CODE	PRIMARY PHONE	
EMAIL		OTHER PHONE	
PARENT 2 FIRST NAME		PRIMARY PHONE	
PARENT 2		OTHER PHONE	

ADDITIONAL PERSONS AUTHORIZED FOR PICK UP AND EMERGENCY CONTACTS

NAME		RELATIONSHIP TO CHILD		PRIMARY PHONE	
NAME		RELATIONSHIP TO CHILD		PRIMARY PHONE	

DO NOT PICK UP & CUSTODY AGREEMENTS: If you have a custody agreement that affects a parent/guardian's access to this child, a copy of the legal documentation stating this must be attached with this enrollment form.

NAME		RELATIONSHIP TO CHILD	
NAME		RELATIONSHIP TO CHILD	

FOR STAFF USE ONLY

Sessions _____		GROUP _____		Consents & Authorizations					
Received	Membership	PM	NON	Medical History		Medical Auth	Y	N	
Registered	Discount	EB	MC	Meds.	Y	N	Golf Cart	Y	N
Conf. Sent	Late Fee	Y	N	Allergies	Y	N	Walking Field Trips	Y	N
	Payment			Diet	Y	N	1st day care exp.	Y	N
				Other	Y	N	Potty trained	Y	N

STEP 1: CHOOSE YOUR DATES

Session 1 June 26- June 30

Session 4 July 17 - July 21

Session 7 August 7 - August 11

Session 2 July 3 - July 7

Session 5 July 24 - July 28

Session 8 August 14 - August 18

Session 3 July 12 - July 14

Session 6 July 31 - August 4

STEP 2: DOES YOUR CHILD NEED BUS TRANSPORTATION?

When do you need
transportation?

Weekly Cost

\$40 per child

Which sessions?

Pick up/
Drop Off Locations

Ticonderoga: Elks Club
Hague: Community Building

STEP 3: CHOOSE YOUR MEMBERSHIP AND FEE SCALE Circle the amount that applies to your child

PROGRAM MEMBERS AND ON-CAMPUS GUESTS			
SILVER CAMP		DAILY	WEEKLY
HALF DAY CAMP	REGULAR	\$22	\$56
	EARLY BIRD DISCOUNT <i>For enrollment forms received by June 1</i>	\$20	\$50
	MULTI-CHILD DISCOUNT <i>Applied for families with 3 or more children enrolling during the same session</i>	\$18	\$45
	LATE FEE <i>For forms received less than 2 weeks before child's first day of camp</i>	\$10	

BASIC MEMBERS AND NON MEMBERS			
SILVER CAMP		DAILY	WEEKLY
HALF DAY CAMP	REGULAR	\$33	\$80
	EARLY BIRD DISCOUNT <i>For enrollment forms received by June 1</i>	\$30	\$75
	MULTI-CHILD DISCOUNT <i>Applied for families with 3 or more children enrolling during the same session</i>	\$27	\$67
	LATE FEE <i>For forms received less than 2 weeks before child's first day of camp</i>	\$10	

***NEW* CANCELATION POLICY:** Full refund, minus a \$25 processing fee, will be given to cancelations made by Monday the week before the child's registered start date. Cancelations made less than a week before the child's registered start date and/or missed days within a camp session will not be eligible for a refund.

STEP 4: CHOOSE YOUR PAYMENT METHOD

Total number of sessions _____ X Cost per session _____ = Total amount _____

Cash	<input type="checkbox"/>
Check	<input type="checkbox"/>
Credit Card	<input type="checkbox"/>
Bill to Reservation	<input type="checkbox"/>

Check Number _____

Card Number _____

Exp. Date _____ Sec. Code _____

Reservation Name _____

Reservation Number _____

Please complete fully. Enrollment cannot be completed until payment is received. Spaces are limited and will not be held for campers lacking payment.

NAME _____

WE CANNOT PULL MEDICAL INFORMATION FROM PREVIOUS YEARS.

IMMUNIZATION HISTORY

This information is required by the New York State Department of Health and is MANDATORY. This section must include all dates of basic immunizations as well as booster doses. Minimum requirements are listed below. Parents/ Guardians may fill in the attached section or can attach an immunization history sheet from the child's Physician.

	DPT	1st	2nd	3rd	Booster	Booster
	Oral Polio	1st	2nd	3rd	Booster	Booster
	Hib (conjugate preferred)	1st	2nd	3rd	4th	
	Hepatitis B	1st	2nd	3rd		
	MMR	1st	2nd			
	Tetanus within 10 years of 1st series	1st	2nd			
	Varicella (Chicken Pox)	specify immunization or disease	Booster	Booster		
	Other					

MEDICAL HISTORY

This information is required by Silver Bay YMCA and is MANDATORY.

Please complete each section fully even if you are attaching a medical history sheet from your child's Physician.

Physician Name _____

Physician Phone _____

Should Activities be limited? If yes, please explain

Is this Camper on Medication? If yes, please explain

Is this camper on a Special Diet? If yes, please explain

PLEASE LIST ALLERGIES _____

MEDICATIONS _____

FOODS _____

BEES: _____

OTHER _____

Use this space to list any additional causes that could affect your child's functional ability to participate in in camp.

This health history is correct, so far as I know, and the person herein described has permission to engage in all camp activities, except as noted by myself above.

Parent Signature _____

Date _____

AUTHORIZATION FOR THE MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, or health services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to the Silver Bay YMCA Staff to act for you, in your absence regarding the treatment of your child. If your child needs unexpected medical treatment the Silver Bay YMCA Staff will present this document to the appropriate person - physician, dentist, or hospital representative. When a true emergency exists, a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health. **I, being the parent of custody and/or legal guardian of the minor named, do hereby appoint SILVER BAY YMCA STAFF at 87 Silver Bay Road, Silver Bay NY 12874 to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the minor named in my absence.** I have read and understand the authorization for medical treatment.

Parent/Guardian Signature _____

Date _____

CONSENTS AND AUTHORIZATIONS

N My child is allowed to ride on a Golf Cart when deemed necessary by the Youth and Teen Director

N My child can participate in walking field trips around campus

I understand program participants may be photographed for publicity purposes and that if I do not wish my child to be photographed, a Do Not Photograph request must be submitted, in writing to the Silver Bay YMCA Marketing Director, prior to my child's first day in Silver Camp.

I understand that Camp Staff are able to help my child apply bug spray and sunscreen ONLY if these products are provided by a parent/guardian.

Parent/Guardian Signature _____

Date _____

ADDITIONAL INFORMATION

Y N Is this your child's first experience in a daycare/camp setting?

Y N Is your child potty trained?

PLEASE USE THIS SPACE TO GIVE US INFORMATION ABOUT YOUR CHILD'S SCHEDULE

Does your child drink (circle one): N/A Breastmilk Formula (specify type) _____

At what time(s) _____ Amount _____

Temperature (circle one) Cold Room Temperature Warmed

What time(s) does your child normally snack? _____ OR N/A

What time(s) does your child normally nap? _____ OR N/A

PLEASE DRESS APPROPRIATELY FOR THE WEATHER! All personal items, including diaper bags, should be labeled with your camper's first and last name.