



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA YOUTH DAY CAMP REGISTRATION FORM

(ONE FORM PER CHILD)



March 14-18, 2022 – SPRING BREAK

CHILD'S NAME: _____ AGE: _____ DOB: _____
LAST FIRST M I MONTH / DAY / YEAR

CURRENT GRADE: _____ SCHOOL: _____ IEP/504: Yes: ___ No ___ Unsure: ___
(INDIVIDUAL EDUCATIONAL PLAN, INCLUDE COPY)

CAMPER LIVES WITH: _____ EXPLAIN: _____
(MOTHER, FATHER, GRANDPARENTS OTHER ETC.) (IF OTHER BRIEF EXPLANATION)

MOTHER: _____
(PARENT/ LEGAL GUARDIAN LAST NAME) FIRST M.I WORK # CELL #

FATHER: _____
(PARENT/ LEGAL GUARDIAN LAST NAME) FIRST M.I WORK # CELL #

MOTHER'S EMAIL: _____ FATHER'S EMAIL: _____

PHYSICAL ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

MEDICAL INS.: _____ POLICY #: _____ POLICY HOLDER: _____

Does camper have a cell phone? Yes: _____ No: _____

ALLERGIES: Yes: _____ No: _____ If yes, please explain: _____

MEDICATION: Yes: _____ No: _____ If yes, please list medications: _____

CAMPERS DOCTOR: _____ PHONE #: _____

PREFERRED HEALTH CARE CENTER: _____

OTHER SIBLINGS: (IF YOU HAVE MORE THAN 2 CHILDREN IN THE PROGRAM ONLY ONE APPLICATION NEEDS TO INCLUDE ALL SIBLINGS)

NAME: _____
FULL NAME AGE GRADE SCHOOL

NAME: _____
FULL NAME AGE GRADE SCHOOL

NAME: _____
FULL NAME AGE GRADE SCHOOL

EMERGENCY CONTACT INFORMATION: (IN ADDITION TO THE PARENTS/ LEGAL GUARDIANS, I AUTHORIZE ONLY THE FOLLOWING PEOPLE TO PICK UP MY CHILD AND/ OR IN AN EMERGENCY, BE CONTACTED IF THE PARENT/ LEGAL GUARDIAN CAN'T BE CONTACTED.)

NAME: _____
FULL NAME RELATIONSHIP WORK# CELL#

NAME: _____
FULL NAME RELATIONSHIP WORK# CELL#

Does camper have any physical limitations? ___ YES ___ NO If yes, please explain: _____

Does camper have any behavior concerns? ___ YES ___ NO If yes, please explain: _____

Is there anything else that we need to know to best care for your child? YES NO If yes, please explain: _____

Has camper received COVID vaccinations? YES NO

MEDICAL RELEASE/ WAIVER:

In the event of a medical emergency if neither the parent/ legal guardian nor emergency contact persons cannot be promptly reached, I hereby authorize the YMCA staff to take my child to the nearest medical facility for care.

INSURANCE DISCLAIMER:

IT IS THE MEMBER OR PARTICIPANTS RESPONSIBILITY TO PROVIDE HIS/ HER OWN ACCIDENT AND HEALTH INSURANCE. THE ISLAND OF HAWAII YMCA DOES NOT CARRY HEALTH AND ACCIDENT INSURANCE FOR MEMBERS OR PARTICIPANTS.

_____ Date: _____
PARENT/ GUARDIAN SIGNATURE or Type Initials

PHOTO/ VIDEO RELEASE/ WAIVER:

The Island of Hawaii YMCA has my permission to use my child's photograph, video, artwork, profile and/or story and any likeness in any of its publication's web pages, and other promotional materials produced, used by, and representing the YMCA. I understand that the circulation of the materials could be worldwide and that there will be no compensation to me or my child for this use. This includes photographs, videos, and artwork during program hours as well as special events, camps, and other YMCA related outings outside of regular hours.

Yes, I agree to the above statement.
 No, I do not agree. Please contact Youth Programs Director.

_____ Date: _____
PARENT/ GUARDIAN SIGNATURE or Type Initials

EXCURSION RELEASE WAIVER:

I hereby give permission for my camper to leave the Island of Hawaii YMCA without a parent/ guardian on all day camp field trips. All campers will be under direct care of camp staff during field trips. By signing below, I give the YMCA permission to travel to the locations of these excursions and allow for my camper to participate at these excursions.

Yes, I agree to the above statement.
 No, I do not agree. Please contact Youth Programs Director.

_____ Date: _____
PARENT/ GUARDIAN SIGNATURE or Type Initials

REFUND POLICY:

NO REFUND ON YMCA MEMBERSHIP. _____
PARENT INITIAL

Refund may be available 3 workdays before the start of camp. Once camp has begun, NO REFUNDS. A \$50.00 processing fee will be assessed, and the remainder may be refunded. The request for a refund must be completed in writing indicating amount paid, child's name, parent's name, and reason for cancellation. Refunds will not be honored for enrollment in another program.

_____ Date: _____
PARENT/ GUARDIAN SIGNATURE or Type Initials

COVID 19 ANNOUNCEMENT:

The Island of Hawaii YMCA has taken a stance on ensuring the safety of our campers and staff! We follow the local government leaders policies on a day-to-day basis. Contact the office for the most current procedure with respect to COVID. **CHILD SHALL WEAR A MASK TO CAMP DAILY.**

Parent/ Legal Guardian Signature: _____ Date: _____
or Type Initials

YMCA MEMBERSHIP:

I/We are YMCA member: Yes No. YMCA General Membership is a one-time lifetime payment of \$50.00. It is not willable; non-refundable. Register online at www.islandofhawaiiymca.org or call 808-935-3721 to check on General Membership.

YMCA COMMITMENT:

The YMCA will reserve your child's spot in camp and guarantee childcare once payment and Y membership is established. Payment in FULL is required to secure your child's spot.

SPRING BREAK DAY CAMP: (Weekly rate only - no ala carte days available)

New Horizons Spring Break Youth Day Camp March 14 – 18, 2022	\$150	
Application processing fee (for new applications only)	\$ 25	
Payment required to secure spot.	TOTAL DUE:	

FINANCIAL AID ASSISTANCE NEEDED? ____ YES ____ NO

ARE YOU ELIGIBLE FOR CHILD CARE CONNECTION: ____ YES ____ NO

Please understand that we must receive payment directly or before childcare is given. It is up to you to provide verification for the Child Care Connection Program.

I would like to request the following payment plan. I understand that this payment plan will be reviewed: _____

FOR STATISTICAL & GRANT APPLICATION PURPOSES ONLY (Optional):

Household income size: ____ \$0 - \$24,000 ____ \$25,000 – \$36,000 ____ \$37,000 – \$50,000
 ____ \$51,000 – \$74,000 ____ \$75,000+ **(NOTE: YOUR HOUSEHOLD INCOME BRACKET DOES NOT DETERMINE AWARDS FOR FINANCIAL ASSISTANCE.)**

CAMP INFORMATION:

Camp Hours 6:30 am – 5:30 pm	Journal Writing & Arts & Crafts
Breakfast, Lunch, & 2 Snacks included	No Participation, No Play
If your child requires a special diet, you must provide it. Also, if you bring home lunch please remind child NO SHARING	Child must be potty trained
Bring a flask with water daily, refills available.	Learning Center 1 Hour daily

I acknowledge that the information provided on this childcare application is true and accurate and I agree to all the above.

 PRINT PARENT/ GUARDIAN NAME

 PRINT CHILDS NAME

 PARENT/ GUARDIAN SIGNATURE or Type Initials

DATE: _____

FOR YMCA STAFF ONLY:

DATE APP RECEIVED: _____ APPROVED: ____ YES ____ NO ADDED TO GYM MASTER _____

YMCA MEMBER VERIFIED: ____ YES ____ NO YMCA MEMBER: _____

PAYMENT DESCRIPTION: _____

RECEIPT #: _____ TYPE OF PAYMENT: ____ CASH ____ CHECK ____ CC

PAYMENT & RECEIPT ATTACHED: ____ YES ____ NO

CHILD CARE CONNECTION FORMS ATTACHED: ____ YES ____ NO APPROVED ____ YES ____ NO

YMCA SCHOLARSHIP: _____ STAFF MEMBER: _____

 WENDY S. BOTELHO, Chief Executive Officer

 ASHLEY HANOHANO, Youth Programs Director

EMAIL COMPLETED APPLICATION TO:

martha.rodillas@islandofhawaiiymca.org **Payment over the phone accepted.**