



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camp Greendale on Indian Lake Registration Checklist

- Family Information Form**
- Registration/Cost Summary**
- Health Information Form**
- Medication Consent Form/Individualized Health Plan***
*For rescue medications such as Epi Pens, Inhalers, etc.
____ Picture of Child for Medication ID Confirmation
- Payment Contract**
- General Consent**
- Personality & Social/Emotional Development Description**
- Copy of child's physical and immunizations from physician**

1. Physical must be dated within one year of the weeks that the camper is attending
2. Prescription medicines administered during the camp day require a Medication Consent Form & IHCP
3. All forms can be emailed to cmarcaurele@ymcaofcm.org or dropped off to 75 Shore Drive, Worcester, MA 01605

*If your child requires an Asthma, EPI pen, or any other Emergency Action Plan include this document from your child's physician.

Campers will not be registered until all of the above paperwork has been received and confirmed by our Camp Account Manager.



Family Information Page

FOR OFFICE USE ONLY

Date Received _____

Entered By _____ On ___/___/___

Camp _____

Please complete one set of registration forms for each child. Children WILL NOT be registered until all forms have been completed and received by the Camp Account Manager and deposit has been processed. Additional registration packets are available at our Welcome Center or online at www.ymcaofcm.org. Registration is on a first come, first serve basis.

Camper Information (Please Print)

First Name _____ Address _____

Last Name _____ City, State, Zip _____

Birth Date _____ Entering Grade for Fall 2020 _____

Gender _____ School Attended Spring 2020 _____

Identifying Features

Eye Color _____ Height _____

Hair Color _____ Identifying features/marks: _____

Skin Color _____

Weight _____

Parent/Guardian Information

First Name _____

Last Name _____

Date of Birth _____

Primary Phone _____

Work Phone _____

Address _____

City, State, Zip _____

Email _____

Relationship to Child _____

Parent/Guardian Information

First Name _____

Last Name _____

Date of Birth _____

Primary Phone _____

Work Phone _____

Address _____

City, State, Zip _____

Email _____

Relationship to Child _____

Additional Adults Authorized to Pick up My Child (Must be 18 years of Age—Photo ID required for all authorized pick ups)

First Name _____ First Name _____

Last Name _____ Last Name _____

Primary Phone _____ Primary Phone _____

Relationship to Child _____ Relationship to Child _____

First Name _____ First Name _____

Last Name _____ Last Name _____

Primary Phone _____ Primary Phone _____

Relationship to Child _____ Relationship to Child _____



Camp Registration Fee

Required in order to process registration.

PAID ONLY ONCE PER FAMILY – Please circle which applies for your registration

\$20 for one child

\$30 for families with two or more children

Greendale Summer Camp 2.9 – 6 years old			
Days	Family Member	Non Member	Youth Member
5 Days	\$280	\$300	\$290
T/W/Th	\$180	\$200	\$190

Greendale Summer Camp 7-13 years old			
Days	Family Member	Non Member	Youth Member
5 Days	\$250	\$275	\$260
T/W/Th	\$150	\$175	\$160

Greendale Specialty Camp (non-tennis) 7 – 13 years old			
Days	Family Member	Non Member	Youth Member
5 Days	\$265	\$285	\$275
T/W/Th	\$175	\$195	\$185

Greendale Tennis Camp 7 – 13 years old			
Days	Family Member	Non Member	Youth Member
Full Days	\$325	\$400	\$370
Half Day	\$250	\$300	\$275

Check the boxes if you need Extended Care. Prices are \$15/session/week. (\$30 for both/week)

DATES	DUE DATE	M-F	T/W/Th	2.9-6 years old	Specialty	Extend Care 7:30-9a (\$15)	Extend Care 4:30-6p (\$15)	Write in your fees from above
<i>Example</i>	<i>June 5</i>	<input checked="" type="checkbox"/>			<i>T</i>		<input checked="" type="checkbox"/>	<i>\$340</i>
June 22 – June 26 Specialties: Tennis (T) Aquatics (AQ)	June 12							
June 29 – July 3 Specialties: Tennis (T) Visual Arts (VA)	June 19							
July 6 – July 10 Specialties: Tennis (T) STEM	June 26							
July 13 – July 17 Specialties: Tennis (T) Team Sports (TS)	July 3							
July 20 – July 24 Specialties: Tennis (T) Performance Arts (PA)	July 10							
July 27 – July 31 Specialties: Tennis (T) Team Sports (TS)	July 17							
August 3 – August 7 Specialties: Tennis (T) Adventure Sports (AD)	July 24							
August 10 – August 14 Specialties: Tennis (T) STEM	July 31							
August 17 – August 21 Specialties: Tennis (T) Visual Arts (VA)	Aug 3							
August 24 – August 28 Specialties: Tennis (T) Aquatics (AQ)	Aug 10							



Health Information

Camper's Name: _____ DOB: _____

Physician Information

Name of Physician: _____ Phone Number: _____

Address of Physician: _____

Insurance Information

Insurance Carrier: _____ Policy Holder Name: _____

Policy #: _____

Relevant Medical History, General Information, and Restrictions

List below any special limitations or concerns your child may have including dietary restrictions, allergies or chronic conditions such as asthma or fatigue: (if none, please indicate by writing "NONE")

Will your child be bringing an inhaler or EPI Pen to camp? ****Yes / No**

Are there any physical or psychological conditions requiring medication treatments or restrictions while at camp? _____

Please list any past medication treatment or recent injuries: _____

Please describe any specific activities from which your child should be exempt: _____

Are there any fine or gross motor issues or learning disabilities? _____

Additional Information

Please list below any specific information you would like us to know about your child:

**** Medication Consent Form filled out by Parent/Guardian and Individual Health Care Plan filled out by your child's doctor are required for each medication on the premise**



Medication Consent Form

(One per rescue medication on-site) PLEASE include a photo of your child

Child and Medication Information

Name of Child: _____

Name of medication: _____

Please check one of the following: Prescription: ___ Oral/Non-Prescription: ___

Unanticipated Non-Prescription for mild symptoms: ___

My child has previously taken this medication: **Yes / No**

My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her Individual Health Care Plan: **Yes / No**

Dosage and Administration

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Parent and Practitioner Signature

Child's Health Care Practitioner Signature: _____ Date: _____

I, _____, (parent or guardian—Print name) authorize educators to administer medication to my child as indicated above.

Parent/Legal Guardian Signature

Date

For topical, non-prescription NOT applied to open wound / broken skin (parent signature only)



Individual Health Care Plan

(One per rescue medication on-site)

Plan was created by: <input type="checkbox"/> Parent <input type="checkbox"/> Doctor or Licensed Practitioner <input type="checkbox"/> Program's Health Care Consultant <input type="checkbox"/> Other: _____	Plan is maintained by: <input type="checkbox"/> Director <input type="checkbox"/> Camp Nurse <input type="checkbox"/> Child's Educator <input type="checkbox"/> Other: _____
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Name of Child: _____	Date: _____
Any Changes to the Child's Health Care Plan? YES (Indicate changes below) NO (updated physician/parent signatures required)	
Name of chronic health care condition:	
Description of chronic health care condition:	
Symptoms:	
Medical treatment necessary while at the program:	
Potential side effects of treatment:	
Name of educators that received training addressing the medical condition:	
Person who trained the educator (Child's Health Care Practitioner, Child's Parent programs Health Care Consultant):	

Name of Licensed Health Care Practitioner (please print): _____

Licensed Health Care Practitioner Authorization: _____ Date: _____

Parental/Guardian Consent: _____ Date: _____

Payment Contract

****Please initial next to your selections.**

Deposit Payment Method

All Camps require a **\$50.00 deposit** to hold the week and the Camp Registration Fee to process registration

___ I elect to have the credit card below charged for my campers non-refundable deposit. The total deposit charge will be calculated by the number of camper weeks signed up for on the Cost Summary Page multiplied by \$50.00 plus the appropriate Camp Registration Fee.

___ I have enclosed a check or cash for my campers non-refundable deposit. The total deposit charge will be calculated by the number of camper weeks signed up for on the Cost Summary Page multiplied by \$50.00.

Total Deposit: (\$50 x _____ number of weeks) x ___ number of children = _____ + Camp Reg Fee

Required Credit Card/Account Information for ALL Participants

All participants must have a valid credit card or account on file. The method below will be used on the due dates for those who have opted to pay via EPay. **However, if you are paying by cash or check, this will be used only if payment is not received by the Friday before your camper's week.**

Credit/Debit Card Information

Name on Card: _____

Street Name: _____

Zip Code: _____

Card Number: _____

Card Type: _____ Exp. Date: ___/___

Bank Account

Name on Account: _____

Routing Number: _____

Account Number: _____

Checking or Savings? _____

Payment Contract and Weekly Payment Method

There are 2 options for camp payment: **EPay or Check/Cash**. Payments are **due on the due dates** which are two Fridays before attending. Due dates are listed on the Cost Summary page and on the flyer at the end of the registration packet.

I, _____, understand that by selecting one of the options below, I am agreeing to that form of payment method for my child(ren)s summer camp on or before the due dates.

Payment Options:

___ **EPay** - I elect to be charged **on the due date** for each week of camp. Please refer to the Cost Summary form for specific dates.

___ **Check/Cash Payment** - Complete payment must be made **on the due date** for each week of camp. Checks should be made payable to the Greendale YMCA and should have your child's name in the memo. I understand that the credit card above will be charged should my payment not be received by the Friday before my Camp Week.

I agree to the Payment Contract and all terms outlined above in regards to my payment option.

Parent/Legal Guardian Signature

Date

General Consent

Please Initial Each Line to Indicate Your Understanding/Agreement

___ I understand that there is a charge of \$25 for any approved changes or additions to my registration after Wednesday before the camper week.

___ I understand that a \$50.00 deposit per week registered is required to enroll my child in camp and this deposit is non-refundable. Families using a Child Care Resources Voucher are exempt from this fee by providing a copy of their current voucher at registration.

___ I understand that my child will not be allowed at camp without all forms completed, including any necessary Medication Consent and IHCP, and submission of immunization records.

___ I have read, understand, and agree to adhere to the Payment Contract of the Greendale Family Branch YMCA. The information I have provided on this form is correct to the best of my knowledge.

___ I hereby grant permission for my child to use all equipment and participate in activities of the YMCA's camp program unless specified in writing on the Health Information Page or with the Director of Child Care Services. I allow my child to access and use all outdoor and indoor recreation spaces during camp such as Indian Lake, Shore Park, and the Greendale Family Branch property.

___ The Greendale YMCA may make, have, use, publish, and reproduce photographs, pictures, videos and other media *of my child(ren)* for its record or public relation efforts. I also grant permission for my child to be included in data collection for YMCA program brochures, publications, and/or grant applications.

___ I hereby grant permission for the YMCA Staff to administer first aid or to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include: 1) Attempt to contact parent, guardian, and/or authorized emergency contact 2) Have the child taken to an emergency hospital in the company of a staff member. The hospital utilized for emergencies is UMASS Medical Center—University Campus Pediatric ER. Any expenses above will be the responsibility of the parent/guardian.

___ I understand that bringing personal toys and electronics to camp is prohibited and any lost, stolen, or broken items are the owners responsibility.

___ I understand that counselors and staff are prohibited from having any social media contact with campers and their parents.

___ I acknowledge that the YMCA counselors and staff are prohibited from babysitting any child participating in YMCA programming.

___ I understand that Y Leadership reserve the right to dismiss a camper (without refund) when in his/her judgment that camper's behavior is inappropriate, disruptive, or unsafe to themselves or others.

___ I understand that it is my responsibility to bring any special concerns, medical, or otherwise, about my child to the Director of Child Care Services at the time of registration.

___ I give permission for YMCA Camp Staff to apply sunscreen and/or insect repellent (provided by parents) to my child who is under 6 years of age or if assistance is needed.

Parent/Legal Guardian Signature

Date



Personality & Social/Emotional Development Description

How would you describe your child? _____

Do you feel that your child will adjust easily? YES NO Please specify: _____

Does your child have any of the following fears (please circle)? Swimming Animals Separation Anxiety
Strangers Thunder Storms Other (please specify): _____

Are there any other situations that your child finds difficult? YES NO
If no, explain: _____

What makes your child upset or mad? _____

How does your child show his/her feelings? _____

How do you comfort your child? _____

Has your child had experience playing with other children? _____

Nature is (please circle): Friendly Aggressive Assertive Shy Withdrawn
Other: _____

Has your child had any previous experience with similar programs? YES NO
If yes, please specify where: _____

Is he/she apt to try to run from the group? YES NO

Does he/she require a lot of adult attention? YES NO If yes, explain: _____

What is the method of behavior management/discipline used at home? _____

Please describe your child's daily schedule on a typical day? _____

Developmental History (for children 2.9-4)

Toilet Habits

Is your child toilet trained? YES NO

Does your child need reminders to use the bathroom? _____

Does your child need help using the toilet? _____

Was your child easy or difficult to train? _____

Speech

To what extent does your child dress themselves? _____

Age child began talking: _____ Does child speak in sentences? YES NO

Does your child have any speech difficulties? YES NO
If yes, please specify: _____

Does your child speak another language? YES NO If yes, please specify? _____

Please specify any words in that language that child might use to get their needs met? _____

Eating Habits

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

Play Experience

Interests and play experience: _____

Has your child had experience with the following (please circle):

Play Doh	Scissors	Painting	Gluing	Water Play	Sand Play	Kids Gym
Swimming	Climbing	Group Games	Puzzles	Dramatic Play		

Parent/Legal Guardian Signature

Date



FOR YOUTH DEVELOPMENT®
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2020 Annual Campaign for Camp Scholarships

I would like to support The Best Summer Ever for the Families at our YMCA by donating:

- ___ \$2,700 to give one local child The Best Summer Ever!
- ___ \$300 to allow one community member to enjoy camp for one week
- ___ \$110 to sponsor a month membership for a family wanting to access our facility and camp
- ___ \$100 to strengthen Youth Development and Leadership at the YMCA
- ___ \$50 to teach job readiness to adolescents in our Leadership Camp
- ___ \$25 so that children in the community have access to health and wellness activities

_____ **Total Pledge**

Please Charge the Below Method

Fixed Monthly Draft: Amount to be drafted \$ _____ (through 12/198) Total: \$ _____

Choose Your Draft Date Of Each Month: 1st OR 15th

Non-Monthly - Please Charge Me (Circle One):

One-time payment of _____

2 equal payments of _____

4 equal payments of _____

Signature

Date

Credit/Debit Card Information

Name on Card: _____

Street Name: _____

Zip Code: _____

Card Number: _____

Card Type: _____ Exp. Date: ___/___

Bank Account

Name on Account: _____

Routing Number: _____

Account Number: _____

Checking or Savings? _____



Camp Greendale On Indian Lake Best Schedule Ever

Keep this page – Stick it to your fridge!

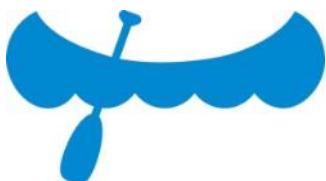
Keep this page handy over the summer to keep track of when your child is attending and when to pay. Thank you, we are looking forward to the Best Summer Ever!

SESSION	DATES	DUE DATE	DAYS ATTENDING/NOTES	Extend Care 7:30-9a	Extend Care 4:30-6p
1	June 22 – June 26 Specialties: Tennis (T) Aquatics (AQ)	June 12			
2	June 29 – July 3 Specialties: Tennis (T) Visual Arts (VA)	June 19			
3	July 6 – July 10 Specialties: Tennis (T) STEM	June 26			
4	July 13 – July 17 Specialties: Tennis (T) Team Sports (TS)	July 3			
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8	August 10 – August 14 Specialties: Tennis (T) STEM	July 31			
9	August 17 – August 21 Specialties: Tennis (T) Visual Arts (VA)	Aug 3			
10	August 24 – August 28 Specialties: Tennis (T) Aquatics (AQ)	Aug 10			

CAMP ESSENTIALS

- A backpack with your child's name on it
- Refillable water bottle
- Sunscreen and a hat for extra sun protection
- Lunch with extra snacks and drinks (especially for extended care)
- Swimsuit and towel
- Children must wear sneakers or boots! No sandals, flip flops, or crocs!

Please label ALL items that come to the Y with your family's name



CONTACT INFORMATION

Greendale Family Branch YMCA
75 Shore Dr, Worcester MA
(P) 508 852 6694
(F) 508 852 7591