



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

THE BANGOR YMCA CAMP JORDAN SCHOOL BREAK CAMP REGISTRATION FORM

Childcare Information & Program Attending - Please Print				
<input type="checkbox"/> February Break Camp (Feb. 19 th - 22 nd)		<input type="checkbox"/> April Break Camp (April 15 th - 19 th)		
Last Name	First Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age
What is your race? (check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Native American or Native Alaskan <input type="checkbox"/> Other				
Street Address	City	Zip	Home Phone	E-mail Address
Parent/Guardian's Name	Name and Address of Employer		Work Phone	Cell Phone
Parent/Guardian's Name	Name and Address of Employer		Work Phone	Cell Phone
Do custody arrangement's exist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach supporting documents.	List other children and their ages in family		What childcare situations has child been in?	
Child's Doctor Name, Address & Phone:				
Child's Dentist Name, Address & Phone:				
Medical Conditions and allergies:				

Emergency Contacts (persons other than guardian to be called in the event of an emergency.)			
Last Name	First Name	Address	Phone Number(s)
Last Name	First Name	Address	Phone Number(s)

I agree that all those listed above as emergency contacts as well as both guardians may pick my child up from care Yes No
If no is checked, please list those NOT authorized: _____

Pick-Up Authorization (persons other than guardian authorized to pick child up. Must be 18+ with valid ID)			
Last Name	First Name	Relationship to Child	Phone Number(s)
Last Name	First Name	Relationship to Child	Phone Number(s)

Consents and Authorizations
I approve the use of my child's photo or video for Bangor Region YMCA marketing purposes. I understand that my child's name will not be included without additional guardian consent. <input type="checkbox"/> Yes <input type="checkbox"/> No Guardian Initials: _____
MEDICAL EMERGENCIES WAIVER In the event I am unavailable to give prior consent, I authorize Bangor Region YMCA staff to provide emergency transportation and to consent to emergency medical treatment for my child. I will not hold the Bangor Region YMCA responsible for the consequences of the reasonable exercise of the authority, so long as such employees act in good faith with the best interest of my child in mind. I hereby consent to any proper standard treatment by a duly licensed, accredited physician or hospital which they may judge necessary for the well-being of my child. I will not hold such hospital or physician responsible for the consequences of accepting my child for emergency treatment.
Parent/Guardian Signature: _____ Date: ____/____/____

Consents and Authorizations

FIELD TRIP PERMISSION

I understand that my child may participate in field trips sponsored by the Bangor YMCA Camp Jordan programs. Transportation is provided by the Bangor Region YMCA. I understand I will be notified at least one day in advance of planned field trips. I understand that occasional unplanned walking expeditions may happen at which time I may or may not be notified in advance. I will not hold the Bangor Region YMCA, its officials or employees responsible for injury resulting from transportation to and from field trips.

Parent/Guardian Signature: _____ Date: ____/____/____

REGISTRATION AGREEMENT

I agree to pay the \$50 deposit upon registration and the balance of camp fees 1 week prior to the school break program. I understand that no child may attend camp without full payment. The \$50 deposit is not refundable for any reason. A refund of all paid funds minus deposits will be available if canceled one week prior to the program. No refunds are provided if canceled within a week of the program. All cancellations must be received in writing. I understand that I am financially responsible for full payment regardless of my child's attendance if I do not provide written request to cancel prior to one week prior to the program. After that time the Bangor Region YMCA only makes exceptions to this policy in the case of injury or illness, and a request for consideration must be accompanied by a doctor's note. I understand in the event of injury or illness efforts will be made to arrange for my child to attend a more appropriate session, prior to considering a monetary refund.

Parent/Guardian Signature: _____ Date: ____/____/____

Statement of Understanding (please initial each section)

I, _____, legal guardian of _____, agree to each of the following:

_____ I understand I may not leave my child unless a Bangor Region YMCA staff person is there to receive and supervise my child.

_____ I understand my child may only leave program with an authorized person at least 18 years of age listed on my child pick-up list, or via arrangements made in writing. Persons picking up my child must present a photo ID until staff knows them well. This includes myself if staff does not know me.

_____ I understand the Bangor Region YMCA is mandated by state law to report any suspected cases of child abuse to authorities.

_____ I understand I will be charged a \$1 per minute late fee if I fail to pick up my child prior to program closing.

_____ I understand I must notify staff when my child is sick or has a contagious disease. My child may need a doctors note to return.

_____ I understand I must complete a medication consent when requesting medication be given to my child. Prescription medication must be in the original bottle or with a signed note from my child's doctor.

_____ I agree to provide information on how to contact me in an emergency that I will keep updates when changes occur.

_____ I will provide weather appropriate clothing needed including gloves, hats and snow gear for my child's care.

_____ I will work with the Director in the follow-up of any medical, dental or developmental needs of my child.

_____ I will call the Bangor Region YMCA childcare if my child will be absent.

_____ I understand that I need to pay for all days that I have originally enrolled my child.

_____ I would like to volunteer in program, please ask me!

Parent/Guardian Signature: _____ Date: ____/____/____

If you have any questions, please contact Steve Heiny at sheiny@bangorY.org or call 207-944-4532.