



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUR SUMMER OF FRIENDSHIP AND FUN

YMCA OF VINCENNES
Summer Day Camp
2019 Registration Form

May 28 – August 7, 2019
Closed Memorial Day, July 4 and July 5
Hours: 6:00 a.m. – 6:00 p.m.

2019 Rates:
\$95/week Members
\$130/week Non-Members

YMCA OF VINCENNES
2010 College Avenue – Vincennes, IN 47591
812-895-9622
vincennesymca.org



Saturday Registration Dates:

April 6 10a-Noon

April 27 10a-Noon

May 11 10a-Noon

Receive \$5.00 off registration
fee (full pay)

YMCA of Vincennes Pre K - thru Entering 6th Grade Summer Day Camp 2019

Welcome to the YMCA of Vincennes Summer Day Camp! We are looking forward to another exciting summer and we are excited that you are considering being a part of the YMCA experience. Our qualified, experienced staff will provide a safe and caring environment where your child will make new friends, enjoy new experiences and have fun. Our program runs Monday through Friday from 6am-6pm. We offer arts and craft, games, enrichment activities, swimming, field trips, guest speakers, and much more. **Our camp is open to children who entering Kindergarten through the completion of fifth grade (entering 6th grade or a maximum of 12 years old).**

Enclosed you will find all the information that you need in order to prepare your child and yourself for the summer camp program. Please read over the general information and the registration materials on pages 1 through 10. Feel free to call the YMCA if you have additional questions. You can return the registration materials with the registration fee of \$30.00 per child (\$50 max for families) and the first week payment (due by May 25) to the YMCA of Vincennes at 2010 College Avenue, Vincennes, IN 47591.

If you have any questions or concerns, please feel free to contact us any time. Thank you for your cooperation.

Sincerely,



Bill Davis
Youth and Family Director
YMCA of Vincennes
812-895-9622
bdavis@vincennesymca.org



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General Information

Mission

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Core Values

The Y focuses on our four core values of Caring, Honesty, Respect and Responsibility within all of our programming. Please help us by encouraging the values at home.

Dates/Time

Camp will begin Tuesday, May 28, 2019 and run through August 7, 2019. **Camp will be closed on Memorial Day, July 4 in observance of Independence Day and July 5.** Camp is open from 6 am – 6 pm.

Sign In/Out Policy

Parents or other authorized adults must sign your child in and out of camp daily. The sign in/out table will be located inside the Day Camp building next to the Day Camp clerk. Only authorized adults with picture ID are allowed to sign a child in or out. Children are not allowed to sign themselves in or out of camp.

Guest Speakers/Field Trips

Our program is enhanced by various guests and outside experiences. Guest speakers will be offered over the course of Summer Camp. Field trips will be posted one (1) week in advance. On field trip days, children must be at camp by 9am, unless otherwise notified by staff or director.

What to wear or bring to camp

- Closed-toe shoes (tennis shoes) and socks daily
- Shorts
- T-shirt
- One-piece swim suit (no bikinis)
- Towel
- Backpack
- Refillable water bottle (please do not send soft or energy drinks. Water, juice or Gatorade type drinks are fine)
- Lunch (please choose healthy options and pack it in such a way that it does not require refrigeration)
- Sunscreen

Remember, kids get dirty; don't dress in good clothes. Most importantly, label all of your child's belongings (first and last name, not initials) as things get taken out of backpacks. Items may get left behind and we end up with a lot of lost and found with no way of knowing who it belongs to.

What not to wear or bring to camp

- Money/Jewelry
- Knives or any type of weapon
- Clothing that promotes vulgarity, alcohol or tobacco
- Open toed shoes (sandals and flip-flops are not adequate footwear)
- Bikini swimsuits
- Toys
- Electronics like cell phones, iPod, iPad, mp3 players, etc...

The Y is not responsible for camper possessions that are lost, stolen or damaged. The best way to prevent the loss of property is to leave valuables at home. In general, please do not send your child to camp with any toys. All items necessary for the activities are provided.

2019 SUMMER DAY CAMP FEES

The YMCA Summer Day Camp starts on Tuesday, May 28. Our last day of camp will be ~~K YXbYgXUnz~~ August 7. This creates 11 weeks of camp this summer. Camp is closed on Memorial Day, July 4, and July 5.

To register: Complete the family registration, payment agreement, **EFT agreement (RECOMMENDED)**, and swimming information forms in their entirety. Bring all completed forms, plus registration fee (\$30/child; \$50/family max.) and first payment (see below) to the YMCA of Vincennes on or before Saturday, May 25. Financial assistance applications must be turned in no later than Friday, May 17.

First: Decide if you need part-time (1 to 2 days per week) or full-time (3 to 5 days per week) child care.

Next: Select your payment option

1. Pay the total balance due (entire summer) on or before Saturday, May 25, 2019, OR
2. (a) Pay weekly by check, cash or debit/credit card no later than Friday prior to each Monday of a camp week. (b) Or by weekly EFT draft (checking, savings, or credit/debit card) on each Friday before each Monday of a camp week. **First payment is due by Saturday, May 25, 2019.**

Camp Fees – Member rates are based on child’s membership status

Part-Time

(Attend camp 1 or 2 days per week)

Total Balance Due for Summer

Member \$522.50 first child
Member \$418.00 each additional child
Nonmember \$770.00 first child
Nonmember \$616.00 each additional child

Weekly Fee

Member \$47.50 first child
Member \$38.00 each additional child
Nonmember \$70.00 first child
Nonmember \$56.00 each additional child

Full Time

(Attend camp 3 to 5 days per week)

Total Balance Due for Summer

Member \$1045.00 first child
Member \$836.00 each additional child
Nonmember \$1430.00 first child
Nonmember \$1144.00 each additional child

Weekly Fee

Member \$95.00 first child
Member \$76.00 each additional child
Nonmember \$130.00 first child
Nonmember \$104.00 each additional child

YMCA of Vincennes Membership

An annual youth membership (0-18 years of age) is \$14.00/month and a \$12.00 joiner fee or \$180.00/year. An annual family membership is \$52.00/month and a \$48.00 joiner fee or \$672.00/year.

Financial Assistance

We believe that everyone deserves the Y, so we offer financial assistance to individuals and families who might otherwise not be able to afford membership or program fees. Reduced rates for camp fees are available for those who qualify.

Summer Day Camp Payment Agreement

Please complete the following survey to indicate how you plan to make payments for your 2019 Summer Day Camp fees: **If payment is not made by Friday before Monday of camp week, your child will not be allowed to attend camp.**

Please choose how many days you plan on using camp services

_____ Full-Time (3 to 5 days per week); the fee is the same if camper attends 3 or 4 or 5 days.

_____ Part-Time (1 or 2 days a week); the fee is the same if camper attends 1 or 2 days.

Please choose your payment options

_____ One-time payment by May 25, 2019

_____ Monthly payment

_____ Bi-Weekly payment

_____ Weekly payments by the Friday prior to each week of camp

Please choose method of payment (EFT/Credit Card Payment is RECOMMENDED)

_____ Check or cash at the Day Camp or front desk of the YMCA

_____ EFT draft from checking – We need a completed EFT agreement form and a copy of a voided check

_____ EFT draft from savings – We need a completed EFT agreement form and printout from your bank with savings routing number and your account number

_____ Credit Card Draft (eWallet) – We need completed EFT agreement form and your credit card information.

- Please note that additional fees will be charged for part-time campers that attend more than 2 days a week. Additional fees will be assessed if checks, EFT drafts or credit cards charges are returned due to insufficient funds or incomplete account information. If your bank charges the YMCA, that fee will be charged to your account.
- When a third party, such as DHS, CPS, Willows, etc., is paying either partial or full child care payments, parents are responsible for keeping all paperwork current. Also, if the third party does not pay the full amount of child care fees it is the responsibility of the parent to pay the remaining balance.
- **Summer Day Camp is open from 6am-6pm. Parents whose children remain past 6:05pm will be charged a late pick-up fee of \$ 1.00 per minute after 6:05pm. Payment will be required at time of pick-up.**

I understand this payment policy and agree to adhere to the payment plan outlined above. I also understand that not adhering to this payment plan will result in my child(ren)'s removal from the YMCA Summer Day Camp. If I choose to remove my child from the Summer Day Camp I will complete and submit a completed termination form or I will be responsible for the remaining fees.

Parent/Guardian Signature _____ Date _____



SUMMER DAY CAMP REIGSTRATION

Child's Information:

Last Name: _____ First Name: _____ MI: _____
 Nickname: _____ Gender: Male Female Birth Date: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone #: _____ Member: Yes No
 School Attending: _____ School Phone #: _____

2nd Child's Information:

Last Name: _____ First Name: _____ MI: _____
 Nickname: _____ Gender: Male Female Birth Date: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone #: _____ Member: Yes No
 School Attending: _____ School Phone #: _____

Parent(s)/Guardian(s) Information:

Parent/Guardian: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Place of Employment: _____ Business Address: _____
 Primary Email: _____
 (To receive program updates.)

Parent(s)/Guardian(s) Information:

Parent/Guardian: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Place of Employment: _____ Business Address: _____
 Primary Email: _____
 (To receive program updates.)

Person or agency having legal custody:

Address if different from above:

Emergency contact Information: (Must list 2; 1 must be local and both cannot be a Parent/Guardian listed above.)

Emergency Contact #1 Also an authorized pick up Can only pick up in case of emergency
 Emergency Contact #2 Also an authorized pick up Can only pick up in case of emergency

First Emergency Contact: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____ Alernate Phone: _____
 Work Phone: _____ Place of Employment: _____
 Address: _____ City: _____ State: _____ Zip: _____

Second Emergency Contact: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____ Alernate Phone: _____
 Work Phone: _____ Place of Employment: _____
 Address: _____ City: _____ State: _____ Zip: _____

Person(s) authorized to PICK-UP your child: _____ Relationship: _____
 Person(s) authorized to PICK-UP your child: _____ Relationship: _____
 Person(s) NOT authorized to PICK-UP your child: _____ Relationship: _____
 Person(s) NOT authorized to PICK-UP your child: _____ Relationship: _____

Please Note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests no to release the child to the other parent.

SUMMER DAY CAMP REIGSTRATION

BEHAVIOR POLICY

Positive Behavior Management Procedures

We believe that children are entitled to a pleasant and harmonious environment at our program. The YMCA OF VINCENNES Summer Day Camp program cannot serve children who display chronically disruptive behavior. Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to the following: behavior that requires constant attention from staff, behavior that inflicts physical or emotional harm on other children, behavior that abuses the staff and/or ignores or disobeys the rules. Behavior that instigates other children to act out in a verbal or physical way. If a child cannot adjust to the program setting and behave appropriately, then the child may be terminated. Reasonable effort will be made to assist children in adjusting to the program setting.

PHYSICAL VIOLENCE OF ANY KIND IS NOT TOLERATED AND WILL RESULT IN IMMEDIATE SUSPENSION FROM THE PROGRAM.

Initial Here: _____

CAMP WAIVER AND PHOTO AUTHORIZATION

Waiver, In consideration of my participation in the activities of the YMCA OF VINCENNES, I do hereby agree to hold free from any and all liability the YMCA OF VINCENNES, Board Members, representing officers, employees, volunteers and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages or injuries which I may have or which may hereafter accrue to me arising out of or connected with me participating in any of the activities of the YMCA OF VINCENNES. I hereby do declare my child to be physically sound to participate in the activities at the YMCA. Pictures/videos/audio clips taken during activities at the YMCA OF VINCENNES may be used for marketing purposes. The I understand this specific release may be revoked at any time by written request.

PLEASE NOTE: THE YMCA DOES NOT FURNISH ACCIDENT/ILLNESS MEDICAL INSURANCE. MEDICAL BILLS, INCLUDING PRESCRIPTION DRUGS, WILL BE THE RESPONSIBILITY OF THE PARENTS.

Initial Here: _____

HEALTHY EATING AND PHYSICAL ACTIVITY (HEPA)

- Because of our commitment to healthy kids, our Y has adopted standards to create an environment rich in opportunities for healthy eating and physical activity. At Afterschool Care, we ensure that:
- Children will participate in a mixture of moderate and vigorous activity daily.
- Children will play outdoors whenever possible.
- Digital devices are prohibited except for homework and engaging kids in physical activity.
- Opportunities for parent engagement activities and education focused on healthy eating and physical activity will be made available.
- Water will be available for children at all times.
- Sweetened beverages and fried foods will not be served or allowed to be brought from home.
- Snacks will be served family-style.

Initial Here: _____

HEALTH HISTORY

Child #1

Please complete. If you have more than one child on the registration form please include child's name with any check or explanation.

Health/Accident Insurance: Company _____ Policy Number _____
Have or subject to (check if yes) Asthma Fainting Spells Convulsions
 ADD/ADHD Heart Trouble Diabetes Allergies
 Bleeding Disorders Special Diet Medications

Explain any and all checks:

Have difficulty with (check if yes) Eyes Ears Nose/throat Lungs

Any condition now requiring regular medication? Name of Medication: _____

If medication is given for any of the above conditions, we ask that the child continue to receive that medicine throughout the summer.

Any restriction of physical activity for medical reason? Explain: _____

CHILD #2

Please complete. If you have more than one child on the registration form please include child's name with any check or explanation.

Health/Accident Insurance: Company _____ Policy Number _____
Have or subject to (check if yes) Asthma Fainting Spells Convulsions
 ADD/ADHD Heart Trouble Diabetes Allergies
 Bleeding Disorders Special Diet Medications

Explain any and all checks:

Have difficulty with (check if yes) Eyes Ears Nose/throat Lungs

Any condition now requiring regular medication? Name of Medication: _____

If medication is given for any of the above conditions, we ask that the child continue to receive that medicine throughout the summer.

Any restriction of physical activity for medical reason? Explain: _____

Electronic Funds Transfer Application Summer Day Camp 2018



Authorization Agreement

I hereby authorize the YMCA to initiate electronic fund entries to my:

- Checking
- Savings
- Credit/Debit Card

indicated below, and I authorize the financial institution named below to charge my account.

Financial Institution _____

City, State _____

Checking/Savings:

Account Number _____

Routing/Transit Number _____

Credit/Debit Card:

Card Type (circle):

 Visa Mastercard AMEX Discover

Card Number _____

Expiration Date _____

NOTICE:

This authorization remains in effect for the entire Day Camp season or until the Y receives a 15-day written notification to change or cancel.

Y Staff Only

Full-Time Part-Time

Draft Amount(s): _____

Terms and Conditions

1. I understand that if I wish to terminate or change my payment in any way, I must give the YMCA a 15-day written notice.

Account Holder initials _____

2. Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may make.

Account Holder initials _____

3. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time.

Account Holder initials _____

The YMCA of Vincennes is not responsible for any bank fees associated with your electronic payments.

Name(s) of Attendee(s) _____

Account Holder Name _____

Account Holder Signature _____

Date _____

I (We) request that the following amount be debited for Summer Day Camp (**check one**):

One payment (due May 24, 2019)

Three (3) monthly payments
(May 24, June 21, July 19, 2019 (3wks))

11 weekly payments
(Friday's from May 24 – August 2, 2019)

Six (6) Bi-Weekly payments
May 24 June 7, 21
July 5, 19 August 2 (one week)

YMCA OF VINCENNES

2010 College Avenue, Vincennes IN 47591 **P** 812 895 9622 **F** 812 882 3947 **W** vincennesymca.org

Here for You—Summer Camp Financial Assistance Application



APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ Zip Code _____

Home Phone () _____

Cell Phone () _____

Email _____

If applicant is under 18, Parent/legal guardian: _____

ALL PERSONS LIVING IN HOUSEHOLD

Indicate each family member applying for assistance.

Name:	Current Grade:	DOB:
<input type="radio"/> Child		
<input type="radio"/> Child		
<input type="radio"/> Child		
<input type="radio"/> Child		
<input type="radio"/> Child		
<input type="radio"/> Child		
<input type="radio"/> Other dependent(s)		

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want to be a part of the YMCA of Vincennes because:

PROVIDE THE FOLLOWING DOCUMENTS

(required before processing):

I FILED FEDERAL TAXES FOR LAST YEAR

1040 Federal Tax Form for all incomes in household

\$ _____
Total Annual Household Income

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

Documents showing most recent 30 days of income (Including pay stubs or documentation of government assistance)

\$ _____
30 days income

I verify that all information submitted is correct, complete and accurate and give the Y my permission to contact my employer or financial provider for income verification. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30 days, I may be terminated from the scholarship program.

DAY CAMP—FOR OFFICE USE ONLY

Reg. Fee \$15

1-2 days: \$20 3+ days: \$45 \$55

FOR OFFICE USE ONLY

Membership Approved YES NO Date _____

YMCA _____% Applicant _____%

Signature of person completing this form

Date

Please tell us which week(s) your child(ren) will be in attendance during Summer Camp. Please mark part-time or full time. If choosing part-time, please tell what days your child(ren) will be attending. You can choose part-time one week and full time another. Please turn in with registration packet.

Camp Registration	Part-Time (1 or 2 days)	Please indicate P/T Days	Full Time (3+ days)	Not Attending
Week 1 May 28-31	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>	<input type="checkbox"/>
Week 2 June 3-7	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>	<input type="checkbox"/>
Week 3 June 10-14	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>	<input type="checkbox"/>
Week 4 June 17-21	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>	<input type="checkbox"/>
Week 5 June 24-28	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>	<input type="checkbox"/>
Week 6 July 1-5	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>	<input type="checkbox"/>
Week 7 July 8-12	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>	<input type="checkbox"/>
Week 8 July 15-19	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>	<input type="checkbox"/>
Week 9 July 22-26	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>	<input type="checkbox"/>
Week 10 July 29-Aug 2	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>	<input type="checkbox"/>
Week 11 Aug 5-7	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>	<input type="checkbox"/>

Swimming Information

Child's Name _____ Age _____

Swimming ability: Think of how your child swims when you take the child to a pool at the beginning of the summer.

_____ My child is a NON-SWIMMER and must be with a staff member in the water where he/she can touch at all times. He/she must wear swimming bubble. I DO NOT approve use of the diving board.

_____ My child is a beginning swimmer and needs to have a staff member nearby. He/she must wear swimming bubble. I DO NOT approve use of the diving board.

_____ My child is an intermediate swimmer but has to be watched more closely if _____.

_____ My child is an intermediate swimmer and knows his/her limitations. He/she is usually under only lifeguard supervision. I approve the use of the diving board.

_____ My child is an advanced swimmer and has no limitations, I trust my child to swim alone. I approve the use of the diving board.

All campers will be watched by counselors and lifeguards during their time in the pool. Kids listed as intermediate or advanced swimmers will be evaluated by the lifeguard each week. Swimmers wanting to go off diving board will have to pass a swim test (swim one length of the pool without stopping or grabbing the edge of the pool).

As the summer progresses re-evaluations can occur to allow the kids more freedom in the pool, per parent request.

All campers are expected to wear appropriate (one-piece only, no bikini's) swimwear and follow all pool rules.

I have read and agree to the swimming policy and understand that the YMCA reserves the right to disallow anyone to participate in the Summer Day Camp at any time for failure to comply with this policy.

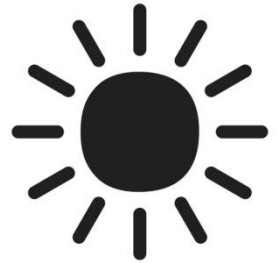
Parent/Guardian Signature _____

Date _____

Sunscreen Policy

The Summer Day Camp participants spend a great deal of time outside and are therefore exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirits, minds and bodies, we have made the following policies:

- All campers will wear sunscreen (SPF of at least 15) on all exposed skin, daily, even on cloudy days.
- Parents or legal guardians will apply the first layer of sunscreen prior to the morning drop-off.
- Parents or legal guardians will be responsible for providing their children with enough sunscreen (in a sealed container) to leave at camp for later applications.
- Summer Day Camp staff will be responsible for ensuring follow-up applications after two hours of activity in the sun (due to perspiration), after swimming, and/or any other time as needed.
- In order to accomplish reapplications of sunscreen in a timely manner, all staff or older campers may assist other campers with application of sunscreen.



I have read and agree to the sunscreen policy and understand that the YMCA reserves the right to disallow anyone to participate in the Summer Day Camp at any time for failure to comply with this policy.

Parent/Guardian Signature _____ Date _____