



SUMMER DAY CAMP IS A 10 WEEK PROGRAM WITH TWO CAMP SITES AT THE CROZET YMCA AND THE NEW BROOKS FAMILY YMCA. Both Virginia Licensed Summer Camps will run in tandem, with field trips on Mondays & Wednesdays and Friday Site-Exchanges. Please choose home site choice for pick-up and drop-off.

Brooks Family YMCA

Crozet YMCA

Come discover, explore, investigate, and create with us at the Y! With each themed week packed with swimming, field trips, guest speakers, community building projects, and S.T.E.A.M (Science, Technology, Engineering, Art, and Mathematics) challenges, we're sure to we play our way through the Best Summer Ever!

DATES:

June 12-16	ADVENTURELAND
June 19-23	DIZZY DISNEY
June 26-30	MIGHTY MINIONS
July 3-7*	AHOY, MATEY!
July 10-14	MINDCRAFT
July 17-21	POKEMONSTERS
July 24-28	SPACEWARS
July 31—August 4	WIZARDS & WANDS
August 7-11	SUPERHEROES
August 14-18	STORYTELLERS

*Summer Camp will be closed Tuesday July 4th, 2017

FEES: (Financial Assistance deadline is Friday May 5, 2017)

FULL WEEK (Y Members)	\$170.00
FULL WEEK (Program Participants)	\$210.00
3-DAY (Y Members)	\$150.00
3-DAY (Program Participants)	\$180.00

\$50.00 Registration Fee \$8.00 Camp Shirt Fee

ADD ON SWIM LESSONS:

Four Lesson Session (Y Members)	\$35.00
Four Lesson Session (Program Participants)	\$45.00

TIME: Monday—Friday | Camp Hours: 9 AM- 4 PM | Extended Hours (no added charge): 7:30 AM- 9 AM/ 4:00 PM- 6:00 PM

KINDERCAMP IS A FULL TIME 10 WEEK PROGRAM. Payment is due EVERY WEEK of the KinderCamp session regardless of attendance. One vacation week allotted. Financial assistance is not offered for KinderCamp.

Jefferson School (4-6 years old)

KinderCamp a fun and unique experience that gives young children the opportunity to discover their full potential, meet new friends, play and create memories that last a lifetime. Breakfast, lunch, and snacks are included as fuel for a fun filled summer!

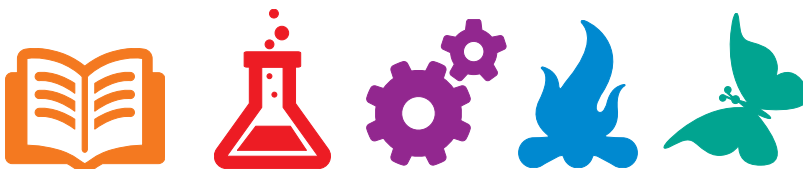
DATES:

June 12-16	SPECTACULAR SCIENCE
June 19-23	SPACE TRAVEL
June 26-30	WORLD OF COLOR
July 3-7*	SUPERHEROES
July 10-14	FANTASTIC FLYER
July 17-21	BUGS ALIVE
July 24-28	CHEFS COOKING
July 31- August 4	AROUND THE WROLD
August 7- 11	CATCH THE SPIRIT
August 14-18	CAMP CLOSEOUT

FEES: (Financial Assistance is not available for KinderCamp)

FULL WEEK	\$170.00
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\$100.00 Registration Fee \$8.00 Camp Shirt Fee



*KinderCamp will be closed Tuesday July 4th, 2017



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2017 Summer Day Camp Registration Form

SCHOOL AGE SUMMER DAY CAMP REGISTRATION KINDERCAMP REGISTRATION

Camper's First Name _____ MI _____ Last Name _____ Gender _____

Address _____ City _____ State _____ Zip _____

Are you a resident of the City of Charlottesville Yes No If no, please list county: _____

Home Phone _____ Alt. Phone: _____ Age _____ D/O/B ____/____/____

Who has legal custody? _____

Parent/Guardian Name _____ D/O/B ____/____/____

Home Address: _____

Home Phone _____ Work Phone _____ Cell phone _____

Employer Name & Address: _____

E-mail _____

Parent/Guardian Name _____ D/O/B ____/____/____

Home Address: _____

Home Phone _____ Work Phone _____ Cell phone _____

Employer Name & Address: _____

E-mail _____

Emergency Information and Pick up Authorization

Please provide 2 additional people other than the parents/guardians that live in separate households. The emergency contact listed must also be listed under authorized pick-up.

Name _____

Relationship to Child _____

Address _____

Phone _____ Alt. Phone _____

Name _____

Relationship to Child _____

Address _____

Phone _____ Alt. Phone _____

The following people are authorized to pick up child:

Name:	Relationship to child:	Phone #:
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Not Authorized to Pick Up _____

Physician Information:

Family Doctor _____

Phone Number _____

Address (NO PO BOXES) _____

Medication/Behavior

If medication needs to be administered during camp hours, a Medication Permission Form must be completed & signed by a physician. You can get this form from the Y or camp site. Medication must be accompanied with its FDA Label (medication insert) to describe usage and side effects. Summer Camp only administers Emergency medication.

Does your child have any of the following?:

- Asthma
 - Special Needs
 - Chronic or Recurring Illness
 - Operations or Serious Injuries
 - Dietary Restrictions
- Dates _____

Please Explain _____

Is your child taking medication? (circle one): Yes No

If yes, please list and why? _____

Known Adverse Reactions _____

Please list any allergies or intolerance to food, medication, etc. (include any known adverse reactions to sunscreen, insect repellent, or ointments) and action to take in an emergency.

Significant information about your child's behavior that would be helpful for our staff to know:

SCHOOL AGE SUMMER DAY CAMP REGISTRATION

For registration to be complete you must have the following documents:

- Copy of Birth Certificate
 School Entrance Health Form
 First Week's Tuition
 \$50.00 Registration Fee
 \$8.00 Camp Tee Fee
 Size: _____

Brooks Family YMCA

Crozet YMCA

SELECT DATES:

SELECT ADD ON SWIM LESSONS:

June 12-16	ADVENTURELAND	M T W TH F
June 19-23	DIZZY DISNEY	M T W TH F
June 26-30	MIGHTY MINIONS	M T W TH F
July 3-7*	AHOY, MATEY!	M T W TH F
July 10-14	MINDCRAFT	M T W TH F
July 17-21	POKEMONSTERS	M T W TH F
July 24-28	SPACEWARS	M T W TH F
July 31—August 4	WIZARDS & WANDS	M T W TH F
August 7-11	SUPERHEROES	M T W TH F
August 14-18	STORYTELLERS	M T W TH F

<input type="checkbox"/> Session I: June 20, June 22, June 27, June 29
<input type="checkbox"/> Session II: July 11, July 13, July 18, July 20
<input type="checkbox"/> Session III: July 25, July 27, August 1, August 3
<input type="checkbox"/> Session IV: August 8, August 10, August 15, August 17

*Summer Camp will be closed Tuesday July 4th, 2017

Please indicate the expected drop-off and pick-up times for camp participant:

I will drop my child off at: Drop-off: _____ AM Pick-Up: _____ PM

Monday—Friday | Camp Hours: 9 AM- 4 PM | Extended Hours (no added charge): 7:30 AM- 9 AM/ 4:00 PM- 6:00 PM

PARENT CONSENT AND WAIVER AGREEMENT

Please initial each of the following AND sign below:

_____ I give permission for the named camper to go on all trips (including lakes and pools) outside the camp facility, to be transported in the YMCA camp buses, which are operated by certified bus drivers.

_____ I give permission for the named camper to see G & PG movies.

_____ I give permission for the named camper to be included in camp photos and videos for promotional use.

_____ I understand that a health information form must be filled out, signed, and returned. I agree to provide the YMCA with my child's Birth Certificate and Health records (physical and immunization). I understand that my child is not registered and is unable to attend YMCA Day Camp until the above documents are on file with the YMCA office.

_____ In the event that I (or my emergency contacts) cannot be reached in any emergency involving the above name participant, I hereby give permission to the appropriate medical personnel, selected by the YMCA staff, to provide medical treatment deemed necessary by such personnel. I agree to be responsible for all charges incurred in the treatment of the participant regardless of whether our insurance covers such charges. When I receive a call from the YMCA staff indicating my child is ill, based on our Health Policy, I agree to have my child picked up from camp immediately.

_____ Parent will inform the Piedmont Family YMCA within 24 hours or next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

_____ I understand that I am responsible for the \$50 non-refundable registration fee and camp payments. Weekly tuition will be paid to the Piedmont Family YMCA on FRIDAY before each week of camp.

_____ There will be a \$25 late payment fee for all late payments and \$35 fee for all returned checks.

I have read and received a copy of the Parent Handbook, and I understand and agree to abide by the camp policies. I acknowledge this to be a legal and binding contract.

Parent/Guardian Signature: _____ Date: _____

YMCA Camp Administrator: _____

Office Use:

Date Enrolled: ____/____/____ Fees collected: _____ Receipt #: _____ Staff Initials: _____

KINDERCAMP REGISTRATION

For registration to be complete you must have the following documents:

- Copy of Birth Certificate
 School Entrance Health Form
 USDA Paperwork
 \$100.00 Registration Fee
 \$8.00 Camp Shirt Fee | Size: _____

Jefferson School

SELECT DATES:

June 12-16	LET THE FUN BEGIN	M T W TH F
June 19-23	BEST SUMMER EVER	M T W TH F
June 26-30	H2WOW	M T W TH F
July 3-7*	SUPERHERO WEEK	M T W TH F
July 10-14	HOLIDAY WEEK	M T W TH F
July 17-21	LET IT SNOW	M T W TH F
July 24-28	ROCKAPALOOZA	M T W TH F
July 31- August 4	CAMP CLOSEOUT	M T W TH F
August 7- 11	CATCH THE SPIRIT	M T W TH F
August 14-18	ANYTHING GOES	M T W TH F

*KinderCamp will be closed Tuesday July 4th, 2017

Please indicate the expected drop-off and pick-up times for camp participant:

I will drop my child off at: Drop-off: _____ AM Pick-Up: _____ PM

Monday—Friday | Camp Hours: 9 AM- 4 PM | Extended Hours (no added charge): 6:30 AM- 9 AM/ 4:00 PM- 6:00 PM

PARENT CONSENT AND WAIVER AGREEMENT

Please initial each of the following AND sign below:

_____ I give permission for the named camper to go on all trips outside the camp facility, to be transported in the YMCA camp bus.

_____ I give permission for the named camper to see G & PG movies.

_____ I give permission for the named camper to be included in camp photos and videos for promotional use.

_____ I understand that a health information form must be filled out, signed, and returned. I agree to provide the YMCA with my child's Birth Certificate and Health records (physical and immunization). I understand that my child is not registered and is unable to attend YMCA Day Camp until the above documents are on file with the YMCA office.

_____ In the event that I (or my emergency contacts) cannot be reached in any emergency involving the above name participant, I hereby give permission to the appropriate medical personnel, selected by the YMCA staff, to provide medical treatment deemed necessary by such personnel. I agree to be responsible for all charges incurred in the treatment of the participant regardless of whether our insurance covers such charges. When I receive a call from the YMCA staff indicating my child is ill, based on our Health Policy, I agree to have my child picked up from camp immediately.

_____ Parent will inform the Piedmont Family YMCA within 24 hours or next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

_____ I understand that I am responsible for the \$100 non-refundable registration fee and camp payments.

_____ There will be a \$25 late payment fee for all late payments. All Credit Card payments for any Camp related fees (tuition, registration, etc.) are subject to 3% administration fee.

I have read, understand and agree to abide by the camp policies. I acknowledge this to be a legal and binding contract.

Parent/Guardian Signature: _____ Date: _____

YMCA Camp Administrator: _____

Office Use:

Date Enrolled: ____/____/____ Fees collected: _____ Receipt #: _____ Staff Initials: _____