

2021 Summer Camp Registration Form

Camp Wind-in-the-Pines, Leicester, MA | 7:30 AM–5:30 PM

COMPLETE ONE FORM PER CHILD

Camper Name: _____ **Date of Birth:** _____

Gender (circle one): Female Male Self-Describe School: _____ Grade Entering: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: (home) _____ (cell) _____ (work) _____

Email: _____ Please send me my confirmation via email

Camper Shirt Size (t-shirt included with registration):

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

How did you hear about us? Returning Camper YWCA Website Parent Referral Baystate Parent

Facebook/Twitter/Instagram HulaFrog Other: _____

CAMP SESSIONS

Please indicate which camp sessions you are registering for. (Please note that there are no partial sessions. Check as many boxes as apply.)

- | | | | |
|------------------------------------|--------------------------|-------------------------------------|--------------|
| <input type="checkbox"/> Session 1 | June 21-25 | <input type="checkbox"/> Session 6 | July 26-30 |
| <input type="checkbox"/> Session 2 | June 28- July 2 | <input type="checkbox"/> Session 7 | August 2-6 |
| <input type="checkbox"/> Session 3 | July 5-9 (closed July 5) | <input type="checkbox"/> Session 8 | August 9-13 |
| <input type="checkbox"/> Session 4 | July 12-16 | <input type="checkbox"/> Session 9 | August 16-20 |
| <input type="checkbox"/> Session 5 | July 19-23 | <input type="checkbox"/> Session 10 | August 23-27 |

PAYMENT

Camp Fees: Day Camper (\$220 tuition per session) 6-13 yrs old \$220 X _____ (# of sessions)= _____

Worcester Drop Off and Pick Up Transportation Fee:

Transportation Fee (\$90 per session) \$90 X _____ (# of sessions)= _____

Total Due: _____ **Total =** _____

A non-refundable deposit of \$30.00 PER CAMP SESSION is due with this application. The deposit is applied to your total balance. Balances must be paid in full by June 1, 2021.

I would like to pay:

- Deposit: \$30.00 X number of sessions: \$ _____
- Balance in full (See above to calculate total for desired program)
- Enclosed is my check in the amount of: \$ _____
- Please bill my credit card the following amount: \$ _____

Name on Card: _____ Circle: MasterCard VISA Discover Amex

Credit Card #: _____ Exp. Date: _____ CSV: _____ Signature: _____

Cancellations will be accepted up to one month prior to the start of the session. Cancellations will result in the forfeiture of the non-refundable deposit per session. The YWCA cannot guarantee placement if balances and required forms are outstanding after payment deadline.

I have read, understand and agree to the terms of this application.

Parent/Guardian Signature: _____ Date: _____

PLEASE MAIL OR DROP OFF REGISTRATION FORM WITH PAYMENT AT YWCA CENTRAL MASSACHUSETTS, SCHOOL AGE PROGRAM, 1 SALEM SQUARE, WORCESTER, MA 01608 OR FAX TO 508-754-0496. YOU CAN ALSO EMAIL IT TO SCHOOLAGE@YWCACM.ORG.

AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE

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Pick-up List

Anyone picking up a camper must provide a photo I.D. and be listed below.

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

3. Name: _____ Relationship: _____ Phone Number: _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: _____ Hospital Affiliation: _____

Address: _____ Phone: _____

Medical Insurance Provider: _____ Policy and/or Group #: _____

Allergies and Medications

Known Allergies: _____

Does your child need to take medication(s) during camp (circle one)? Yes No

If your child requires medication, please specify: _____

The Permission to Administer Medication form must be completed and given to the Camp Director on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please contact the Camp Director at 508-767-2505, ext.3019 prior to June 12 or at 508-892-9814 after June 12, 2021.

Medical Release

I authorize the YWCA as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the MA Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YWCA is not responsible for costs incurred for medical care.

Policies

Sunscreen

I give permission for sunscreen to be administered and/or applied to my camper as deemed necessary by the camp staff.

Backpack Search

I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons, or other forbidden objects.

Lost or Stolen Items

Campers are asked to leave any valuables and electronics at home. The YWCA and its employees are not responsible for lost or stolen items.

Photographs

I give my permission for my child's photograph or video to be taken for use by the YWCA Central Massachusetts in program brochures, annual report, website, social media sites and other promotional materials and for release to local newspapers.

Parent/Guardian Signature: _____ Date: _____

DEMOGRAPHIC INFORMATION

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The YWCA receives funding for a portion of childcare activities. Please choose the appropriate selection for your child:

Household Income

Under \$17,000 \$17,000 - \$49,999 \$50,000 - \$99,999 \$100,000 and above

Race

American Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander
 White Other Race Unknown/Undisclosed

Ethnicity

Albanian Asian Indian Brazilian Cambodian Cape Verdean Caribbean Islander Chinese Colombian
 Cuban Dominican European Filipino Ghanaian Guatemalan Haitian Hispanic/Latina/o Honduran
 Japanese Kenyan Korean Laotian Liberian Mexican Mexican American Chicano Middle Eastern
 Portuguese Puerto Rican Russian Salvadoran Vietnamese Unknown/Undisclosed
 Other (Please Specify) _____

What language do you primarily speak at home?

English Spanish French Arabic Portuguese Haitian Creole Cape Verdean Creole
 Khmer Chinese (any dialect) Korean Vietnamese Russian Somali American Sign Language (ASL)
 Other language not listed Unknown/Undisclosed

Parent/Guardian Name: _____ Camper Name : _____