

2023 Summer Camp Registration Form

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

COMPLETE ONE FORM PER CHILD

Camper Name: _____
First Middle Last

Date of Birth: _____

Gender (circle one): Female Gender/Queer Intersex Male Transgender F-M Transgender M-F
Transgender (Unspecified) Other Unspecified Unknown/Undisclosed

School: _____

Grade Entering in Fall 2023: _____

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.)

Session 1 June 19-23 (closed June 19)

Session 2 June 26- June 30

Session 3 July 3-7 (closed July 4)

Session 4 July 10-14

Session 5 July 17-21

Session 6 July 24-28

Session 7 July 31- August 4

Session 8 August 7-11

Session 9 August 14-18

Session 10 August 21-25

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

Parent/Guardian Signature: _____ Date: _____

AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE

COMPLETE ONE FORM PER CHILD

Pick-up List

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

Parent/Guardian Name: _____ Phone Number: _____

Employer: _____

Parent/Guardian Name: _____ Phone Number: _____

Employer: _____

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 #: _____

Medical Conditions

Please check all that apply

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Food Allergies | |

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

If your child requires medication, please specify: _____

Disability (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. 125 prior to June 19 or at 508-892-9814 after June 20, 2023.

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.

Parent/Guardian Signature: _____ Date: _____

DEMOGRAPHIC INFORMATION

COMPLETE ONE FORM PER CHILD

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 Hispanic/Latino/a/x Multi Racial
 White Other Race Unknown/Undisclosed

Ethnicity

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

Primary Language

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

Disability:

- None Developmental/Intellectual/Acquired Brain Injury Other Cognitive Disability D/deaf or hard of Hearing
 Visual Mobility/Motor Mental Health/Psychiatric Substance Misuse Other Medical Other Disability
 Unknown/Undisclosed

Housing Status:

- Homeless Own Rent Shelter Other Unknown/Undisclosed

Total Number Living in Household:

- 1 2 3 4 5 6 7 8 or more Unknown/Undisclosed

Source of Income:

- Employment TAFDC SNAP EAEDC SSDI SSI/Pension/Other Retirement Partner/Spouse Support
 Child Support Alimony Unemployment Other None Unknown/Undisclosed

Education Status:

- Elementary Middle Some HS/No Diploma HS Diploma GED/HSE Trade/Technical/Vocational Training
 Some College/No Degree Associate Degree Bachelor's Degree Master's Degree Professional Degree
 Doctoral Degree Unknown/Undisclosed

Currently a Student: YES NO Unknown/Undisclosed

If a student, type of school:

- Worcester Public Schools Other Public School Private/Parochial School Homeschool
 HiSET/GED Vocational/Other Training College Other Unknown/Undisclosed

2023 Summer Camp Payment Form

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CAMPER NAME: _____

Camp Fees:

Day Camper (\$230 tuition per session) 6-13 yrs old \$230 X _____ (# of sessions)= _____

Worcester Drop Off and Pick Up Transportation Fee:

Transportation Fee* (\$60 per session) \$60 X _____ (# of sessions)= _____

Total Due= _____

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, 2023**.

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

Name on Card: (PLEASE PRINT) _____

Please 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 ALL FORMS OF THE REGISTRATION PACKET 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.

* NOTE: The actual cost of transportation is \$90. The YWCA is able to reduce the cost thanks to private donations received.

2023 Summer Camp

Camper Consent Form

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Child's Name: _____ Date of Birth: _____

INSECT REPELLENT AND SUNSCREEN

_____ I understand that it is my responsibility to provide insect repellent, which has not expired and is
Initials labeled with my child's name.

_____ I give the YWCA staff permission to assist in applying insect repellent to my child no more than
Initials once per day and only if it is recommended by public health authorities due to a high rate of insect-borne disease.

_____ I understand that it is my responsibility to provide sunscreen, which has not expired and is
Initials labeled with my child's name.

_____ I give the YWCA staff permission to assist in applying sunscreen to my child.
Initials

PHOTOGRAPHS

_____ I give permission for photographs/video to be taken of my child for use by the YWCA in program
Initials brochures, annual report, website, Facebook, Twitter, and Instagram, and other promotional materials and for release to local media.

ACTIVITIES, PLAY & OBSERVATION

_____ I give permission for my child to, use play equipment, participate in ALL activities, and
Initials participate in free swim.

_____ I understand that if my child doesn't participate in swim lessons, they will be identified as
Initials non-swimmers and at-risk swimmers and have access to personal flotation device when engaged in swimming activities.

BACKPACK SEARCH

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

LOST OR STOLEN ITEMS

_____ Campers are asked to leave any valuables and electronics at home. I understand the YWCA and
Initials its employees are not responsible for lost or stolen items.

Parent / Guardian Signature

Date