

# 2024 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 2024: \_\_\_\_\_

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 24-28

Session 6    July 29-August 2

Session 2    July 1-5 (closed July 4)

Session 7    August 5-9

Session 3    July 8-10

Session 8    August 12-16

Session 4    July 15-19

Session 9    August 19-23

Session 5    July 22-26

**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 14 or at 508-892-9814 after June 17, 2024.

### 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 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 Specify) \_\_\_\_\_

### 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

### Secondary 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

### Type of School:

- Worcester Public Schools    Other Public School    Private/Parochial School    Homeschool



# 2024 Summer Camp Payment Form

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**CAMPER NAME:** \_\_\_\_\_

**Camp Fees:**

Day Camper (\$235 tuition per session) 6-13 yrs old \$235 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, 2024.**

- 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.



# 2024 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 labeled with my child's name.  
Initials

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

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

\_\_\_\_\_ 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 brochures, annual report, website, Facebook, Twitter, and Instagram, and other promotional materials and for release to local media.  
Initials

### ACTIVITIES, PLAY & OBSERVATION

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

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

### 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  
Initials

### LOST OR STOLEN ITEMS

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

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date