

2017 SUMMER DAY CAMP REGISTRATION FORM, HEALTH HISTORY & EMERGENCY CARE PLAN**ELMBROOK SUMMER CAMPS AT BROOKFIELD ELEMENTARY & SWANSON ELEMENTARY**

YMCA of Greater Waukesha County Summer Day Camp Programs One form per child. A new form must be filled out each summer.

Camper Information

Child's First Name _____ Middle Initial _____ Last _____ Gender ☐ M ☐ F Birth date ____/____/____

This will be my child's ____ year at Y Camp Age (as of June 1, 2017) ____ Child resides with ☐ Mother ☐ Father ☐ Both ☐ Other _____

Swim Ability ☐ Beginner ☐ Intermediate ☐ Advanced (All campers will still be swim tested weekly) YMCA Member Number _____

Parent/Guardian Information – Both parents must be listed or use N/A if not applicable.

#1 Parent/Guardian First Name _____ Middle Initial _____ Last Name _____ Gender ☐ M ☐ F Birth date ____/____/____

Address – Home (Street, City, State, Zip) _____

☐ My address changed since last summer Home Phone Number _____ E-Mail _____

Where can we reach you while your child is at camp? Work Phone Number _____ Cell Phone Number _____

Daytime Address _____

#2 Parent/Guardian First Name _____ Middle Initial _____ Last Name _____ Gender ☐ M ☐ F Birth date ____/____/____

Address – Home (Street, City, State, Zip) _____

☐ My address changed since last summer Home Phone Number _____ E-Mail _____

Where can we reach you while your child is at camp? Work Phone Number _____ Cell Phone Number _____

Daytime Address _____

Emergency Contacts/Others Authorized to Pick Child Up Must put one other person other than parent or guardian. Can add more on a separate sheet of paper.

#1 First Name _____ Last Name _____ Relationship to child _____

Address- Home (Street, City, State, Zip) _____

Phone Numbers: Home _____ Work _____ Cell _____

#2 First Name _____ Last Name _____ Relationship to child _____

Address- Home (Street, City, State, Zip) _____

Phone Numbers: Home _____ Work _____ Cell _____

12 MEDICAL AND BEHAVIOR QUESTIONS TO HELP US PROVIDE THE BEST CARE TO YOUR CHILD. ALL INFORMATION IS CONFIDENTIAL TO Y STAFF.

(ALL SECTIONS MUST BE FILLED OUT. IF SOMETHING DOES NOT APPLY, PLEASE USE N/A)

1. Has your child had any of the following?

- ☐ Asthma ☐ Autism ☐ Diabetes
☐ ADD/ADHD ☐ Epilepsy/Seizures ☐ Cerebral Palsy/Motor Disorder
☐ Cognitively or Learning Disabled ☐ NONE

☐ Dietary Restrictions _____

☐ Food/Milk Allergies _____

If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.

☐ Gastrointestinal or feeding concerns, including special diet and supplement

☐ Non-Food Allergies _____

☐ Status of Vision, Hearing & Speech _____

☐ Other Conditions requiring Special Care _____

2. Triggers that may cause any of the above problems (specify) _____**3. Signs or symptoms to watch for _____****4. Steps the childcare provider should follow _____****5. Identify any staff to whom you gave specialized training/instructions _____****6. When to call parents regarding symptoms or failure to respond to treatment _____****7. When to consider that the condition requires emergency medical care or reassessment _____****8. Additional Information that may be helpful to us _____****9. Emergency Numbers**

Physician Name _____ Phone _____

Location Address _____

10. List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE a (✓) or (x). If you do not have an immunization record for this child, contact your doctor or local health department to obtain the records.

TYPE OF VACCINE	1st Dose M/D/Y	2nd Dose M/D/Y	3rd Dose M/D/Y	4th Dose M/D/Y	5th Dose M/D/Y
Diphtheria-Tetanus-Pertussis Specify DTP, DTaP, or DT					
Polio					
Hib (Haemophilus Influenzae Type B)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					
Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. <input type="checkbox"/> Yes, Year _____ <input type="checkbox"/> No or Unsure (Vaccine is required)					

☐ My child does not meet all immunization requirements. These requirements can only be waived if a properly signed health, religious, or personal conviction waiver is filed with the day camp. Forms available from our website or at your Y's Business Desk.

11. Is your child currently taking any medications? ☐ Yes ☐ No

If yes, what kind and why _____

If medication needs to be administered during YMCA Day Camp, an Authorization to Administer Medication Form MUST be completed. Visit gwcymca.org for forms.

12. Sunscreen/Insect Repellent

(If provided by a parent, each bottle must be labeled.)

☐ I authorize the YMCA to apply **sunscreen** to my child

☐ I authorize the YMCA to allow my child to self-apply **sunscreen**

☐ My child may use **sunscreen** provided by YMCA Day Camp if theirs runs out or is missing (Generic NO-AD SPF 30).

☐ If no, will only allow my child to use the sunscreen provided by parent:

Brand Name _____ Strength _____

☐ I authorize the YMCA to apply **repellent** to my child

☐ I authorize the YMCA to allow my child to self-apply **repellent**

☐ My child may use **repellent** provided by YMCA Day Camp if theirs runs out or is missing (Generic OFF 25% Deet).

☐ If no, I will only allow my child to use the repellent provided by parent:

Brand Name _____ Strength _____

2017 SUMMER DAY CAMP REGISTRATION FORM**ELMBROOK SUMMER CAMPS AT BROOKFIELD ELEMENTARY & SWANSON ELEMENTARY**

CAMPER'S NAME _____ CAMP LOCATION ☐ Brookfield Elementary ☐ Swanson Elementary
 CHILD'S START DATE _____ NAME OF SCHOOL YOUR CHILD ATTENDS: _____

Want to register online? Go to GWCYMCA.ORG/ELMBROOKCAMPS	STEAM CAMP AT BROOKFIELD ELEMENTARY		SUMMER SCHOOL WRAP CAMP AT SWANSON ELEMENTARY		Final Payment & Registration Due by noon:
	5 DAY Ages 5-13 M: \$200 PP: \$235 Week 4 Only: July 3-7 M: \$170 PP \$200	3 DAY Ages 5-13 M: \$138 PP: \$158	5 DAY HALF DAYS Ages 5-13 M: \$130 PP: \$150 Week 4 Only: July 6-7 M: \$55 PP \$65	3 DAY HALF DAYS Ages 5-13 M: \$80 PP: \$94	
Week 1: June 12-16	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			June 5
Week 2: June 19-23	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	June 12
Week 3: June 26-30	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	June 19
Week 4: July 3-7**	<input type="checkbox"/> 4 Day	<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 2 Day	See 5 Day	June 26
Week 5: July 10-14	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	July 3
Week 6: July 17-21	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	July 10
Week 7: July 24-28	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	Join us at Brookfield STEAM Camp or West Suburban YMCA for the rest of the summer!		July 17
Week 8: July 31-Aug 4	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			July 24
Week 9: Aug 7-11	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			July 31
Week 10: Aug 14-18	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			August 7
Week 11: Aug 21-25	<input type="checkbox"/> 5 Day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			August 14

* We cannot accommodate requests for campers to be in the same group.

**No camp available Tuesday, July 4th.

No camp will be offered at Swanson Elementary July 3-5. Please see our offerings at Brookfield Elementary STEAM Camp or the West Suburban YMCA Day Camp for other camp opportunities.

More information available at GWCYMCA.ORG/ELMBROOKCAMPS.

SUBSIDY PROVIDER INFORMATION

A current Authorization of Service (see page 15 of 2017 Summer Day Camp Guide) must be on file before your child's registration will be accepted and registered. Our family currently receives subsidy from:

- ☐ County/ State/ Wisconsin Shares
☐ Third Party Agency
☐ Other

Agency Name: _____

Paperwork submitted to County/Agency

☐ Yes OR ☐ No

Notes: _____

* I understand that I am responsible for any amounts not covered by my Subsidy Provider:

Initial _____

YMCA Provider #4000558914

PAYMENT AND DEPOSIT INFORMATION

Please note, registrations will not be processed without deposit and indicated method of payment.

of weeks _____ x \$25/week = Total deposit \$_____

I am paying: ☐ Full Payment ☐ Weekly Payment (Payable online)

* If you do not choose the Full Payment option, you must pay a deposit for each week you choose at time of registration.

Credit Card # _____ Exp: ____ / ____ OR Check Enclosed: Amount \$ _____

This information will only be used for your deposits or full payment. Please visit GWCYMCA.ORG to pay your camp balance online after registration. Full online registration and payment also available.

BUSINESS DESK STAFF ONLY:

Location _____ Date _____ Initials _____

- I approve this application and certify that the applicant is capable of such an experience.
- I agree to pay the balance of the camp fees seven (7) days prior to the start of each camp session reserved (by noon) or the deposit and registration for that week of camp will be forfeited and my child will be taken off the roster.
- I understand that no refunds are given.
- I understand a YMCA credit will be issued, less the deposit, only if I cancel seven (7) days prior to the start of the camp week registered for.
- I grant permission for the applicant to participate in all planned activities and out-of-camp trips by walking, van or bus.
- I understand my child must be potty trained to attend camp.
- In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately.
- The YMCA is not responsible for lost, stolen or damaged personal articles.
- I authorize the YMCA to have and use photographs and videos of the person named in this application as may be needed for its public relations programs, including social media.
- I agree to waive any claims against the YMCA and its members and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA programs.
- I understand that there are no pets on location.
- I understand if my child requires alternate arrival or release, I will complete a separate form with updated information on it.
- I understand that current immunization information (page 1 of Registration Form) must be completed at the time of registration. I understand failure to complete all mandatory forms will result in a forfeited camp week and my child will be taken off rosters. No exception.

Parent/Guardian Signature _____

Date _____