

Hamden/North Haven YMCA

Summer Fun Club Enrollment Packet

Please complete one form for each participant. Every blank must be completed before registering at the YMCA.

Program Name: _____ Session(s): 1 2 3 4 5 6 7 8 Child's School: _____

Start Date: _____ End Date: _____

Child's Name: _____ Nickname: _____ Gender: _____

Grade in Fall: _____ Date of Birth: _____ Age: _____ Home ph.#: _____

Child's Address: _____

Street and Apt #
City
State
Zip Code

Name of Parent or Legal Guardian (Complete both parents information unless one parent has sole custody & provides court documents.)

Name: _____	Name: _____
Relation to child: _____	Relation to child: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Home Phone: _____	Home Phone: _____
Place of Employment: _____	Place of Employment: _____
Address: _____	Address: _____
Office Phone: _____	Office Phone: _____
CTDL#: _____	CTDL#: _____
Cell Ph/Pager: _____	Cell Ph/Pager: _____

Child resides with: Both parents Mother Father Other _____

Persons (other than parents) Authorized to Pick Up Child and/or Be Contacted In Case of an Emergency

Name: _____	Name: _____
Office#: _____	Office#: _____
Home#: _____	Home#: _____
CTDL#: _____	CTDL#: _____
Relationship to child: _____	Relationship to child: _____
Name: _____	Name: _____
Office#: _____	Office#: _____
Home#: _____	Home#: _____
CTDL#: _____	CTDL#: _____
Relationship to child: _____	Relationship to child: _____

DO NOT RELEASE MY CHILD TO: _____

AUTHORIZATION FOR MEDICAL ATTENTION

I give permission for the Hamden/North Haven YMCA Certified First-Aid staff to treat my child, if needed. I authorize the YMCA staff to consent to emergency treatment (under advice of a Connecticut licensed physician) for my child when the need for such treatment is immediate and when efforts to contact me are unsuccessful. My child will be transported to the nearest emergency facility. I understand that any expenses incurred through transportation and treatment of my child are my responsibility.

Name of Physician: _____ Address/Phone: _____

Insurance Co.: _____ Policy #: _____

Policy Holder: _____ Relationship to Child: _____

Signature of Parent/Legal Guardian

Hamden/North Haven YMCA Summer Fun Club 2010 Enrollment Packet

Welcome to the Hamden/North Haven YMCA Summer Fun Club Program. This program is specifically designed for **potty-trained children, ages 3- 5 (Pre-K)**. Children will enjoy a variety of activities this summer ranging from swimming, arts-n-crafts, field trip to Camp Mt Laurel, and outdoor games. Our program will operate out of the Main YMCA, located at 1605 Sherman Ave. Each session, parents will be given a flyer that will outline what we have planned for your children for the week. Children will swim three times a week in the mornings. Upon receipt of your enrollment packet you will be mailed a confirmation letter from the program director. Please look this confirmation over carefully to ensure that we have registered your child correctly. In this confirmation packet you will receive a **health form**. This health form **must be completed** by a health care professional **prior** to your child starting in our program. Children **will not** be accepted into the program without this form. Also, if your child requires medication to be administered during the program day, the proper form must be filled out by your physician as well. If you have any questions, please contact the Hamden/North Haven YMCA, (203) 248-6361.

Session	1	2	3	4	5	6	7	8				
Session Weeks	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	Member Fee	Comm. Member Fee	# of Sessions	Total
Half Day 9-1 pm									\$75	\$125		

Registration One-Time Fee	\$25
Total SFC Fee (from above)	
Total Due	
Payment Enclosed	

- Children **MUST** be potty-trained to attend program.
- Children must be 3 years old prior to start of session in order to participate.
- Send children in bathing suits on swim days (pack underwear and a towel).
- Send a bag lunch each day. AM snacks provided.
- Remember to put sunscreen on your child.

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Parent Guardian Authorizations and Acknowledgements

I acknowledge that I have received a copy of the YMCA Child Camp Parent Handbook which covers the following information: general policies, accounting policies, days program is closed and complaint procedure. I understand that if I have any questions in regards to the content of this handbook it is my responsibility to notify the YMCA at the earliest convenience. _____Initials

I hereby give my consent for my child to participate in activities that involve water while under the supervision of the YMCA staff or their representatives. _____Initials

I hereby give my consent for my child to be transported by the YMCA staff or their representatives. _____Initials

I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the events of an accident. I understand that all precautions will be take to ensure the safety and health of my child. _____Initials

I hereby give consent for any photographs taken of my child to be used for promotional purposes. _____Initials

I acknowledge that the school district is not responsible for incidents/accidents that occur during after-school hours. _____Initials

I understand that my monthly payment is due on the 20th of the month for the upcoming month and that a \$15 late fee will be charged if my payment is not received on time. Furthermore, I understand that if payment is not received by the 30th of the month, my child will not be allowed to attend the program until my balance is paid in full. _____Initials

Getting to know your child

The YMCA believes that *every* child in our care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the Director and visit the program prior to enrolling your child. *Please answer the following questions:*

Please explain if there are certain situations that may cause your child difficulty.

How can we best work with you to help your child in these situations?

What limitations does your child have?

Are special provisions required to enable your child to participate in our program?

Please list all medications and/or medical conditions affecting your child.

Other comments:

Signature of Parent/Guardian

Date