



ELLICOTT-MASTEN FAMILY YMCA
 585 William St.
 Buffalo, NY 14206
 P: 716-845-5440 F: 716-845-5443

OFFICE USE ONLY	
<input type="checkbox"/>	Received registration packet
Date _____	Initials _____

ELLICOTT-MASTEN FAMILY YMCA 2012 SUMMER CAMP REGISTRATION FORM

HILD'S INFORMATION

Name (first/middle/last) _____ Nickname _____
 Male Female Date of Birth _____ Age in Fall 2012 _____ Phone _____
 Home Address _____ City _____ State _____ Zip _____
 May we use your child's picture in publicity photos? Yes No

FAMILY INFORMATION

Parent/Guardian Name _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Work Phone _____
 E-mail Address _____

Parent/Guardian Name _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Work Phone _____
 E-mail Address _____

PROGRAM FORM

Use this form to register for camp by checking the appropriate box for the desired weeks. The first price that is listed is for Y members, followed by non-member price. There is no camp on July 4, 2012. Camps will be prorated for the week of July 2-6, 2012.

QUESTIONS? Call 716-845-5440 with questions or for more information!

			WEEK STARTING										
			6/21 & 6/22	6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13	8/20	8/27
YOUNG EXPLORERS Ages 3-4													
Cazenovia Park Abbott Rd, Buffalo	Per Week	\$105 \$130											
Ellicott-Masten Family YMCA 585 William St, Buffalo	Per Week	\$105 \$130											
DAY CAMP Ages 5-12													
Cazenovia Park Abbott Rd, Buffalo	Per Week	\$105 \$130											
Ellicott-Masten Family YMCA 585 William St, Buffalo	Per Week	\$105 \$130											
LEADERS IN TRAINING Ages 11-13													
Cazenovia Park Abbott Rd, Buffalo	Per Week	\$105 \$130											
Ellicott-Masten Family YMCA 585 William St, Buffalo	Per Week	\$105 \$130											

Select Extended Camp Hours AM PM BOTH YMCA Member Yes No

PAYMENT INFORMATION Check MasterCard Visa Discover AMEX Automatic Draft (call branch for details)

Deposit Enclosed \$ _____ (A non-refundable, non-transferable deposit must accompany each week selected, which is deducted from the weekly fee.)

Card # _____ Exp. Date _____ Signature _____

EMERGENCY INFORMATION

In case of emergency, please contact the following first: Name _____ (p) _____

Child's Physician _____ (p) _____

Insurance Carrier _____ Identification # _____ Group # _____

Name of insured _____ Relationship to child _____

Emergency Contact and Youth Pickups (if mother, father or guardian cannot be reached): People listed to pick up children must be 18 years of age or older and must have a photo ID with them when picking up children:

Name _____ Relationship _____ (p) _____

Name _____ Relationship _____ (p) _____

Name _____ Relationship _____ (p) _____

Name _____ Relationship _____ (p) _____

CAMPER HEALTH HISTORY

The following information must be completed by the parent/guardian. The intent of this information is to provide camp staff the background to provide appropriate care. Provide complete information so that the camp is aware of your child's needs.

Allergies

Describe reaction and management of the reaction

- Medications (e.g., penicillin) _____
- Food (e.g., eggs, dairy) _____
- Other (e.g., insect stings, hay fever) _____

Medications

Medications require a separate form. Please contact the camp director or staff for more information.

Immunization History - Attach a copy of child's immunization records and list the month/day/year administered below.

DPT Series	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	MMR	__/__/__	__/__/__
Tetanus/Diphtheria	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	or measles	__/__/__	__/__/__
Tetanus	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	or mumps	__/__/__	__/__/__
Polio OPV (Sabin)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	or rubella	__/__/__	__/__/__
HIB Vaccine	__/__/__	__/__/__	__/__/__	__/__/__			Varicella	__/__/__	__/__/__
Hepatitis B	__/__/__	__/__/__	__/__/__				TB Mantoux Test	__/__/__	
Haemophilus Influenza B	__/__/__						TB Test Results	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

Has participant had:

- | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 1. Measles | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15. Recent injury, illness or infectious disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Chicken Pox | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 16. Chronic or recurring illness/condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. German Measles | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 17. Heart defect/disease/murmur | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Mumps | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 18. Eating disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Hepatitis A/B/C | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 19. Diarrhea/constipation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Mononucleosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 20. Wear glasses, contacts or protective eye wear | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Frequent ear infections | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 21. Orthodontic appliance (e.g., retainer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 22. Hypertension (high blood pressure) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 23. Emotional difficulties for which professional help was sought | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Seizures/Convulsions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 24. Any specific activities that child cannot participate in or needs assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Frequent headaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 25. Dizzy/passed out after physical activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Head Injury | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 13. Knocked unconscious | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 14. Skin Problems
(e.g., itching rash, acne) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Date of last physical _____

Please explain any "YES" answers, noting the applicable number _____

Any additional information about the participant's behavior and physical, emotional or mental health the camp should be aware of:

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

Yes No I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the participant. This completed form may be photocopied for trips out of camp.

FIELD TRIP ACKNOWLEDGEMENT

Yes No I give my son/daughter permission to attend all Y field trips for the sessions that he/she is registered. My child also has my permission to participate in swimming activities on field trips, including aquatic amusement park activities.

PERMISSION TO SUPERVISE APPLICATION OF TOPICAL ITEMS (Sunscreen, Bug Spray, Lip Balm)

Type of Topical Item _____ Prescription # _____ Start Date _____ End Date _____

Days to be Taken M T W TH F Time of Day _____ Amount (Dosage) _____

Yes No I request that the camp staff supervise my child taking the above medication or applying the topical items as indicated.

I acknowledge that the information stated on this form is accurate and factual.

Parent/Guardian Signature ONLY: _____ **Date:** _____



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REGISTRATION & REFUND POLICIES

- Space is limited in all YMCA programs. We encourage early registration for our popular camp programs to avoid being closed out of the sessions of your choice.
- Registration begins Jan. 2 for the 2012 season.
- A non-refundable, non-transferable deposit must accompany each week selected. Reserve your child's spot during Early Bird Registration, Jan. 2 - Feb. 29, for only a \$10 deposit per week, per camper. This is deducted from the weekly fee.
- Additional child pricing is available for YMCA full privilege members when enrollments are made at the same time and for the same session. The first child in the program will be charged the full member fee; each subsequent child of the same family will be charged 10% less than the full member fee.
- In the case of serious or prolonged illness or injury, all paid fees (except the deposit) will be refunded with a written note from your child's physician.
- Pre-payment is required.
- Children will not be admitted into camp without a completed health form and proof of immunizations.
- Failure to make payment on time may forfeit your child's spot.
- Campers are assigned by their ages as of Fall 2012. Requests to be assigned with other campers cannot be guaranteed.
- Pre-registration for morning and/or afternoon extended care is required to ensure proper staffing ratios and safety.
- Prices are subject to change without notice.

SAFETY

Parents can feel confident that their child will enjoy a safe camp experience as all camps are certified by the county health department and are subject to on-site inspections. Counselors are carefully selected for their experience and interest in working with children and low camper-to-counselor ratios are enforced, allowing your child to receive the personal attention he or she deserves. All YMCA staff undergo a criminal background check, a thorough reference check, and participate in child abuse prevention training.

BULLYING POLICY

The Y is committed to providing a caring, friendly, and safe environment for children in our care, so that they can learn in a relaxed and secure atmosphere. Bullying of any kind is unacceptable. That is, any use of aggression with the intention of hurting another person (including, but not limited to, physical, emotional, verbal, sexual) is not tolerated. Serious incidents of targeted aggression are documented by YMCA staff, and ongoing monitoring of the situation will occur. When attempts to change unacceptable behavior are unsuccessful, the consequences of repeated bullying may include suspension and/or termination from the program.

CONVENIENT HOURS

FREE extended hours are offered from 7:00-8:30 am and 4:30-6:00 pm, allowing for the flexibility you need for your busy lifestyle. Pre-registration is required to ensure proper staffing ratios.

AFFORDABLE

Financial assistance is available through our Strong Kids Campaign, which helps us to make camp accessible to everyone. Additionally, the YMCA accepts third-party payments through the Department of Social Services and allows children to earn their way to camp through a candy sale Jan. 2 - July 2. Call or visit your branch for more information.