



# 2019 YMCA SUMMER PROGRAM REGISTRATION FORM

Please complete **ALL** spaces.

Location:  YMCA     Old Valdosta High School  
Ages: 5-6                      Ages: 7-12

Old VHS Transport from/to YMCA?  Yes  No If yes, Sibling Name(s) & Age \_\_\_\_\_  
\*\*\*Must have siblings attending YMCA site to be eligible for transportation.

CHILD'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ School: \_\_\_\_\_ Grade (will enter in the Fall): \_\_\_\_\_

Child resides with: \_\_\_\_\_

If this child will have siblings attending camp, please list names here: \_\_\_\_\_  
\_\_\_\_\_

### Please check the primary contact.

**MOTHER/Guardian:** \_\_\_\_\_ Address (if different than child's): \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Work Address: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**FATHER/Guardian:** \_\_\_\_\_ Address (if different than child's): \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Work address: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency contacts other than parent(s):

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Authorized Pick Up:  Yes  No

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Authorized Pick Up:  Yes  No

**PARENT AUTHORIZATION:** *This information is correct to the best of my knowledge and the youth herein described has permission to attend the summer day camp program. In the event I cannot be reached in an emergency, I hereby give permission to secure proper care for my child.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**\*REGISTRATION REQUIRES: REGISTRATION FORM, REGISTRATION FEE, FIRST WEEK FEE, INCOME ELIGIBILITY FORM AND IMMUNIZATION RECORD**

Reg. Fee (\$10 per child): \_\_\_\_\_ IE Form: \_\_\_\_\_ Immunization Form: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
T-Shirt Received Date: \_\_\_\_\_ Size: \_\_\_\_\_ Staff: \_\_\_\_\_



# TRANSPORTATION AGREEMENT

This is to verify that I, \_\_\_\_\_, give the Valdosta-Lowndes County Family YMCA  
(Parent/Guardian Name)

permission to transport \_\_\_\_\_ from the YMCA to any field trips planned for the  
(Child's Name)

YMCA's Summer Program.

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

Should \_\_\_\_\_, \_\_\_\_\_ suffer an injury or illness while in the care of the  
(Child's Name) (Birth Date)

Valdosta YMCA, and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. Child's primary source of health care is:

\_\_\_\_\_  
(Physician/Clinic name) (Phone number)

Known medical/special conditions (i.e. diabetic, asthmatic, allergies, prescriptions, ADHD): \_\_\_\_\_

Plan of action for any medical/special conditions listed above: \_\_\_\_\_

## CHARACTER DEVELOPMENT CONTRACT

\_\_\_\_\_**Appropriate Conversation** – Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other campers or staff.

\_\_\_\_\_**Appropriate Language** – Children must refrain from using obscene language or gestures for any reason.

\_\_\_\_\_**Respect** – When asked to do or not to do something, a child needs to follow directions the first time given. This is for the safety of all children. Please speak to staff & other children with respect.

\_\_\_\_\_**Play** – Children are asked not to engage in any horseplay with each other or with a counselor. No one will be allowed to hit, kick, push or display any type of aggressive behavior. We will use appropriate words to settle our differences. We keep our hands and feet to ourselves.

\_\_\_\_\_**Responsibility** – All children need to remain with their group and within eyesight of their counselor. This applies while we are here on the YMCA grounds, at park district properties, and on off-site field trips. We want children to be safe at all times.

\_\_\_\_\_**Caring** – It is important to use and care for equipment, toys and games properly so that other children can enjoy them. We will care for the property of the YMCA, of other children and of the YMCA staff.

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

YMCA Child Care Representative \_\_\_\_\_ Date \_\_\_\_\_



# YMCA SUMMER PROGRAM PARENT CONTRACT

As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:

- \_\_\_ 1. I understand that this is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and is exempt from state licensure requirements.
- \_\_\_ 2. I understand that payments are due on Thursdays of the week prior to my child's attendence. A \$5 late registration fee will be applied if dues are paid after Thursday. Spaces are limited.
- \_\_\_ 3. I acknowledge that I have received a copy of the YMCA Summer Program Parent Handbook and will comply with the policies set forth.
- \_\_\_ 4. I understand that I am required to walk my child inside and sign him or her into the summer program daily.
- \_\_\_ 5. I understand my child cannot arrive before 7:30 am for early drop off and must be picked up by 6:30 p.m. from extended care.
- \_\_\_ 6. I agree to pay a late fee each time my child is not picked up by 6:30 p.m.
- \_\_\_ 7. The YMCA, in conjunction with America's Second Harvest Kid's Cafe will provide morning snack, lunch, and supper for the campers. Participants are not allowed to purchase items from the vending machines during camp hours.
- \_\_\_ 8. I agree to immediately notify the YMCA childcare department of any changes that occur on my child's information card (phone numbers, address, etc.).
- \_\_\_ 9. I agree to notify the YMCA childcare department if someone other than myself or those individuals listed on my child's card will be picking my child up from the summer program. This notification must be in writing and submitted at least 24 hours in advance.
- \_\_\_ 10. I understand that I must have a picture identification card to show program counselors when I pick up my child.
- \_\_\_ 11. I understand that my child must have appropriate closed toe foot wear (sandals and flip flops are a safety hazard).
- \_\_\_ 12. I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. (The YMCA will take immediate staff and volunteer disciplinary action if a violation occurs.)
- \_\_\_ 13. I understand that the YMCA takes photographs, videos, motion pictures and /or sound recordings of the Summer Program participant or members of the participant's family. I further grant the YMCA permission to use the photographs, video, motion pictures and/or sound recordings in its general publicity materials.
- \_\_\_ 14. I understand that I am not to leave my child at any YMCA Summer Program location unless a YMCA staff is there to receive and supervise my child.
- \_\_\_ 15. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- \_\_\_ 16. I understand that the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- \_\_\_ 17. I understand that per state regulations, my child's file is available for review by the Department of Family and Children Services and their representatives. In addition, Law Enforcement personnel may request the information listed in your file.
- \_\_\_ 18. I understand that the YMCA may terminate my child's enrollment for any of the following reasons: \_\_\_\_\_
  - \_\_\_ Emergency names and phone numbers are incorrect
  - \_\_\_ Parent is late picking up child after Summer Program closes
  - \_\_\_ Non/late/NSF payment of fees
  - \_\_\_ Failure to adhere to the sign-in/sign-out policies
  - \_\_\_ Behavior that is continually disruptive or dangerous to others and/or self
  - \_\_\_ Behavior that is destructive to property and/or refusal to replace said property
  - \_\_\_ Any single incident that is deemed by the Program Director to be dangerous, harmful or disruptive
  - \_\_\_ Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend etc.)
- \_\_\_ 19. I understand the YMCA and the staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for children.

**Signature**

Print Child's Name

Parent/Guardian Signature

Date



**VALDOSTA-LOWNDES COUNTY FAMILY YMCA  
RELEASE & WAIVER of LIABILITY & INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost that may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of **Georgia** and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE**

\_\_\_\_\_  
Signature of Applicant (parent or guardian if under 18)

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE



Please complete **ALL** spaces.

## Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if \_\_\_\_\_  
Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_

Only complete this form if you would like your child to be transported to and from the Old Valdosta High School site from the Valdosta YMCA site.

*\*Must have sibling enrolled at YMCA site\**



## Summer Day Camp TRANSPORTATION AGREEMENT

Please complete **ALL** spaces.

This is to certify that I give the Valdosta-Lowndes County Family YMCA permission to transport my child from the YMCA, located at 2424 Gornto Road, to the Old Valdosta High School, located at 3101 N Forrest St., on the following days:

Monday  Tuesday  Wednesday  Thursday  Friday

The YMCA Staff is authorized to receive my child.

In the event my child is not to be transported as outlined above, I agree to notify the YMCA by calling (229)244-4646 and leaving a voicemail on extension 241.

Examples would be if the child is a car rider that day, is checked out early or is home sick.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Bright from the Start: Georgia Department of Early Care and Learning  
CACFP Meal Benefit Income Eligibility Statement\***

**PART I: Child(ren) or Adult enrolled to receive day care**

Name: (Last, First and Middle Initial)	SNAP, TANF, or FDPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. <b>Note:</b> Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)**

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

**A. Child Income**<sup>1</sup> - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here. Child Income/How often?  
\$ \_\_\_\_\_/\_\_\_\_\_

**B. Other Household Members**<sup>1</sup>. List all household members (including yourself) not listed in Part I even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often	2. Welfare, child support, alimony / How Often	3. Social Security, pensions, retirement / How Often	4. All other income / How Often
1. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
2. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
3. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
4. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
5. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____

**C. Total Household Members (Adults and Children) listed in Part I and Part II** \_\_\_\_\_

**Social Security Number.** If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX \_\_\_\_\_  I do not have a Social Security Number

**PART III: Enrollment Information: Children Only**

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm].  (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: **Sunday** **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday**

Circle the meals your child will normally receive while in care: **Breakfast** **AM Snack** **Lunch** **PM Snack** **Supper** **Evening Snack**

**PART IV: Signature**

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category.**

Signature: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

**PART V: Participant's Ethnic and Racial Identities (optional)**

Check (✓) one ethnic identity:

Hispanic/ Latino  Not Hispanic/ Latino

Check (✓) one or more racial identities:

Asian  White  Black or African American  Indian or Alaska Native  Hawaiian or other Pacific Islander

**Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12**

Total income: \_\_\_\_\_ Per:  Week  Every 2 weeks  Twice a month  Month  Year **Household Size:** \_\_\_\_\_

**Categorical Eligibility:** check (✓) if applicable  **Eligibility:** check (✓) one Free  Reduced  Paid-Denied

**Day Care Homes Only:** check (✓) one Tier I  Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

**Determining Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confirming Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Follow Up Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_