



YMCA of Greater Brandywine Summer Day Camp Registration Agreement

**Please complete the following registration packet and return it to
campadmin@ymcagbw.org or YMCA of Greater Brandywine - Camp Processing,
1 E. Chestnut Street, West Chester, PA 19380**

Summary of Services: Fun and safe daily activities, including group activities, indoor and outdoor play activities as well as social/emotional development opportunities. Parents are responsible for lunch and snacks, unless otherwise specified by your program. 55 PA CODE CHAPTERS 3270.123 & 181(c); 3280.123 & 181(c), 3290.123 & 181(c)

Brandywine Jennersville Kennett Lionville Oscar Lasko Octorara
 West Chester

Child's Name: _____ * Male * Female Birth
Date: ____/____/____

Age as of 6/1/21: ____ Grade completed June 2021: ____ School Age - School Attending:

Home Address:

_____ Street Address City
State / Zip

Primary Phone #: _____ Primary Email:

Parent/Legal Guardian Name (1): _____ Cell #:

*** YES * NO** May this child be released to above guardian

Parent/Legal Guardian Name (2): _____ Cell #:

*** YES * NO** May this child be released to above guardian

Child Lives With: _____

IS THERE A CUSTODY AGREEMENT? * YES * NO If yes, you MUST provide a copy of the agreement to the Program Director.

Emergency Contact: (Person(s) also need to be indicated in ePACT.)

Name: _____ Cell #: _____

Address:

Person(s) Designated By Parent To Whom Child May Be Released: (Person(s) also need to be indicated in ePACT.)

Name: _____ Cell #: _____

Address: _____

Type of YMCA Membership (required) * Full Member (FM) **OR** * Non-Member (*must complete non-member waiver*)

Do you qualify for a reduced rate? (One discount per child)

Sibling Discount Yes No

Chester County Assistance (CCW) Yes No

YMCA Financial Assistance (CCW application required. A copy of the determination letter is needed before YMCA Financial Assistance can be applied.) Yes No

YMCA Employee Discount Yes No

Registered Siblings (**A separate registration form must be completed for each child registered.**)

Sibling's Name(s):

Child's Name: _____

I give permission for my child to participate in swim activities related to the program (when available). Parent Signature:
I give permission to seek medical treatment for my child in the event of an emergency. Parent Signature:
I give permission for the YMCA to transport my child for program needs and emergencies. Parent Signature:
I give permission for the YMCA to take my child on walks and trips. Parent Signature:
I give permission for the YMCA to administer minor first aid. Parent Signature:
I received a complete copy of the parent handbook and written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121) Parent Signature:
I agree to update the emergency contact/parental consent form information whenever there are changes or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124) Parent Signature:
I also understand that a child health report is due upon enrollment. If it is not received before the first day of camp, then my child may be removed from the program. Parent Signature:
Enrollment Parent Signature: _____ Date: _____
Start of Camp Parent Signature: _____ Date: _____
6 Month Review Parent Signature: _____ Date: _____

ATTENTION—PLEASE READ THE FOLLOWING CAREFULLY. THIS WAIVER AFFECTS YOUR LEGAL RIGHTS

In consideration of my/my child's participation in the activities of the YMCA of Greater Brandywine, **I agree to waive, release, indemnify and hold harmless the YMCA** and its respective officers, employees, volunteers, and members for injuries, accidents and damages that result from my/my child's participation in the programs including but not limited to liability for its own negligence, and do hereby on behalf of myself, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to me/my child arising out of or connected with participation in the programs, use of the YMCA facilities and property, or use of equipment within its facilities and property.

I understand that even when every reasonable precaution is taken, accidents can sometimes occur. I further understand that the activities of the YMCA have inherent risks and I hereby assume all risks and hazards incidental to my or my family's participation in programs or use of the facilities, or equipment within its facilities.

I UNDERSTAND THAT SIGNING BELOW DEMONSTRATES ACCEPTANCE OF THE ABOVE TERMS IN THEIR ENTIRETY.

Signature of Parent/Guardian: _____

Date: _____

NEXT STEPS:

- Online camp registration is required (except for children applying for/receiving CCW funding).
In conjunction, this registration agreement is required for ALL children.
- Look for an invite, via email, to complete ePACT information. This must be completed before your child can attend camp. Your [child's health report](#) submission is required by uploading it to ePACT.
- If you applied for CCW Funding: The YMCA will work with CCW to establish if your child is eligible. Camp registrations can NOT be processed until this is determined.

Questions about camp? Please contact your camp director.

Questions about your registration or billing? Please email campadmin@ymcagbw.org.

Questions about ePACT? Please contact ePACT – help@epactnetwork.com or 1-855-773-7228 x1

**YMCA of Greater Brandywine
GETTING TO KNOW YOU FORM**

Child's Name: _____

Parent/Guardian: We can work more effectively with your child at the YMCA if we know as much about him/her as possible. Please fill out the information below. Feel free to make an appointment with the Program Director if you have concerns you would like to further discuss.

Well-liked nickname: _____ **Age at beginning of the program:** _____

Child lives with: _____ **Grade at beginning of the program:** _____

Does your child have siblings attending YMCA programming at the same time? Yes No

If yes, Name (s) & Age(s) _____

What areas of your child's life would you hope to see developed at the YMCA? _____

What do you consider his/her strengths and challenges? _____

Does your child require any modifications in YMCA policies, practices or procedures or auxiliary aids and services in order to allow your child to fully participate in our programs? Yes No

If yes, please explain: _____

(Our ADA Compliance Officer will follow up with you to discuss any requests.)

After reviewing the stakeholders from the Parent Handbook, are you interested in adding anyone else to the list?

Please note any additional information the Program Director should know about your child to better serve your goals for your child. Such information may include, but is not limited to, information about your child's personality, disposition, social skills, and forms of behavior modification used at home as well as hobbies, interests and preferred activities etc.

Do you wish to schedule a conference with the staff at the child care center to discuss this information any further?

Yes No



CAMP DRAFT AUTHORIZATION FORM

Participant's Full

Name(s) _____

Home Phone _____

Cell Phone _____

Address on Account Check if address has changed

Street _____

City, State, Zip _____

Email _____

Weekly Payment (Camp only)

Amount \$ _____

Weekly Draft

Weekly draft amount is based on authorized registration and current rates.

I understand this automatic payment authorization is continuous until the end of the program. I understand I am responsible for submitting account changes in writing 7 business days before a draft. I understand I am responsible for reviewing my bank/credit card statement to ensure a draft has been stopped following my written notice. No refunds or credits are given. I understand I am responsible for fees if the YMCA is unable to debit my account because of account changes or insufficient funds. Returned drafts incur a \$20 service charge. Pricing is subject to change with 30 days written notice. I have read and understand the terms of this agreement. I authorize my bank to honor pre-verified and/or verified monthly automatic YMCA program fees and other authorized charges.

Print Payer Name _____

Payer Signature _____ Date: _____

Credit or Debit Card

Credit Card listed must be saved under the signing payer on this authorization.

___ VISA ___ MASTERCARD ___ AMEX ___ DISCOVER

Card # ___ ___ ___ ___ (last 4 digits only)

*** Please provide your full credit card number to member services or update your credit card via your [Y account](#) online. ***

-----The portion below will be detached and shredded. ---

CVV # _____

****The following two pages are only required if applying for or receiving funding from CCW.****

CAMP SELECTION - Traditional Day Camp & Preschool Camp

Please check the camp location and week(s) of your choice.

- Brandywine
 Jennersville
 Kennett
 Lionville
 Oscar Lasko
 Octorara
 West Chester

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
Camper(s) Name	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23



YMCA of Greater Brandywine Release Form

- Brandywine Jennersville Kennett Lionville Oscar Lasko Octorara
 West Chester

Provider Name: _____ YMCA

Provider ID/School Site Number: _____

Provider Contact & Phone Number: Courtney Jeffers, 610-380-9622 x2405

Parent/Caretaker's Name: _____

Child(ren) Name: _____

Caseworker: _____

I authorize Child Care Information Services (CCIS) of Chester County to disclose information regarding my eligibility status with the YMCA of Greater Brandywine.

Parent/Caretaker's Signature: _____

Date: _____

CCIS Use Only

Record #: _____

CCW Enrollment Begin Date: _____ CCW Enrollment End Date: _____