



Year: **2021**

Staff Only
Date & Time
Received

YMCA of Greater Brandywine Summer Camp Registration Agreement - Brandywine YMCA

Summary of Services: Fun and safe daily activities, including swimming, group activities, indoor and outdoor play activities as well as social/emotional development opportunities and snacks. Lunch is provided weeks 2-11, Parents are responsible for lunch week 1 and/or if their child does not want the lunch provided (menus will be sent out closer to the start of camp).

55 PA CODE CHAPTERS 3270.123 & 181(c); 3280.123 & 181(c), 3290.123 & 181(c)

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

School Attended _____ Grade completed June 2020 _____

Home Address _____
Street Address _____ City _____ State / Zip _____

Home Phone # _____ Primary Email _____

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

Email address _____ YES NO May this child be released to this guardian

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

Email Address _____ YES NO May this child be released to this guardian

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

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

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

Do you qualify for a reduced rate?

Chester County Assistance (CCW) Yes No YMCA Financial Assistance Yes No

Sibling Discount Yes No YMCA Employee Discount Yes No

Do you have a sibling(s) registered in: Montessori K-Care Preschool SACC

Sibling's Name(s): _____

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:
Parent Signature at time of enrollment _____ Date: _____
Parent Signature at the start of camp _____ Date: _____

Parent Signature at 6 month review _____ Date: _____

Child's Name _____

Please check the camp(s) your child will be attending. Fees are listed as WEEKLY. Payments are made via auto-draft each Sunday prior to care. Late tuition fee is 10% of the weekly tuition and assessed on Mondays. I understand I have until YMCA closing (or 11:59pm online) on Sundays to pay my account.

Summer Camp

CIRCLE the box for the camp and week(s) of your choice:

TRADITIONAL CAMP FULL DAY	Grade Completed	Time	Mem Rate	Non Mem Rate	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Eligible Discount
	K-5	9-4	\$245	\$290	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	
Weekly Themes					Wild West Frontier	Superheroes	Walk on the Wild Side	A Pirate's Life	Summer Olympics	Star Wars Univers	Soaking Up Summer	Blast From The Past	Holiday Hoopla	Medieval Kingdom	Camp Rewind	
SPORTS CAMPS	Grade Completed	Time	Mem Rate	Non Mem Rate	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Eligible Discount
					6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	
Baseball/Softball Camp (full-day)	1-5	9-4	\$245	\$290			6/28				7/26					IBM, Sibling, & Staff
Basketball Camp (full-day)	1-5	9-4	\$245	\$290				7/5				8/2				IBM, Sibling, & Staff
Cheer Camp (full-day)	1-5	9-4	\$245	\$290		6/21							8/9			IBM, Sibling, & Staff
Flag Football Camp (full-day)	1-5	9-4	\$245	\$290					7/2						8/23	IBM, Sibling, & Staff
Soccer Camp (full-day)	1-5	9-4	\$245	\$290						7/19				8/16		IBM, Sibling, & Staff
AQUATICS CAMPS / Add on Swim lessons	Grade Completed	Time	Mem Rate	Non Mem Rate	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Eligible Discount
					6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	
Camp Cannonball (full-day)	1-5	9-4	\$245	\$290	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	IBM, Sibling, & Staff
Jr. Lifeguard Camp (full-day)	6-8	9-4	\$245	\$290					7/12			8/2				IBM, Sibling, & Staff
Add On Swim Lessons - Red Band	K-8	4:00	\$25	\$25	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	IBM, Sibling, & Staff
Add On Swim Lessons - Yellow/Green Band	K-8	4:30	\$25	\$25	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	IBM, Sibling, & Staff
TEEN CAMPS	Grade Completed	Time	Mem Rate	Non Mem Rate	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Eligible Discount
					6/15	6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24	
Adventure Camp (full-day)	6-8	9-4	\$245	\$290	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	IBM, Sibling, & Staff

A camp deposit of \$35 per child per week is due at time of registration. Deposits are non-refundable & non-transferable and are subtracted from your weekly rate.

Weekly Tuition Fee _____ - sibling discount (10%) financial assist. Staff discount, CCW	actual weekly payment due
Deposit of \$35 per child per week is due at the time of registration.	_____

Arrival Time: _____
Departure Time: _____

I received a copy of the parent handbook at the time of enrollment (§ 3270.121, 3280.121, 3290.121) _____ initial

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) _____ initial

I also understand that this specific child health report form is due at the beginning of the school year for my child. If it is not received before the first day of school, then my child may be removed from the program.
 _____ initial (<https://www.dhs.pa.gov/docs/For-Providers/Documents/Child%20Care%20Forms/CD%2051.pdf>)

Parent/Guardian Signature: _____	Signature Date: _____
Operator Signature: _____	Signature Date: _____
Membership Confirmed: <input type="checkbox"/> yes <input type="checkbox"/> no	

Date of Admission: _____	Date of Withdrawal: _____
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**YMCA of Greater Brandywine
GETTING TO KNOW YOU FORM**

Child's Name: _____

Parents: We can work more effectively with your child at the YMCA if we know as much about him/her as possible. Please help us by filling in the blanks and handing in with the registration packet. 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:** _____

Grade Sept. 2020 _____ **Child lives with** _____

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 by at the YMCA? _____

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

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, 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 camp staff to discuss this information any further?
 Yes No



Please return to YMCA

PROGRAM DRAFT AUTHORIZATION FORM

- Brandywine Kennett Jennersville Lionville Octorara Oscar Lasko UMLY West Chester

Participants Full Name (s)

Home Phone Cell Phone Address on Account Street City, State, Zip Email

Weekly Payment (Camp only) Weekly draft amount is based on authorized registration and current rates.

Weekly Draft Amount \$

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

Please indicate your method of payment.

If you do not have a card on file, please stop by the front desk to have one added or indicated one below.

Please use my payment card currently on file at the YMCA. VISA MASTER CARD AM EX DISCOVER Card # (last 4 digits only) Exp. date CVV #

(Front Desk Staff: I have verified the card information on file.)

Please add my payment card to my file at the YMCA. VISA MASTER CARD AM EX DISCOVER Card #

Exp. date ____ / ____

CVV # _____