



Year: **2021**

Staff Only  
Date & Time  
Received

# YMCA of Greater Brandywine Preschool Summer Camp Registration Agreement - Lionville 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). <b>Parent Signature:</b>
I give permission to seek medical treatment for my child in the event of an emergency. <b>Parent Signature</b>
I give permission for the YMCA to transport my child for program needs and emergencies. <b>Parent Signature:</b>
I give permission for the YMCA to take my child on walks and trips. <b>Parent Signature:</b>
I give permission for the YMCA to administer minor first aid. <b>Parent Signature:</b>
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.**

## Preschool Summer Camp

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

PRESCHOOL CAMP FULL DAY	Ages	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
	4-5	9-4	\$275	\$320	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	ELRC, IBM, Sibling, & Staff
	<b>Weekly Themes</b>				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	

**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>)**

<b>Parent/Guardian Signature:</b>	<b>Signature Date:</b>
<b>Operator Signature:</b>	<b>Signature Date:</b>
<b>Membership Confirmed:    yes    no</b>	
<b>Date of Admission:</b>	<b>Date of Withdrawal:</b>



**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 #