

SUMMER CAMP 2019 Enrollment Application

Please complete this form in its entirety.

Date of Application:

Program Duration: June 3, 2019 to August 2, 2019

Summer Camp Registration Fee: \$99.00 (Early Bird Special April 30, 2019) Beginning May 1st Registration Fee \$125

Weekly Camp Fees: \$175 per week due on the Friday before the week of camp attendance. Multiple

Child Discounts (Financial Assistance may be available)

How did you hear about our program? ywcaatlanta.org advertisement parent referral

Publication or referral name:

Registration Weeks (Check all weeks your child will attend):

June 3 rd to 7 th Week 1 <input type="checkbox"/>	June 10 th to 14 th Week 2 <input type="checkbox"/>	June 17 th to 21 st Week 3 <input type="checkbox"/>	June 24 th to 28 th Week 4 <input type="checkbox"/>
July 1 st to 3 rd Week 5 <input type="checkbox"/>	July 8 th to 12 th Week 6 <input type="checkbox"/>	July 15 th to 19 th Week 7 <input type="checkbox"/>	July 22 nd to 26 th Week 8 <input type="checkbox"/>
July 29 th to August 3 rd Week 9 <input type="checkbox"/>			

Drop in Days only Check all weeks your child will attend):

June 3 rd to 7 th Week 1 <input type="checkbox"/>	June 10 th to 14 th Week 2 <input type="checkbox"/>	June 17 th to 21 st Week 3 <input type="checkbox"/>	June 24 th to 28 th Week 4 <input type="checkbox"/>
July 1 st to 3 rd Week 5 <input type="checkbox"/>	July 8 th to 12 th Week 6 <input type="checkbox"/>	July 15 th to 19 th Week 7 <input type="checkbox"/>	July 22 nd to 26 th Week 8 <input type="checkbox"/>
July 29 th to August 3 rd Week 9 <input type="checkbox"/>			

Camper Information

Child's name Birthdate Age Sex M F
 Address Apt#
 City State Zip
 Home Phone Number Who does child live with?

Parent or Guardian Information

Mother's/Guardian's Name
 Address Apt#
 City State Zip
 phone numbers: Home Work Cell
 E-mail Address

Please indicate your preferred method of correspondence? Phone E-mail US Mail

In the event of an emergency can we also send you a text message? Yes No

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Employer's name

Address City/State/Zip

Father's/Guardian's Name

Address Apt#

City State Zip

phone numbers: Home Work Cell

E-mail Address

Please indicate your preferred method of correspondence? Phone E-mail US Mail

In the event of an emergency can we also send you a text message? Yes No

Employer's Name

Address City/State/zip

Release information

My child may be released to the person(s) signing this form and listed below.

First and last name	Address	Phone number	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My child may NOT be released to anyone listed below.

First and last name	Address	Phone number	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency contact information

For when parents cannot be reached.

First and last name	Address	Phone number	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Medical information (One form per child)

Child's Name

Please indicate your child's medical conditions.

Medical Condition	Yes	No	If Yes, please describe
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Contagious Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Special Needs	<input type="checkbox"/>	<input type="checkbox"/>	
Regular Medications	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	
Current Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	

Date of last tetanus shot

Child's Physician Phone

Physician's Address

Health Insurance Carrier: Id# Group#

Describe any other information about your child that would be helpful to us.

The above named child has been examined by me and found to be in satisfactory physical condition and free of contagious diseases. This child may be admitted to YWCA of Greater Atlanta's Summer Camp programs without endangering the health of the group. (Summer Camp, ELA, TGI Tech)

Physician's signature _____ Date _____

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Parental agreement with program facility

I have received a copy and agree to abide by the Parent Handbook of the YWCA of Greater Atlanta. Failure to comply and adhere to the policies set forth in the handbook could result in the possible suspension or withdrawal of your child from the program.

The YWCA of Greater Atlanta agrees to provide childcare for (Name of Child/ren)

I have received a copy and agree to abide by the Parent Handbook of the YWCA of Greater Atlanta. Failure to comply and adhere to the policies set forth in the handbook could result in the possible suspension or withdrawal of your child from the program.

My child will participate in the following meal plan: Breakfast Lunch Afternoon Snack

I understand the hours of operation for all programs as outlined in the Parent Handbook. If my child is picked up after 6:30 pm, **a late fee will be assessed at the rate of \$3 per minute.** I understand that the YWCA of Greater Atlanta may contact the Department of Family & Children Services.

Before any medication is dispensed to my child, I will complete a Medication Authorization Form, which includes date name of child, name of medication, prescription number if any, dosage, and date and time medication is to be given. Medication will be in the original container with the child's name clearly marked on it.

My child will be escorted in and out of the facility and signed in and signed out of the program daily by the parent or person authorized by the parent(s), who is at least 16 years old.

I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunizations.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, and adverse reactions to medications, that affect my child.

I give my child permission to participate in routine field trips, and special activities away from the facility as described in the Parent Handbook. I understand that other trips may also be included, and the YWCA of Greater Atlanta will inform me of these events in advance.

I grant permission for the information provided in this application to be shared with the program provider and the program administrators. All information will be kept confidential.

I grant permission for the above-named child to be photographed or videotaped in connection with the daily YWCA activities for the purpose of news releases and other promotional opportunities.

In the event of an emergency involving my child, I authorize the YWCA to obtain emergency medical care at the nearest medical facility, if I cannot be reached. I understand that I am responsible for all medical expenses incurred during the treatment of my child.

I acknowledge that any YWCA employee who I engage for services outside of YWCA business hours and off YWCA premises shall not be acting in the scope of his or her employment at the YWCA. I acknowledge and agree that if I employ such YWCA employee for services, that the YWCA shall not be liable for any action of such employee during such services. For example, if I employ a YWCA employee as a babysitter at my home, such YWCA employee shall have no connection with the YWCA in performing those babysitting services.

Waiver

The undersigned, as an applicant, parent or guardian applying for my child or ward to use said facilities, equipment, and/or programs, do hereby assume all risks and hazards incidental to the use of said equipment, facilities, and/or programs either by myself or by my child or ward. I do hereby waive, release, absolve, indemnify and agree to hold harmless the YWCA of Greater Atlanta and its employee or agents all except to the extent of and in the amount covered by accident or liability insurance, which insurance, however, may not be available.

Signature of Parent/Guardian

Date

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Vehicle emergency medical information (One form per child)

Child's Name Birthdate Age Sex M F

Address Apt#

Mother/Guardian's Name

Phone Numbers: Home Work Cell

Father/Guardian's Name

Home Phone Number Work Phone Number

Cell Phone Number

Emergency contact when parents cannot be reached:

Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Child's Physician Phone

Child's allergies

Current prescribed medication

Special needs and/or conditions

In the event of an emergency involving my child, I authorize the YWCA to obtain emergency medical care if I cannot be reached. I agree that I am responsible for all medical expenses incurred during the treatment of my child. My child has permission to be transported by the YWCA of Greater Atlanta in the event of an emergency. Medical facilities used:

Atlanta Medical Center
303 Parkway Drive, Atlanta, Georgia 30306
(404)265-4000 (main) and (404)265-4136 (emergency services)

Parent/Guardian Signature _____ Date _____ Director's Signature _____ Date _____

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Statistical information (All information provided will be held strictly confidential)

The YWCA of Greater Atlanta is a nonprofit organization. We are required to maintain statistics on the participants in our programs and report to the United Way, the YWCA of the USA, and other funding sources. Although it is not mandatory, your cooperation in completing this section is greatly appreciated. **Demographic information must be completed.**

Ethnic origin:

African-American Asian Caucasian Hispanic/Latino Native American Other

County of residence:

Fulton Fayette DeKalb Cobb Coweta Clayton Gwinnett Cherokee Douglas
 Henry Other City of Atlanta

Annual Household Income:

\$0 to \$20,000 \$20,001 to \$25,000 \$25,001 to \$30,000 \$30,001 to \$35,000
 \$35,001 to \$40,000 \$40,001 to \$45,000 \$45,001 or over

Financial assistance

The YWCA of Greater Atlanta offers financial assistance to individuals who may qualify based on household size and income. Funds are limited and awarded based on space and the availability of resources. If you need financial assistance, please complete the financial assistance form located on our website.