



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# **KIRK SUMMER CAMP ENROLLMENT PACKET**

**Parents must complete enrollment packet in its entirety before children will be admitted to camp.**

## **Parent Check List:**

Camp Registration Form <b>All fields must have information or N/A</b>	
Initialed and Signed Enrollment Agreements	
Copy of Birth Certificate	
Signed Photo/Audio Visual/Narrative Release	
Signed Behavior Management Guidelines	
Health Physical Form - On VA School Entrance Form	
Immunization Record - On VA School Entrance Form	
Signed Authorization for Non-prescription Over-the-Counter Skin Products	
Review of Parent Handbook	



# KIRK WEEKLY CAMP REGISTRATION

A \$10 non-refundable deposit per camp week is due at the time of registration. Payment in-full is required the Monday prior to each camp week selected. Campers should bring a lunch and two snacks daily.

**Child's Name:** \_\_\_\_\_ **Tshirt Size** \_\_\_\_ **Child's DOB:** \_\_\_\_\_

### Kirk Summer Camp Times & Fees

Full time: Monday – Friday from 8:00 am – 6:00 pm Members: \$132, Non-Members: \$147

Part time: Monday – Friday from 8:00 am – 2:00 pm Members: \$102, Non-Members: \$127

Check Weeks Attending	Camp Weeks	Camp Name	Full time Check if attending	Part time Check if attending
	June 4-8	Once Upon a Y		
	June 11-15	Y Ninja Warrior		
	June 18-22	Sports Week		
	June 25-29	Garden Week		
	July 2-3 & 5-7	Construction Zone		
	July 9-13	Jedi Camp		
	July 16-20	Water Week		
	July 23-27	Y's Got Talent		
	July 30-Aug 3	S.T.E.A.M. Camp		
	Aug 6-10	Temple Run Games		

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# YMCA PROGRAM ENROLLMENT & BUS FORM

## Child's Information:

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: Previous Childcare: \_\_\_\_\_

## Parent/Guardian Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email: \_\_\_\_\_

## Parent/Guardian Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Employer: \_\_\_\_\_  
Email: \_\_\_\_\_

## Please list 2 local emergency contacts:

Emergency Contact #1 - Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Emergency Contact #2 - Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## Medical Information

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Allergies: \_\_\_\_\_

\*Food allergies must have an allergy action plan signed by a physician

\*Allergies and food intolerance, medications, or any other substances and actions to take in an emergency

Any Medicines to be taken: \_\_\_\_\_

\*Must have completed Medication Authorization form signed by a physician

Please list any chronic physical problems, developmental information or any other special accommodations:

**Pick Up Authorization** I authorize the following people to pick up my child:

1: \_\_\_\_\_ 2: \_\_\_\_\_

Person's NOT authorized to pick up my child: \_\_\_\_\_

(Please provide legal documentation) NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

*\*If no physician or dentist is listed, the following health care provider will be used  
Roanoke Memorial Hospital 981-7000  
and Carilion Dental Clinic 224-4380.*



# ENROLLMENT AGREEMENTS

**NOTIFICATION OF A SICK CHILD:** The YMCA agrees to notify me whenever my child becomes ill, and I agree to pick my child up as soon as possible thereafter. If I cannot pick up my child immediately, I must contact someone who can. \_\_\_\_\_ Initial

**PERMISSION FOR MEDICAL CARE:** The YMCA has my permission to obtain immediate medical care if any emergency occurs when I cannot be reached.

**If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.**  
\_\_\_\_\_ Initial

**AGREE TO INFORM THE YMCA:** The parents/guardian agrees to inform the YMCA within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for the life threatening disease which must be reported immediately. \_\_\_\_\_ Initial

**PERMISSION FOR TRANSPORTATION:** The YMCA has permission to transport my child on fieldtrips using the YMCA school bus to any location they deem appropriate for each week of camp. I also understand, and give permission for my child to walk to locations outside of YMCA property, as long as there is proper supervision and staff/child ratio is within Virginia law guidelines. I give permission for my child to receive medical care to any medical facility should an emergency occur. This includes but not limited to, any hospitalization, surgery or medicine needed to provide proper care for the child. \_\_\_\_\_ Initial

**PERMISSION FOR WATER ACTIVITIES:** The YMCA has my permission for my child to participate in water activities. I understand that all precautions will be taken to ensure the safety of my child. My child's swimming skills are (Circle one below)

1. Excellent    2. Good    3. Fair    4. Poor    \_\_\_\_\_ Initial

**I will apply sunscreen daily to my child before they come to YMCA camp** \_\_\_\_\_ Initial

**POTTY TRAINING REQUIREMENT:** I understand that my child must be fully potty trained and cannot wear pull ups or swim diapers to YMCA camp. I understand if accidents are re-occurring and bathroom breaks are within licensing standards, my child will not be able to attend camp and no refunds will be given.  
\_\_\_\_\_ Initial

**STAFF:** The YMCA of Roanoke Valley code of conduct prohibits staff members from babysitting children met through any YMCA programs. \_\_\_\_\_ Initial

**PICK UP POLICY:** Parents must come into the YMCA each morning/afternoon to check their child in/out. Due to camp schedule, field trips and other program plans we ask that drop-off and pick-up times are as follows:

- Half-day program: drop-off no later than 9:00am and pick-up no earlier than 1:30pm (preschool) and 2:00 pm (school age)
- Full-day program: drop-off no later than 9:00 am and pick-up no earlier than 5:00 pm

Special allowances will need to be discussed with camp director. This allows the schedule to flow seamlessly and keep our staff with proper staff/child ratio at all times. Advance notice of schedule changes in writing to camp director is encouraged. \_\_\_\_\_ Initial

I understand that my child will not be allowed to leave the YMCA Summer Camp with an unauthorized person. Any person who will pick up my child must either be listed with the YMCA or other arrangements must be made via contacting camp director or sending a letter in advance to camp counselor. \_\_\_\_\_ Initial

**ENROLLMENT PACKAGE:** I understand and agree that all enrollment information must be completed prior to my child's first day of attendance.           Initial          

**FOOD:** I understand that I am responsible to pack a lunch and snacks, which are labeled DAILY with name and date.           Initial          

**I parent/guardian of \_\_\_\_\_ have read the Y Summer Camp Parent Handbook and agree to abide by the policies in it as well as those outlined above.**

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

\_\_\_\_\_  
Director/Administrator Signature Date

**Kirk Summer Camp Use  
Only IDENTITY  
VERIFICATION**

	Birth Date_____
Birth Certificate Number_____	Date Issued_____
Other Form of Proof_____	
Name of Verifier_____	Date Verified_____



# BEHAVIOR MANAGEMENT GUIDELINES

It is the Y's goal to provide a healthy, safe, and secure environment for all day camp participants. Children who attend the program are expected to follow the behavior guidelines based on the Y's four core values and to interact appropriately in a group setting.

## **Behavior Guidelines:**

- We will **care** for ourselves and for those around us.
  - **Honesty** will be the basis for all relationships and interactions.
- People are **responsible** for their actions.
- We **respect** each other and the environment.

## **When a camper does not follow the behavior guidelines, we will take the following steps:**

1. Staff will redirect the camper to more appropriate behavior.
2. The camper will be reminded of the behavior guidelines and day camp rules, and a discussion will take place.
3. If the behavior persists, a parent or caregiver will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent or caregiver so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem persists, staff will schedule a conference that includes the parent or caregiver, camper, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent or caregiver may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the day camp program, the Y reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

## **The following behaviors are not acceptable and may result in the immediate suspension of a camper for the remainder of the current day and the next day:**

- Endangering the health and safety of children or staff, members, and volunteers
- Stealing or damaging Y or personal property
- Leaving the day camp program without permission
- Continually disrupting the program
- Refusing to follow the behavior guidelines or day camp rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the camper a second time before expulsion. Immediate expulsion may occur if a camper is in possession of or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

## **Parent or Caregiver Signature**

I have reviewed with my child the Behavior Management Guidelines. I understand and agree to all of the terms presented in this document.

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Parent/guardian signature

Date



## PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

**My Consent.** For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), and/or YMCA OF VIRGINIA'S BLUE RIDGE (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, YMCA, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

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

I am the Mother/Father/Legal Guardian of the child above. For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_



# AUTHORIZATION FORM FOR NON-PRESCRIPTION OVER-THE-COUNTER SKIN PRODUCTS

Instructions:

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Insect Repellent

\_\_\_\_\_ has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child,

**(Name of Provider)**

\_\_\_\_\_.  
**(Child's Name)**

Product Name: \_\_\_\_\_

Known Adverse Reactions (if any):  
\_\_\_\_\_  
\_\_\_\_\_

- All OTC products must:
  - Be in the original container and, if provided by the parent, labeled with the child's name
  - Be used according to manufacturer's recommendation and instructions for application
  - Not be used beyond the expiration date of the product
- Sunscreen:
  - Must have a minimum sunburn protection factor (SPF) of 15
  - Shall be inaccessible to children under 5 years and children in therapeutic of special needs programs
  - Children nine years and older may self-administer sunscreen if supervised
- Insect Repellents:
  - Shall be kept inaccessible to children
  - Record of use shall be kept that include child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
**(Start date)** **(End date)**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Y AFTER SCHOOL AND Y SUMMER CAMP PAYMENT CONTRACT

I, \_\_\_\_\_, understand that I am to pay Y After School or Y Summer Camp for (Name of Parent/Guardian) the care of \_\_\_\_\_ for the days per week, Monday through Friday. **(Name of Child)**

I am to pay \$ \_\_\_\_\_ per week. Payment will be drafted on Monday for the upcoming week of service. I am obligated to pay for all weeks selected by registration.

I recognize that fees are not reduced for days of illness, early pick-ups, or absences due to participation in other activities. I also recognize that I am responsible for tuition fees whether my child attends the program or not.

I understand that I cannot leave my child in YMCA care until full payment is made.

**PAYMENT INFORMATION:** Parents have two options for payment to Y After School or Y Summer Camp. Electronic funds transfer authorization for bank or credit card. Y After School or Y Summer Camp can initiate debit/recurring entries to your Checking or Savings Account, or Credit Card. To properly effect the cancellation of this agreement, you are required to give 10 days' written notice. Non-payment by decline is sufficient justification for suspension.

**CAMP PAYMENT & DEPOSITS:** I understand that a \$10 deposit per camp week that my child will be attending is due upon registration. Camp can be paid in-full at the time of registration or a payment plan can be arranged to make payments over time using a credit card or bank account. **Payment in-full is due the Monday before camp starts** and any remaining balances for the upcoming week will be drafted from the credit card or bank account on file.

**REFUND POLICY:** Due to high demand, there are no refunds for our summer camp program.

**RETURNED DRAFTS:** In the case of a declined bank account draft or credit card draft, parents must pay a service fee of \$35.00 per transaction. The fee represents a \$25.00 bank charge and a \$10.00 YMCA charge. Parents will be notified immediately upon receipt of a returned draft. Parent must provide another means of payment for the returned fees immediately. Children are not permitted to attend unless the parent's YMCA account is in good standing.

**DELINQUENT ACCOUNTS:** If your account becomes delinquent, the undersigned agrees to assume all service charges and expenses including any attorney's fees and cost, to effect collection of this account.

**WITHDRAWAL AND CHANGE IN ENROLLMENT:** A two-week written notice of withdrawal from the program must be given to the YMCA Office Manager. If a two week notice is not received, payment is due for those two weeks, whether the child attends or not. Due to non-profit status of our program, the YMCA needs time to financially recover due to change in enrollments. Therefore, if you need your child to attend by using a punch card, that requires a two-week notice in writing to the Office Manager. Switching from a punch card to a weekly rate can be done immediately.

**DSS RECIPIENTS:** Parents receiving assistance through DSS must comply with the DSS Virginia ECC system. Parents are responsible for any charges that DSS does not pay, due to parent's non-compliance.

**I, we hereby agree to the terms of this contract.**

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AUTHORIZATION FOR AUTOMATED PAYMENT PROCESSING

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

School/Camp Location: \_\_\_\_\_

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we), \_\_\_\_\_, hereby authorize Y After School and/or Y Summer Camp to initiate debit entries to my (our) Checking or Savings Account below for weekly fees. To properly effect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_

Checking  Savings

Routing Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a cancelled check for ELECTRONIC FUNDS TRANSFER AUTHORIZATION.

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## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we), \_\_\_\_\_, hereby authorize Y After School and/or Y Summer Camp to initiate recurring credit card charges to the below referenced credit card account. To properly effect the cancellation of this agreement, I (we) are required to give 10 days' written notice. We accept Visa and MasterCard. Your first transfer will take place immediately.

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder Signature Date \_\_\_\_\_ Date \_\_\_\_\_