



**TACONI**  
**SUMMER CAMP 2019**  
ENROLLMENT APPLICATION

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

**Child's Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
First Middle Last

**Grade Entering:** \_\_\_\_\_ **Child's Shirt Size:** \_\_\_\_\_ **Add'l Shirts-\$10 ea (Qty):** \_\_\_\_\_

**Child's Race:**  Asian/Pacific Islander  African American/Black  Alaskan Native  
 Hispanic  Native American  Other  Unspecified  Caucasian/White

**Parent's Name:** \_\_\_\_\_ **Parent's DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Employer Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Two emergency contacts if the parents or guardians cannot be located promptly:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**List any special information concerning the child's growth and development, special needs and/or allergies:** \_\_\_\_\_

**The following person(s) is/are allowed to pick up and drop off my child:**  
\_\_\_\_\_

My child may be photographed/videotaped at the YMCA: Yes No By media: Yes No

My child may participate in approved field trips sponsored by the YMCA: Yes No

I understand a separate permission must be signed for each field trip: Yes No

The YMCA has my permission to obtain emergency medical treatment for my child: Yes No

If no, list instructions: \_\_\_\_\_

Swimming: Proficient \_\_\_\_\_ Beginner: \_\_\_\_\_ Need Lessons: \_\_\_\_\_ Does not swim: \_\_\_\_\_

Child's Physician or medical provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I have received the Y School Age Parent Manual concerning the YMCA's policies and procedures and a copy of the Child Care Regulations Summary for Parents. I hereby release all rights and claims against the MS Gulf Coast YMCA for any and all injuries and accidents; including transportation to and from the Y activity or transportation for emergency treatment. The Mississippi Gulf Coast YMCA has general insurance through Lemon-Mohler Insurance.

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

**Site Director/Staff signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**TACONI  
SUMMER CAMP 2019**  
*Drop-In Selected Weeks*

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

Child's Shirt Size: \_\_\_\_\_ Add'l Shirts-\$10 ea (Qty): \_\_\_\_\_

Parent's Name: \_\_\_\_\_

**Program Info: If your child attends ALL weeks, regular rates and a registration fee apply. If you select certain weeks, you will be charged per week with no registration fee as follows: Member-\$100/week and Non-Member-\$120/week. \*\*Please note, spots for drop-in weeks will be limited.\*\***

\_\_\_\_\_ **ALL WEEKS (Regular rate and registration fee apply.)**

\_\_\_\_\_ **May 28 – May 31 (CLOSED May 27-Memorial Day)**

\_\_\_\_\_ **June 3 – June 7**

\_\_\_\_\_ **June 10 - 14**

\_\_\_\_\_ **June 17 – 21**

\_\_\_\_\_ **June 24 – 28**

\_\_\_\_\_ **July 1 – July 5 (CLOSED July 4th)**

\_\_\_\_\_ **July 8 – 12**

\_\_\_\_\_ **July 15 – 19**

\_\_\_\_\_ **July 22 – 26**

\_\_\_\_\_ **July 29 – August 2 (Last week of Summer Camp)**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**