



**VANCLEAVE
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:** _____



**VANCLEAVE
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