

YWCA Employee discount

Summer Camp 2019 Parent/Guardian Tuition Agreement (one form per child)

Child's Name*:	Date of Birth*:	Shirt Size :
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ELRC (formally CCIS) (please check only if enrolled in ELRC) Co-pay: \_\_\_\_\_

ELRC Record Number: \_\_\_\_\_ ELRC Caseworker name: \_\_\_\_\_

**Tuition Fees:**

*\*Tuition and copays do not fluctuate based on child's attendance or center closures\**

**Summer Camp Costs:**

**Registration Fee:** \$75 (3 payments of \$25) Please note that the registration fee covers the following: 3 offsite fieldtrips, camper t-shirts; and swim pass cost. *Final payment must be satisfied before camper can attend.*

**Weekly Fee:** \$200/week (5 full days); (Week #3 - \$160 for 4 days due to holiday)

**Selected Dates:**

Please Circle Weeks Attending – hours 8:00-4:00 (\*required):

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> June 17 <sup>th</sup> - 21 <sup>st</sup> | <input type="checkbox"/> June 24 <sup>th</sup> –28 <sup>th</sup>  | <input type="checkbox"/> July 1 <sup>st</sup> – 5 <sup>th</sup> (off 4 <sup>th</sup> ) | <input type="checkbox"/> July 8 <sup>th</sup> -July 12 <sup>th</sup> |
| <input type="checkbox"/> July 15 <sup>th</sup> - 19 <sup>th</sup> | <input type="checkbox"/> July 22 <sup>nd</sup> – 26 <sup>th</sup> | <input type="checkbox"/> July 29 <sup>th</sup> – Aug 2 <sup>nd</sup>                   |  |
| <input type="checkbox"/> Aug 5 <sup>th</sup> – 9 <sup>th</sup>    | <input type="checkbox"/> Aug 12 <sup>th</sup> – 16 <sup>th</sup>  | <input type="checkbox"/> Aug 19 <sup>th</sup> – 23 <sup>rd</sup>                       |  |

**Before and After Care (\*required – if nothing is selected option will default to NO Before/After Care):**

- Before camp care (6:30 – 8:30am)
  After Camp care (4 pm – 6:30pm)
  No Before/After Care

Person(s) Designated by Parent To Whom Child May Be Released and Phone Number (\*required):

- Services provided:
- Lunch and Afternoon Snack
  - Swim instruction

I, the parent/guardian:

- \*have received the Parent Handbook at the time of enrollment of my child. I have read the contents and agree to abide by the policies contained therein.
- \*agree to allow my child(ren) to be transported by YWCA
- \*agree to update forms necessary to meet government and facility requirements when notified & to update Emergency Contact/Child Health Assessments and Tuition Agreement Forms when changes occur and at least every 6 months.

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

Center Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YWCA Tri-County Area  
Early Education Center  
Photographic Release**

I hereby agree and consent to the use of photographs taken of my child for advertising and publicity purposes. I waive all claims for any compensation for such use or for damages.

Description of Use: Photo will appear on Facebook, in newspapers, newsletters, videos and publications involving the Early Education Center.

Print name of minor to be photographed \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Print name of above signatory \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

## Camp Adventure YW Sunscreen Authorization Form

State regulations now require annual written permission for the use of sunscreen. **This form is required if your child will be using any type of sun screen while attending camp.**

**To be filled out completely by parents or guardian. PLEASE PRINT LEGIBLY!**

Camper's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Camper's Address: \_\_\_\_\_

Street City State Zip: \_\_\_\_\_

### Sunscreen Policy:

- A signed Sunscreen Authorization Form MUST be on file before camper is allowed to use any sunscreen product.
- Sunscreen must be in its original packaging and labeled in indelible marker with the camper's name.
- Parent(s) are responsible for applying sunscreen to their children prior to arrival at Camp.
- Campers will keep their marked sun screen with their swim supplies.
- Staff will reapply their sunscreen prior to swim time.
- Campers are prohibited from sharing their sunscreen products.
- All sunscreen products will remain with the camp counselor.
- Any sunscreen products left on the camp premises after the camp session will be disposed of by Camp staff.

The following BRAND OF SUNSCREEN has been provided:

BRAND:

SPF:

EXPIRATION DATE:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT AUTHORIZATION:** I understand the Camp Sunscreen Policy as stated above. I am aware that Camp staff will apply sunscreen to campers as instructions require. Before Camp staff can apply sunscreen, you are required to sign this authorization form indicating your desire to have the sunscreen administered, as well as your agreement to relieve YWCampAdventure, its agents, employees, or representative of any responsibility for ill effects resulting from the administering of said sunscreen as set forth within.

**YWCA IS ON A MISSION TO... EDUCATE CHILDREN**

# EMERGENCY CONTACT / PARENTAL CONSENT FORM \*

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182: 3280.124 (a)(b), 3280.181 & .182: 3290.181 & .182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		BIRTHDATE
ADDRESS		
BUSINESS NAME		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE
EMAIL		BUSINESS TELEPHONE NUMBER
FATHER'S NAME/LEGAL GUARDIAN		BIRTHDATE
ADDRESS		
BUSINESS NAME		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE
EMAIL		BUSINESS TELEPHONE NUMBER
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS
NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL OR DIETARY INFO NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE