



YMCA OF THE GREATER TRI-CITIES

Summer Day Camp Registration Form 2017

Child's Name (First & Last) _____ Current Age _____ DOB ____/____/____

Has your child completed Kindergarten? Yes No
 State licensing requires children to have completed Kindergarten in order to attend Summer Camp.

A \$20.00 non-refundable deposit, per week, is due upon registration.

T-shirt Size: YS YM YL AS AM AL

Every Camper Receives a Y shirt with registration. Sizes not guaranteed. You may purchase additional shirts for \$8

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
INSTRUCTIONS: Please indicate ALL weeks your child will be attending	June 19-23	June 26-30	July 3-7 *closed Tuesday	July 10-14	July 17-21	July 24-28	July 31 - Aug 4	Aug 7-11	Aug 14-18	Aug 21-25
Discovery Camp (ages 5-8) \$150/week (members) \$160/week (community)										
Lincoln Elementary										
Vista Elementary										
Washington Elementary										
Explorer Camp (ages 9-12) \$150/week (members) \$160/week (community)										
Lincoln Elementary										
Vista Elementary										
Washington Elementary										
Camp Plus+ (Ages 7-12 unless otherwise noted) \$18/day (fee not covered by DSHS)										
Must be signed up for that week of Summer Camp										
Camp Plus+ is extra field trips that campers can be signed up for.	Wednesday Week 3-All Ages July 5th	Wednesday Week 4-All Ages July 12th	Wednesday Week 6 July 26th	Wednesday Week 7 August 2nd	Wednesday Week 9 August 16th					
	Mini Golf at Golf Universe	Polka Dot Pottery	CBRC Pelican Bay *Waiver needed	All American Gymnastics *Waiver needed	Get Air! *Waiver needed					
Specialty Camps (ages 8-13) \$170/week (members) \$180/week (community) (fee not covered by DSHS)										
<input type="checkbox"/> June 26-30 Extreme Sports ages 8-13 Drop off and pick up from Vista Elementary ** Waivers Required										
<input type="checkbox"/> With Extended Care at Vista: 6:30AM-9:00AM and 3:30-6:00 PM Cost: \$20 for the week ages 8-12										
<input type="checkbox"/> July 17-21 S.T.E.M. ages 8-13 Drop off and pick up from Vista Elementary ** Waivers Required										
<input type="checkbox"/> With Extended Care at Vista: 6:30AM-9:00AM and 3:30-6:00 PM Cost: \$20 for the week ages 8-12										
<input type="checkbox"/> August 7-11 Waterworks ages 8-13 Drop off and pick up from Vista Elementary ** Waivers Required										
<input type="checkbox"/> With Extended Care at Vista: 6:30AM-9:00AM and 3:30-6:00 PM Cost: \$20 for the week ages 8-12										



YMCA OF THE GREATER TRI-CITIES

Summer Day Camp Registration Form 2017

The YMCA & Washington State licensing requires all documents included in the registration packet be completed prior to accepting a child into any licensed program. In the spaces below, write 'N/A' if not applicable.

CHILD INFORMATION

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Age	Gender
Address			Apt	City	State	Zip
How did you find out about this program? <input type="checkbox"/> Current Y Participant <input type="checkbox"/> School <input type="checkbox"/> Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Brochure <input type="checkbox"/> Other _____						

PARENT OR GUARDIAN

Legal First Name	M	Legal Last Name	Does Child Live With You?			
Home Address (If same as child, write 'same as child')			Apt	City	State	Zip
Phone Number	Cell Phone		Work Phone		Employer	
Email We do not share or sell your information						

PARENT OR GUARDIAN

Legal First Name	M	Legal Last Name	Does Child Live With You?			
Home Address (If same as child, write 'same as child')			Apt	City	State	Zip
Phone Number	Cell Phone		Work Phone		Employer	
Email We do not share or sell your information						

PICK UP AUTHORIZATIONS – In addition to parent/guardian, who else has permission to pick up your child?

Legal First Name	M	Legal Last Name	Phone Number	Relationship to Child
Address		Apt	City	State Zip
Legal First Name	M	Legal Last Name	Phone Number	Relationship to Child
Address		Apt	City	State Zip
Legal First Name	M	Legal Last Name	Phone Number	Relationship to Child
Address		Apt	City	State Zip
Legal First Name	M	Legal Last Name	Phone Number	Relationship to Child
Address		Apt	City	State Zip

EMERGENCY & INSURANCE INFORMATION

Emergency Contact (not parent/physician)	Address	Phone Number	Work Number
If no physician or dentist, you must provide the YMCA with a written plan of action in the event of an emergency.			
Child's Physician or Name of Facility	Address	Phone Number	
Child's Dentist Name of Facility	Address	Phone Number	

It is the responsibility of every individual, their parent or legal guardian, to provide their own accident and health coverage while participating in all YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.

Medical Insurance Company

Policy Number

SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS

Date of Last Physical/Doctor Visit

Date of last Dental Visit

Date of Last Tetanus Shot

Depending upon your child's need, additional paperwork and a meeting with a YMCA Director may be required prior to your child's start to ensure your child can best be accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program. **In the space below, write "none" if none.**

Dietary Modifications/Allergy

Chronic/Recurring Illness

Operations/Serious Injury

Physical Disability

Developmental Delays

Behavioral Disorder

Medication- Does your child take regular medication at the YMCA? If yes, Please specify.

A completed Medical Authorization Form is required for camp when children will be taking medication during program hours. Medical Authorization Form is completed for 2017 Summer Day Camp? YES NO

YMCA POLICIES

Everyone is Welcome: The YMCA is a membership organization open to all people.

Financial Assistance: If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need.

Personal Safety Discussions: Our staff will engage children in discussions to help them understand how they can set their own personal safety & touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior, & encourage children to tell if someone touches them in a way that makes them feel uncomfortable. The YMCA of the Greater Tri-Cities respects the rights of individuals it serves.

GENERAL AUTHORIZATIONS

Participation

I give permission for my child to participate in all activities, including field trips, swimming, movies rated G or PG, and to be transported as authorized by the YMCA or authorized provider. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

Photo Release

The applicant hereby gives permission for the YMCA of the Greater Tri Cities to use, without limitation or obligation, photographs or other media that may include the members' image or voice to promote or interpret YMCA programs.

If there is a reason why you would prefer not to have your child photographed, please explain below. This does not alter or negate the photo release, however the Y will attempt to avoid including your child in any photos. _____

What swim level is your child?

- Beginner: Red - stays in the 3ft. pool.
- Intermediate: Yellow - can go into the shallow end of the big pool.
- Advanced: Green - Is able to swim in the deep end, and go off the diving board.

Medical/Dental Treatment

I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event of a medical or dental emergency and in the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA Director when deemed immediately necessary or advisable by the physician to safeguard my child's health. *I prefer my child be taken to:

TRIOS HEALTH

LOURDES MEDICAL CENTER

KADLEC REGIONAL MEDICAL CENTER

*The hospital utilized will be based on location at the time of emergency.

Property Loss: I understand that the YMCA is not responsible for personal property lost, damaged or stolen while participating in these activities.

Insurance: I understand it is my responsibility to provide for my child's accident and health coverage while participating in these programs and I further understand that the YMCA does not provide this coverage.

Release from Liability:

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the YMCA of the Greater Tri-Cities, its employees, volunteers, independent contractors, directors, members or guests from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in YMCA programs.

I HAVE READ & UNDERSTAND THE ABOVE INFORMATION AND HAVE COMPLETED THIS FORM TO THE BEST OF MY ABILITY.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

YMCA OFFICE LOCATIONS & WEBSITE

RICHLAND YMCA
 1234 Columbia Park Trail
 Richland, WA 99352

KENNEWICK YMCA
 741 S Dayton Street
 Kennewick, WA 99336

YMCA WEBSITE
www.ymcatricities.org

PAYMENT & REFUND POLICIES

<i>Initial here</i>	A non-transferrable, non-refundable deposit of \$20 per child, per week will reserve their space at camp for the weeks they will attend. This fee is due at the time of registration.
<i>Initial here</i>	Final payment must be received at the YMCA office, or online, no later than the Wednesday prior to the start of each session your child will attend. If payments are not received by the due date, your session will be cancelled and deposit will be forfeited. A \$20 fee will be assessed for any returned/declined payment transactions.
<i>Initial here</i>	Summer Day Camp programs operate from 6:30am-6:00pm. Late fees will be charged for arrivals after 6:00pm at the rate of \$2 per minute (\$10 minimum per child). Staff use the clock on the cell phone where the program operates for "official" time. Parents should use this clock when signing in and out daily. Late fees will be reflected on your account. Repeated tardiness will result in termination from our program.
<i>Initial here</i>	A credit will not be issued for missed days by your child.
<i>Initial here</i>	For cancellations, we require notice no later than the Wednesday prior to the start of the session to be eligible for a refund (less deposit). Deposits are non-refundable.

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, this form must be completed at the time of registration.

<i>Initial here</i>	I understand that I am not to leave my child at the YMCA site unless a YMCA staff is there to receive and supervise my child and my child is signed in with a legal signature.
<i>Initial here</i>	I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.
<i>Initial here</i>	I understand that my child is not allowed to leave the program with an unauthorized person. People authorized to pick up my child must be listed on the YMCA registration form and have valid ID and present it at pick up.
<i>Initial here</i>	I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
<i>Initial here</i>	I understand that state law mandates the YMCA staff to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
<i>Initial here</i>	I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.
<i>Initial here</i>	I understand that for the safety of my child and the YMCA staff, that YMCA staff may not relate to my child(ren) outside of approved YMCA activities. YMCA staff are not permitted to baby-sit, take trips, provide foster care etc. to any child participating in YMCA programs. The Executive Director and Program Director must approve an exception in advance. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

CAMP POLICIES

<i>Initial here</i>	I understand that the YMCA and campers will be using hand sanitizer and/or hand wipes with alcohol as a supplement to hand washing when running water and soap are unavailable. All hands will be washed or sanitized before eating and after toilet use.
<i>Initial here</i>	I authorize the YMCA to share information about my child with professionals such as social workers, teachers, counselors, etc. Additionally I authorize these professionals to share information with the YMCA.
<i>Initial here</i>	I understand that I am responsible for providing my child with sunscreen labeled with my child's name for use during camp hours.
<i>Initial here</i>	I hereby authorize the YMCA to apply sunscreen/lotion (to be provided by the parent/legal guardian) to my child for protection against the sun's harmful rays as deemed appropriate by the YMCA staff.
<i>Initial here</i>	I hereby give my child permission to participate in all activities at YMCA camp, including the use of a portable wading pool.
<i>Initial here</i>	I hereby authorize the YMCA to transport my child to and from specified field trips throughout the duration of summer camp including the use of public transportation. I also give my child permission to attend all YMCA field trips, including public pools, parks, and movies rated G or PG.

I have read and initialed the above information and I fully understand all policies of YMCA Summer Day Camps. By signing below I acknowledge I have read and understand all YMCA Policies as listed above and in the Parent Handbook.

CHILD NAME _____

PARENT/GUARDIAN SIGNATURE _____

PRINT NAME _____ **DATE** _____



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YY):	Sex:

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.



Parent/Guardian Signature Required **Date**

I certify that the information provided on this form is correct and verifiable.



Parent/Guardian Signature Required **Date**

◆ Required for School and Child Care/Preschool

● Required Only for Child Care/Preschool

Date **Date** **Date** **Date** **Date** **Date**
MM/DD/YY **MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**

Required Vaccines for School or Child Care Entry

◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● Hib (<i>Haemophilus influenzae</i> type b)						
◆ IPV / OPV (Polio)						
◆ MMR (Measles, Mumps, Rubella)						
● PCV / PPSV (Pneumococcal)						
◆ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						

Recommended Vaccines (Not Required for School or Child Care Entry)

Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | _____ |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | |

 Licensed healthcare provider signature **Date**
 (MD, DO, ND, PA, ARNP)

 Printed Name

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements.**

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		