



**Santa Maria Valley YMCA  
2017 - 2018 Winter Camp  
Registration**

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

How did you hear about Y camp \_\_\_\_\_

Camper's First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Camper Resides With: \_\_\_\_\_

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

Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade : \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (other than parents or physician): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any limitations or special medical or behavioral concerns that we should be aware of (medications, allergies or other)? \_\_\_\_\_

Can your camper watch PG rated films?  Yes  No Can the camper participate in swim and/or water activities?  Yes  No

Camper's Physician \_\_\_\_\_ Date of last physical examination: \_\_\_\_\_ Immunizations current?  Yes  No

**Persons NOT Authorized to pick-up child (must provide legal documentation if biological parents)**

Name(s): \_\_\_\_\_

**Persons Authorized to pick-up child (must be at least 18 years and bring an ID at EVERY pick up)**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

**Release/Participation:** I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

**Medical Treatment:** I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

**Insurance:** I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

**Member Conduct:** I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the Santa Maria Valley YMCA.

**Property Loss:** The YMCA is not responsible for personal property lost, damaged or stolen while participating in YMCA programs or using YMCA facilities, including parking lots.

**Photograph Permission:** I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

**Medication:** I understand that I must complete an "administration of medication" form, and all medicines must be handed to a staff member with the completed form.

**Parent Handbook:** I have received and read a copy of the summer camp program guide which explains policies and procedures for the YMCA Camps.

**Sunscreen:** Staff are not allowed to apply sunscreen to any child we strongly encourage purchasing the spray sunscreen.

Week 1: December 26<sup>th</sup> – December 29<sup>th</sup> \_\_\_\_\_

Week 1: Extended Care \_\_\_\_\_

Week 2: January 2<sup>nd</sup> – January 6<sup>th</sup> \_\_\_\_\_

Week 2: Extended Care \_\_\_\_\_

Week 3: January 8<sup>th</sup> – January 12<sup>th</sup> \_\_\_\_\_

Week 3: Extended Care \_\_\_\_\_

**Please enroll my child. I have enclosed a \$25 non-refundable registration fee and have chose the above options.**

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

By initialing this box, I authorized that I have read ALL information on the Winter Camp handout and agree with ALL terms related to the behavior contract.



# Winter Camp 2017-2018

<b>Day Camp hours are 9:00 am-4:00 pm</b> Extended Care is available for an additional \$45.00 per week. Extended care is from 7:00am-6:00pm.	Weekly Member rate	Weekly Participant rate
Week One: December 26 <sup>th</sup> – 29 <sup>th</sup>	\$110.00*	\$130.00*
Week Two: January 2 <sup>nd</sup> – 5 <sup>th</sup>	\$110.00*	\$130.00*
Week Three: January 8 <sup>th</sup> – 12 <sup>th</sup>	\$130.00*	\$150.00*

**\*\$25 non-refundable registration fee not included in the above pricing.**

**All payments are due on the Thursday before camp begins. A late payment fee of \$20.00 will be charged on Friday if payment is not received.**



## Santa Maria Valley YMCA 2017 Financial Assistance Sliding Fee Scale

In an effort to make our fees affordable for everyone in our community, the YMCA provides a sliding fee scale for ALL PROGRAMS based on annual gross household income and family size.

The sliding fee scale is supported by the YMCA's financial assistance program and is funded by contributions to our annual campaign. YMCA financial assistance provides for the needs of youth, families and individuals within our community. The YMCA makes every effort to ensure that no person, especially youth, will be denied access to programs because of inability to pay.

### Sliding Fee Scale: Percentage of YMCA Assistance

Gross Annual Income of Household	Household Size						
	1	2	3	4	5	6	7
\$ - \$15,335	50%	50%	50%	50%	50%	50%	50%
\$15,336 \$23,568	40%	40%	40%	50%	50%	50%	50%
\$23,569 \$31,801	30%	30%	40%	40%	50%	50%	50%
\$31,802 \$40,034	20%	30%	30%	40%	50%	50%	50%
\$40,035 \$48,267	10%	20%	30%	30%	40%	50%	50%
\$48,268 \$56,500	5%	10%	20%	30%	30%	40%	50%

Additional assistance may be requested for larger families or extenuating circumstances.

#### How do I receive the sliding fee child care rates?

Complete a YMCA Financial Assistance Application with all required documentation. Applications will be kept confidential. You will begin receiving financial assistance upon approval of your completed application and proper documentation.

#### Where can I obtain a Financial Assistance Application?

The Financial Assistance Application can be obtained on our website or at our front desk.

#### What if I think I might qualify for State child care subsidies?

Families that are eligible for assistance on the sliding fee scale may qualify for child care subsidies from the Department of Social Services, Department of County Ed., or [Calworks](#) and must submit an application for subsidies to the respective agencies in conjunction with the YMCA Financial Assistance Application. YMCA financial assistance will be granted for up to one month pending qualification. If you do not meet qualifications of these programs you may still be assisted by the YMCA.