



February 2016 Winter Camp Registration Form (718) 646-1444 ext 335

First Child's Name

For office use only
Medical Form

Date _____

_____ Birth Date ____/____/____ Age _____ Sex: F M
First Last

School Name _____ Grade _____

Program fees are as follows: Please circle all that apply:

Feb 15 th - Feb 19 th	5 Days	4 Days/3 Days/2 Days/1 Day					
Please select days	Full session	M 02/15	T 02/16	W 02/17	TH 02/18	F 02/19	
Price (8AM- 6PM)	\$285	\$ 60 /day					
Extended day (6PM-7PM)	\$65 (5 Days)						
Extended day (6PM-7PM): Daily Rate	\$15 /day						

Second Child's Name

For office use only
Medical Form

Date _____

_____ Birth Date ____/____/____ Age _____ Sex: F M
First Last

School Name _____ Grade _____

Program fees are as follows: Please circle all that apply:

Feb 15 th - Feb 19 th	5 Days	4 Days/3 Days/2 Days/1 Day					
Please select days	Full session	M 02/15	T 02/16	W 02/17	TH 02/18	F 02/19	
Price (8AM- 6PM)	\$256.5*	\$ 54 /day					
Extended day (6PM-7PM)	\$65 (5 Days)						
Extended day (6PM-7PM): Daily Rate	\$15 /day						

Discounts

* **Sibling Discount:** a 10% discounted price for second child's total program fee (Prices already determined above/Second Child is applicant registered for the lesser amount of program days). Not applicable to Extended day fees.



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FAMILY INFORMATION:

Home Address _____ Apt # _____ City _____ State _____ Zip _____ Phone _____

Health Insurance:

Company and Policy # _____

Family Doctor _____ Address _____ Phone _____

Parent Information:		Cell Phone	Work Phone	E-mail address Required
Mother's Name				
Father's Name				

Emergency Contacts (other than parents):		Phone	Relationship
Full Name			
Full Name			
Full Name			

Authorized Pickups* (other than parents):		Phone	Relationship
Full Name			
Full Name			
Full Name			
Full Name			
Full Name			

* Your child will NOT be allowed to leave with a person whose name is not listed above. Please list ALL persons allowed to pick up your child from program. Siblings under age of 16 will not be allowed to pick up the child.

How did you find out about our Winter Camp?

☐ Friend _____ ☐ Newspaper (please specify) _____

☐ Flyers ☐ Radio ☐ Email from us ☐ Shorefront Y website ☐ Other (please specify) _____

New participant(s): ☐ Yes ☐ No, this will be my child's _____ year at the Shorefront Y Winter Camp Program

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Child(ren)'s Name _____

Parent/Guardian Name _____

Relationship to Child _____

Photo Release

I hereby grant permission, without reservation, to the Shorefront YM-YWHA and the United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. ("UJA-Federation"), and those authorized by the Shorefront YM-YWHA and UJA-Federation, to take photographs and to make recording of me and my child and to use them in original or modified form in all media now or hereafter known, with or without my or my child's name or information about me or my child, for the promotion, public education, and/or fundraising activities of both organizations. I understand and agree that I am entitled to receive no compensation for the above.

I release The Shorefront YM-YWHA and UJA-Federation its officer, director, agents, employees, independent contractor, licensees and assignees from all claims that I now have or in the future may have relation to the above.

I agree that The Shorefront YM-YWHA and UJA-Federation will be the sole owners of all tangible rights in the above mentioned photographs and recording, will full power of disposition.

I am the parent or guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself

Signature _____

Administration of Medicine/Medical Release Agreement

Medical form is due before the start of the program, no child will be allowed to start before a complete medical form is on file.

Based on Office of Children and Family Services regulations, our staff CAN NOT administer medication at any time. If your child needs to take medication during Winter Camp hours, YOU must make other arrangements. Students may not carry their own or other medication to the program. Students are permitted to store an inhaler for asthma at the site, provided inhaler is in original box with instructions.

I, give my permission for my child to receive whatever emergency medical care that may be deemed needed by Shorefront Y personnel for the treatment of any injury that may be incurred while in the program's activities or swimming on premises or elsewhere. I understand Shorefront Y will make effort to contact myself or my emergency contact before or immediately after such emergency treatment is rendered.

Signature _____

Activity/ Trip & Transportation Release

I, the parent or guardian of the minor named above give permission to participate in all activities and attend all trips with the Shorefront Y Winter Camp.

As parent/guardian of the above named child/children, I hereby release the Shorefront Y from all liability arising out of his/her transportation on the school bus through out all the extra curriculum activities including trips.

Signature _____

Swimming Consent

I, the parent or guardian of the minor named above give permission to go swimming in the pool for the duration of their attendance in the Shorefront Y Winter Camp.

Signature _____

Climbing wall Consent

I, the parent or guardian of the minor named above give my child permission to participate in the climbing wall unit activity at the Shorefront Y.

Signature _____

Waiver of Liability

The Shorefront YM-YWHA provides service for children during 2015-2016 school year. Our staff is trained to provide the maximum of protection for your child while in our care. Even with all of these safeguards injuries can occur.

As a parent or legal guardian of the above named student, I fully understand the risks involved in my child's participation in the all program activities. To the best of my knowledge my child has no medical conditions, which would conflict with his/her participating in the educational, sport and recreation programs. I further agree to waive the right to press legal charges against to Shorefront YM-YWHA in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above named student.

Signature _____

Child(ren)'s Name _____

For Office use only:

Discounts (check all discounts that apply at the time of registration):

_____ Sibling Discount: 10 % off cost of second child's total registration.

Other Discounts:

Reason for a Discount _____ Amount: \$ _____

For Office use only:

	Camp Fee (Including HRA Trip Payment)		Early drop off/ Late Stay		Total		AMOUNT DUE
Child 1	\$	+	\$	=	\$	=	\$
Child 2	\$	+	\$	=	\$	=	\$
	\$	+	\$	=	\$	=	\$

For Office use only:

Payment history			
Amount paid	Receipt #	Payment Date	Comments
\$			
\$			
\$			
\$			
\$			
\$			

TERMS OF ENROLLMENT

1. Payment is due in full before the first day of Camp 2/15/16. NO REFUNDS will be made after the child has been accepted by the Camp Program.
2. Medical form is due before 02/15/16. **No camper will be allowed to attend camp before medical form is on file.**
3. There is a **\$35 fee** for any bounced check.
4. There is a late fee charge of **\$15** if your child is not picked-up on time.
5. There will be an additional **\$35 trip fee (Per Trip)** for those camper's enrolled through public assistance programs (HRA Vouchers)
6. The Shorefront YM-YWHA will not be responsible for any lost, stolen, or damaged property.
7. The Shorefront YM-YWHA reserves the right to use all pictures taken for publicity purposes.
8. The Shorefront YM-YWHA reserves the right to terminate the program for any participant who exhibits serious and persistent behavioral pattern and may pose a risk to him/herself and/or others. The Program Director will be in communication with families of any child exhibiting problematic behaviors. **No refund will be issued for termination due to behavioral issues.**
9. The Shorefront YM-YWHA reserves the right to suspend and/or expel any child/children who are caught breaking any of the program rules. NO refund will be give if a child is expelled from the Shorefront Y Winter Camps Program.
10. Children are not allowed to bring in electronic games, walkmans, iPods, cell phones or any other type of electronic game or any other types of toys. We strongly encourage all students to leave all valuables at home.
11. The Shorefront YM-YWHA has a strictly Kosher food policy. Any food that is brought in for the groups such as birthday party celebrations or any shared treats must be approved in advance by the Program Director, the food must be kosher.

Signature of Parent or Guardian _____ Date _____