

Y-Arts Camp Registration 2006

Registration for Members and returning Non-Members from Y-Arts Camp 2005 begins **March 15th**.
Non-Members attending Y-Arts camp for the first time may begin registering **May 1st**.

Directions: Please mark all lines in boxes #1, #2, #3 and #4 that apply, completely fill out box #5 and the Health History on the reverse side of this form.

1. Session # Dates Code

Weeks #1 through #8 are held at the East Area Family YMCA

___ Week #1	June 26-June 30	0449ARTCMP01
___ Week #2	July 3-July7	0449ARTCMP02
___ Week #3	July 10-July14	0449ARTCMP03
___ Week #4	July 17-July21	0449ARTCMP04
___ Week #5	July 24-July 28	0449ARTCMP05
___ Week #6	July 31-August 4	0449ARTCMP06
___ Week #7	August 7-August 11	0449ARTCMP07
___ Week #8	August 14-August 18	0449ARTCMP08

Weeks #9 and #10 are held at YMCA Camp Iroquois

___ Week #9*	August 21-August 25	0449ARTCMP09
___ Week #10*	August 28-September 1	0449ARTCMP10

2. Half Day or Full Day

**Weeks #9 and #10 only Full Day is available*

Half Day:

___ Member \$70.00 (Week #2 \$55)
___ Non-member \$85.00 (Week #2 \$70)

Full Day:

___ Member \$140.00 (Week #2 \$115)
___ Non-Member \$170.00 (Week #2 \$145)

3. Deposit

Of weeks: _____ X \$25.00 = _____

Full Payment must be received 2 weeks prior to the start of each session. If full payment is not received by the due date camper's spot will be forfeited and offered to a wait listed child.

Parent/Guardian Initials: _____

4. Before and After Care (Weeks #9 and #10 Only at Camp Iroquois)

Week #9:	Before Care	___ Member \$20.00	___ Non-Member \$20.00
	After Care	___ Member \$20.00	___ Non-Member \$20.00
Week #10:	Before Care	___ Member \$20.00	___ Non-Member \$20.00
	After Care	___ Member \$20.00	___ Non-Member \$20.00

5. Registration Information

Child's Name: _____ DOB: _____

Age: _____ Sex: _____ Grade: _____

Name of Parent/Guardian: _____ Home #: _____

Address: _____ Work #: _____

Cell #: _____

Emergency Contact: Name: _____ Phone #: _____

Relationship: _____

Other person authorized to pick up child: (ID is required for pick-up)

Contact Name: _____ Phone # _____

Relationship: _____

Please complete both sides of the registration form and return with payment to the Member Service Desk or mail to the Arts Studio Director at: East Area Family YMCA
200 Towne Drive
Fayetteville, NY 13066

Camper's Name: _____ DOB: _____

Health History *Please check all that apply*

Allergies or History of:

Hayfever Ear Infections Asthma Hearing Foods
 Poison Ivy, etc. Rheumatic Fever Learning Prob. Mumps
 Insect Stings Convulsions Behavior Prob. Chicken Pox
 Penicillin Diabetes Other Drugs Vision

Please explain all of the items marked above: _____

Recommendations and Restrictions While at Camp

Special Diet: _____

Is your child currently taking any medications? _____ If so, please explain _____

Recent Surgery (type & date) _____

Serious Injury (type & date) _____

Chronic or Recurring Illness _____

Other Conditions or Details of Above _____

Does your child have any kind of physical limitations/handicaps? _____

Child's physician or medical facility: _____

Phone#: _____ Address: _____

Parent Agreement *Please initial each statement*

I hereby enroll my child in the Y-Arts Camp program. It is understood that the YMCA will make every effort to contact me should any type of emergency arise. In the event that I cannot be reached, I authorize a YMCA Director to act for me according to his/her best judgment in any emergency requiring medical attention. I authorize the physician selected to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I expect to be notified immediately.

This health form is correct as far as I know and the person described has permission to engage in all camp activities except as noted by me and his/her physician.

I have provided the staff with any pertinent information which may assist the YMCA in caring for my child including, but not limited to allergies, previous or existing illness or condition, sunburn sensitivity, diet requirements, long-term medications, disability or limiting conditions, or emotional developmental, or behavioral challenges. I agree to notify the YMCA staff immediately in writing of any changes in address, phone numbers, emergency contacts, etc. I understand that not providing the above may put my child's health and safety at risk.

Parent/Guardian Agreement

I hereby register my child for the Y-Arts Camp. I further understand that my child's spot is reserved only upon receipt by the YMCA of the fully completed registration form and \$25.00 deposit per week, and that failure to pay balance due by the deadline will forfeit my child's spot.

Parent/Guardian Signature

Date