



Initial that you are in receipt of the following:

\_\_\_\_\_ : YMCA Summer Camp Handbook

\_\_\_\_\_ : Paid the \$30.00 Registration Fee

\_\_\_\_\_ : Turned in COMPLETED YMCA Summer Camp Registration Form

Check one of the following:

\_\_\_\_\_ : Full Time (3-5 days per week)

\_\_\_\_\_ : Drop In (1-2 days per week)

\_\_\_\_\_ : Preferred Start Date - (Fill in)

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

The Hot Springs Family YMCA  
130 Werner Street  
Hot Springs, AR 71913  
[www.hsymca.org](http://www.hsymca.org)



# SUMMER CAMP

## Registration Form 2022

E-Mail: \_\_\_\_\_

### CHILD'S INFORMATION

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

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

Work Hours: \_\_\_\_\_ Work Hours: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

(Minimum of one required. New emergency contacts must be added in writing)

Name of person to call if parents cannot be reached: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Is this person authorized to take the child from the center? YES NO

List all other adults who are authorized to take the child from the center:

Name	Relationship	Name	Relationship	Name	Relationship
_____	_____	_____	_____	_____	_____
Address		Address		Address	
_____	_____	_____	_____	_____	_____
City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____
Telephone		Telephone		Telephone	
_____	_____	_____	_____	_____	_____

### MEDICAL INFORMATION

Child's Physician or Emergency treatment facility: \_\_\_\_\_

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

I, \_\_\_\_\_ (Father, Mother, Guardian) (Circle one that applies) of \_\_\_\_\_ do hereby give my consent to the Director of the Child Care

Child's Name

Facility, or his duly designated representative, or said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent cannot be reached. Consent is also given for the Director or his duly appointed representative to transport child for emergency treatment, if the parents cannot be reached.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

CHILD'S DEVELOPMENTAL NEEDS

List any situations your child has experienced and may be receiving counseling for so we can better serve your child: \_\_\_\_\_

Child's special food/Medical needs: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

TRANSPORTATION PERMISSION

I give my consent for my child to take part in field trips or excursions to the YMCA. It is my understanding my child will be transported to and from the YMCA in a licensed YMCA vehicle.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

SWIMMING PERMISSION

I give my permission for my child to go swimming at the YMCA, or during a field trip under the supervision of a trained lifeguard.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

PRESS RELEASE

I give my permission for my child's picture to be used in any advertising or press releases. Parents will be notified prior to the release.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

SUNSCREEN INFORMATION

I am aware that, due to outside activities, and being in the sun, my child may incur a sunburn. I will provide sunscreen for my child when necessary.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

NUTRITIONAL INFORMATION

The Department Of Human Services requires the Hot Springs YMCA to inform parents that your child's lunch should provide nutritional food from the four basic food groups.

- \* Dairy
- \* Protein
- \* Fruits and Vegetables
- \* Grains, Wheat and Pasta

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Rules and Reasonable Modifications to our Policies, Procedures and Services

All children enrolled in our center will be expected to follow rules established by the staff. The staff is committed to positive reinforcement in their behavior management. Physical discipline is never allowed. Time-out may be used to allow a child to regain his/her self-control before returning to the group. If a major discipline problem occurs, the Childcare staff will contact you. Please cooperate with us by stressing the importance of good behavior patterns with your child. Continued behavior problems may lead to suspension or expulsion from the program. Every effort will be made to integrate each child into the program. Please let us know if your child is receiving counseling or has a serious behavior problem. We are willing to work with you, but we need accurate information in order to do so.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

YMCA Day camp is a state-licensed child care facility and as such parents need to be informed that participants are subject to interviews by Child Care Licensing Personnel, DCFS Special Investigators and Law Enforcement Personnel for investigative purposes and/or for determining compliance with Licensing Requirements. DHS compliance forms for the center are available for review upon request.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_