

CHILD'S NAME _____

Grade Completed: _____ First Day of Attendance _____



Union Grove Rec Day Camp Registration

the YMCA FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

DAY CAMP
(Only check days attending)

5-12 year olds (weekly rate)
4-5 day rate: Member \$150
General Public \$175
1-3 day rate: Member \$125
General Public \$150

EXTENDED CARE (INCLUDED)
Sign up for the extended care needed. This is used to determine staffing needs.
AM: 6:30—8:30
PM: 4:30—6:00

Shirt Size _____ Hoodie (optional) \$30 Size _____ Hoodie payment due at time of registration.

Attendance
Your child's anticipated hours attending camp:
(Ex. 7:30am—4:45pm)

_____ AM—_____ PM

Photo Release
The YMCA does take pictures of children from time to time for marketing and parent use and we are asking your permission to do so. Please check yes or no, and initial below to allow this.

[] Yes or [] No Parent/Guardian initial _____

WEEK OF CAMP	THEME	Field Trip	DAYS OF WEEK	AM OR PM
Week 1 June 4-8	What's Camp??? Get to know	Bowling (Old Settlers)	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 2 June 11-15	Emergency Services	Sealed Air Swimming	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 3 June 18-22	Barnyard Palooza	Strawberry Picking	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 4 June 25-29	Sports Extravaganza	Kenosha Kingfish	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 5 July 2-3 & 5-6	Stars and Stripes	Movie (T) North Beach (F)	[] M [] T [] Th [] F	[] AM [] PM
Week 6 July 9-13	Hero's	Action Territory	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 7 July 16-20	Ooey Gooyey	Wehr Nature Center	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 8 July 23-27	Wonderful Wisconsin (Fair Week)	Racine County Fair	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 9 July 30- Aug 3	Olympics	Mt Olympus	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 10 Aug 6-10	Under the big top	Lakefront Swimming	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 11 Aug 13-17	Animals Around the World	Green Meadows Petting Zoo	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 12 Aug 20-24	Time Travelers	Pritchard Park Pool	[] M [] T [] W [] Th [] F	[] AM [] PM
Week 13 Aug 27-31	The Amazing Race	Brown's Lake	[] M [] T [] W [] Th [] F	[] AM [] PM

Parent Orientation is MANDATORY for new campers.
[] Tuesday May 29th, 6:30pm—7:30pm
Village Hall
925 15th Ave
Union Grove, WI 53182

Weekly contact will be made to prepare for the upcoming week of camp. Please provide both your email address and phone number and select which one is your **preferred** method of commutation.

[] Phone _____

[] Email (please print clearly below)

Parent/Guardian Authorization I approve this application and certify that the applicant is capable of such an experience. I agree to pay the balance of the program fees the Wednesday prior to the

start of the next week. No refunds will be given unless the camp is canceled by the YMCA or a doctor's authorized medical reason has been given. I understand that no refunds will be given if the child leaves early because of homesickness or disruptive behavior as determined by the Youth & Family Director. Your child's spot is not confirmed until the fee is paid in full prior to the start of the program.

By signing this form, I certify approval of good health of the child, and, in the event that I cannot be reached in an emergency, authorize the YMCA staff/volunteers to render first aid; give permission to the physician selected by the Racine Family YMCA to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Prudent attempts will be made to contact the parent/guardian immediately. I understand in signing this form I agree to release the Racine Family YMCA/Village of Union Grove from any liability for the risks of illness, accidents, or injury.

I grant permission for the applicant to participate in all planned activities, including off-site trips by walking or by bus, if scheduled.

The Racine Family YMCA/Village of Union Grove is not responsible for lost, stolen, or damaged personal items that may result from the conduct of other persons, including participants in the YMCA programs. I also understand that the YMCA reserves the right to withdraw a child from the program, at the YMCA's discretion, if the enrollment of the child negatively affects the integrity of the program and/or the YMCA/Village of Union Grove legal obligation through and under the Division of Children and Family Services (DCF 252).

I understand that a copy of the Wisconsin Rules for Licensing Day Camps and the YMCA Policy Handbook will be available for my review upon request.

Field trip schedule subject to change

*Please note, registrations will not be processed without deposit or \$30 registration fee

I am paying: [] Deposit Only (1 week of care)
[] Full Amount
I am paying the full amount for every session my child is enrolled for at this time.

Method of payment: _____

Credit Card # _____ (last 4 digits)

Exp: ____/____/____

Subsidy Provider Information

A current "Child Care Authorization" must be on file before your child's registration will be accepted and registered.

Our family currently receives subsidy from County/State/Wisconsin Shares
[] Yes or [] No

Paperwork submitted to Count/Agency/ for this program
[] Yes or [] No

Notes: _____

I understand that I am responsible for any amounts not covered by my Subsidy Provider: and the co-payment must be paid in full before care is rendered Initial _____
YMCA Provider #: 7000557757 Location #031

Parent/Guardian Signature _____ Date ____/____/____