



# YMCA OF THE GOLDEN CRESCENT DAY CAMP PROGRAMS 2022

This Enrollment Form Must Be COMPLETELY Filled  
Out Before We Can Accept Any Child For Care.  
No N/A's or Blanks Allowed On Page 1.

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### PLEASE CHECK THE FOLLOWING CAMP YOUR CHILD WILL ATTEND:

KINDER CAMP at Pinnacle (Pre-K3-Kinder) \_\_\_\_\_ YMCA CAMP VISD at Crain (1st-5th) \_\_\_\_\_  
TEEN CAMP at BBB (6th-8th) \_\_\_\_\_ F.W. Gross/CLI Camp (Pre-K-1st) \_\_\_\_\_ Edna (Pre-K-5th) \_\_\_\_\_

### CHILD'S INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Grade Entering \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Enrollment \_\_\_\_\_ Date of Admission \_\_\_\_\_  
Ethnicity (Check One): Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_  
Gender (Check One): Male \_\_\_\_\_ Female \_\_\_\_\_

### NAME OF PARENT OR LEGAL GUARDIAN

Name _____	DOB _____	Name _____	DOB _____
Relation to child _____		Relation to child _____	
Address _____		Address _____	
City/ST/Zip _____		City/Zip _____	
Cell Phone # _____		Cell Phone # _____	
Home Phone # _____		Home Phone # _____	
Employer _____		Employer _____	
Address _____		Address _____	
City/ST/Zip _____		City/ST/Zip _____	
Office Phone # _____		Office Phone # _____	
Email Address _____		Email Address _____	
Authorized to pick up: Yes _____ NO _____		Authorized to pick up: Yes _____ NO _____	

**\*\*When a parent is NOT authorized to pick up we must have a copy of court documentation\*\***

\*In the case of divorce or legal separation are you: managing conservator \_\_\_ possessor conservator \_\_\_ legal guardian \_\_\_  
Please provide copies of court documentation

### ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____
Relation _____	Relation _____	Relation _____
Cell # _____	Cell # _____	Cell # _____
Home # _____	Home # _____	Home # _____
Office # _____	Office # _____	Office # _____

My child has a regular physician. Below is the information for my physician and clinic/hospital preference.

**THIS INFORMATION IS REQUIRED**

Name of Child's Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Clinic/Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Signature of Parent/Legal Guardian \_\_\_\_\_ 1 \_\_\_\_\_ Date \_\_\_\_\_





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## SPECIAL PROBLEMS/NEEDS

The YMCA believes that each child in or care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the director and visit the program prior to enrolling your child.

Please give information about special problems and needs including: allergies, existing illness, previous serious illness, and injuries, disabilities, hospitalization in past 12 months, long-term, continuous use of medication, etc. Please write N/A if none apply to your child \_\_\_\_\_

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child to help your child in these situations? Does your child have any limitations or require any special provisions? \_\_\_\_\_

Other comments \_\_\_\_\_

Please read each statement below, answer accordingly then sign and date at the bottom of page.

- My signature below acknowledges my understanding that as a participant in a state licensed Summer Camp program, my child's records may be reviewed and/or photo copied by representative of Texas Department of Protective and Regulatory Services.
- My signature below acknowledges my receipt of and my agreement to follow all policies in the Parent Handbook which includes **YMCA operational and parent policies**.
- My signature below gives my consent for my child to be transported and supervised by the facility staff in case of emergency. **YES**\_\_\_\_ **NO**\_\_\_\_
- My Signature below gives my consent for my child to be transported by YMCA bus on any scheduled fieldtrip. **YES**\_\_\_\_ **NO**\_\_\_\_
- My signature below gives consent for my child to be photographed and/or video taped participating in the program. **YES**\_\_\_\_ **NO**\_\_\_\_
- My signature below gives my consent for my child to participate in water activities such as splashing pools, swimming pools, and other bodies of water provided by the facility. **YES**\_\_\_\_ **NO**\_\_\_\_
- My child attends the following school and his/her immunization record is on file at the school and all immunizations, tuberculosis test, and vision & hearing screening records are current. They meet the requirements of the Texas Department of Protective and Regulatory Services.

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ School Phone # \_\_\_\_\_

I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



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## YMCA CHILDCARE PROGRAM CODE OF CONDUCT

The YMCA program will foster a climate of mutual respect for the right of others. Children are expected to respect the rights and privileges of other children, counselors and YMCA staff. This code of conduct is established to achieve and maintain order in the Day Camp program. Children who violate the rights of others or who violate the organization involved with the Summer Camp program will be subject to disciplinary measures designed to correct the misconduct and to promote adherence by all parties involved.

The YMCA program Code of Conduct is to assist children, parents, counselors and Summer Camp administration in identifying appropriate and in appropriate behaviors and understanding the rights and responsibilities of each individual.

The Day Camp program participant has the responsibility to:

- Conduct himself/herself in a safe and responsible way.
- Seek help from Day Camp counselor or Program leaders when having problems with the program.
- Demonstrate an attitude of respect toward individuals and property.
- Use appropriate language when speaking with others.
- Be familiar with and obey Day Camp rules and regulations.
- Follow the Day Camp counselor's directions and instructions.
- Cooperate with the YMCA staff in all matters.
- Follow the rules outlined in the YMCA Parent Handbook.

\_\_\_\_\_  
Signature (Child)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

.....

## YMCA CHILDCARE PROGRAM PARENT'S HANDBOOK PARENT'S ACKNOWLEDGEMENT

I, hereby, state that I have read the YMCA CHILDCARE PROGRAM PARENT HANDBOOK and have been given the opportunity to discuss the policies with the staff and understand the policies therein.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



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## DISCIPLINE AND GUIDANCE POLICY FOR \_\_\_\_\_ Name of Operation

A. Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

B. A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

C. There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one please:

Parent  Employee/caregiver  Household member of child-care home



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## YMCA OF THE GOLDEN CRESCENT Childcare Payment Agreement 2022

Parent \_\_\_\_\_ School \_\_\_\_\_

Child \_\_\_\_\_ Child \_\_\_\_\_

The following payment options are available:

### OPTION 1: AUTOMATIC DRAFT (BANK ACCOUNT OR CREDIT/DEBIT CARD)

1. Tuition fees are due and will be deducted from my bank account or Credit/Debit card every Friday for the following week of care. (CCS Accounts will be debited every 1st of the month) **Initials** \_\_\_\_\_
2. The child care automatic draft deduction is a continuous payment plan. I understand that this plan will remain in effect until I wish to terminate child care or until the end of the current year summer camp. **Initials** \_\_\_\_\_
3. It is my understanding that if I wish to terminate or change my child care in any way, I must give the Billing Coordinator 2 week notice. **Initials** \_\_\_\_\_
4. Should my bank or credit card company, for any reason, not honor my debit, I understand that I am responsible for the payment, plus a \$30 return fee and a \$25 late fee, which will be applied by the YMCA. **Initials** \_\_\_\_\_

### Automatic Payment Authorization (Choose Checking/Savings or Credit/Debit Card):

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Name of Bank \_\_\_\_\_ Name on Account \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Credit/Debit Card \_\_\_\_\_

Card Type: MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Special Instructions for Payment: \_\_\_\_\_

### Billing Address

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### OPTION 2: IN HOUSE PAYMENTS (CHECK/CREDIT/DEBIT CARDS/CASH)

1. Tuition fees are due every Friday for the following week of care. **Initials** \_\_\_\_\_
2. CCS Accounts are due every 1st of the month. **Initials** \_\_\_\_\_
3. Payment received after, will be assessed a \$25 late fee. **Initials** \_\_\_\_\_
4. It is my understanding that if I wish to terminate or change my child care in anyway, I must give the Billing Coordinator a 2 week notice. **Initials** \_\_\_\_\_
5. Should my bank or credit card company, for any reason, not honor my debit, I understand that I am responsible for the payment, plus a \$30 return fee and a \$25 late fee, which will be applied by the YMCA. **Initials** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_