



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Squeaky Sneakers Day Camp Registration

## CHILD DEVELOPMENT CENTER

### CONCORD FAMILY YMCA

Licensed by the Bureau Of Childcare Licensing - number        CCCB- 0705       

**How did you learn about camp?**

- \* Radio \* Facebook Ad \* Website
- \* From current camper
- \* Concord Monitor insert
- \* Got information at: \_\_\_\_\_
- \* Afterschool site: \_\_\_\_\_

**FULL WEEK**

Monday - Friday

- Member \$150 wk
- Non-Member \$165 wk

**MON, WED, FRI**

- Member \$125 wk
- Non-Member \$140 wk

**TUE, THU**

- Member \$110 wk
- Non-Member \$125 wk

Child's Name \_\_\_\_\_ Grade Completed \_\_\_\_\_ Gender: Male Female

Home Phone \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Additional Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

REQUIRED Emergency Contact: Please list at least one person other than Parents/Guardians listed above to contact in case of emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

People authorized to pick up my child OTHER than those listed above: \_\_\_\_\_

### MEDICAL INFORMATION

**Important— Physical and Immunization** must be on file at the YMCA before child can attend.

Name & Phone # of Child's Doctor \_\_\_\_\_

Does child wear a medic-alert tag?  No  Yes please describe \_\_\_\_\_

Allergies (drugs, foods, insect stings, etc.)  No  Yes please describe \_\_\_\_\_

Can Child Swim?  No  Yes

Recent Injuries, Illnesses, Operations,  No  Yes please describe \_\_\_\_\_

Physical Disabilities or Chronic Conditions  No  Yes please describe \_\_\_\_\_

Psychological, Emotional or Behavioral Disorders  No  Yes please describe \_\_\_\_\_

Is there anything else we should know about child's physical or emotional condition?  No  Yes please describe \_\_\_\_\_

Does the Child take daily medication?  No  Yes please describe \_\_\_\_\_

Will the child need to take medication at the YMCA?  No  Yes \* If Yes, we medical form must be filled out. Medication must be in its original container and will only be dispensed according to label. Authorizations may be faxed to 603.224.5352 and must be updated annually. Over the counter medication will be dispensed with parent/guardian written authorization.



Follow us on Facebook and see what your camper is up to!  
<https://www.facebook.com/ConcordFamilyYmcaSummerCamp/>





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## Squeaky Sneakers Day Camp Registration CHILD DEVELOPMENT CENTER CONCORD FAMILY YMCA

Concord Family YMCA Summer Day Camp provides fun, exciting activities for children. Kids can make new friends while participating in boating, swimming, science, sports, arts and crafts, nature awareness and more!

**Camp Hours: Monday—Friday 7:00AM–5:30PM**

### Y Member Rates

\$150 Full Week  
\$125 (M, W, F)  
\$110 (T, TH)

### Community Non-Member Rates

\$165 Full Week  
\$140 (M, W, F)  
\$125 (T, TH)

Please indicate the weeks your child will be attending camp:

\$20 deposit per ea. week you are registering for - will be deducted from weekly tuition.

___ Wk 1 Field Day/Sports Extravaganza 3 Day Camp Week	June 19-21	Full Week	M,W,F	T, TH	Deposit \$20
___ Wk 2 Superheroes	June 24-28	Full Week	M,W,F	T, TH	Deposit \$20
___ Wk 3 Camp Un-birthday 4 Day Camp Week • No Camp Thursday, July 4th	July 1-5*	Full Week	M,W,F	T, TH	Deposit \$20
<b>** This week is a MANDATORY TRAINING WEEK for the LIT PROGRAM</b>					
___ Wk 4 The Art Of Art	July 8-12	Full Week	M,W,F	T, TH	Deposit \$20
___ Wk 5 Vikings	July 15-19	Full Week	M,W,F	T, TH	Deposit \$20
___ Wk 6 Candy Land	July 22-26	Full Week	M,W,F	T, TH	Deposit \$20
___ Wk 7 Treasure Hunters	July 29 - Aug. 2	Full Week	M,W,F	T, TH	Deposit \$20
___ Wk 8 Go Green / Recycled Fun	August 5-9	Full Week	M,W,F	T, TH	Deposit \$20
___ Wk 9 Spirit Week / Color Wars	August 12-16	Full Week	M,W,F	T, TH	Deposit \$20
___ Wk 10 Myths and Legends	August 19-23	Full Week	M,W,F	T, TH	Deposit \$20

### Questions contact:

Amanda Newton Call or Text: (603) 783-1129 or email: anewton@concordymca.org

### For more information related to financial assistance and payments contact:

Sarah Harrington Call or Text: (603) 848-8873 and sharrington@concordymca.org

# SUMMER FUN



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# CONCORD FAMILY YMCA CHILD DEVELOPMENT CENTER

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### WEEKLY FEE AND FINANCIAL ASSISTANCE

You may apply for childcare assistance through the State of New Hampshire Childcare Assistance  
Or  
A YMCA Scholarship

#### State of New Hampshire Childcare Assistance Program:

Are you currently eligible for childcare assistance through the State?      Yes      No

If yes, please complete the YMCA's State Assistance Contract with YMCA staff Sarah Harrington and complete the State Form 2530.

**Your registration will NOT be processed until ALL of the following are completed and submitted to the proper location.**

- ⇒ A \$20 deposit for each week (that will be applied to your weekly tuition) is due with this application.
- ⇒ We require a credit card on file for weekly payments. Credit Card Payment Authorization Form must be completed at time of registration, which will automatically charge.
- ⇒ Payment is expected on the Friday before a camp week starts. Payment will not be prorated.
- ⇒ Physical and Immunization must be on file at the YMCA before a child can attend. If your child has had one in the past 2 years, please provide a copy with completed registration form.
- ⇒ If the child needs to take prescription medication while at the YMCA, we must have an authorization from signed by your child's physician listing the medication, dose, frequency and other instruction before the child attends.

#### Other information

- Over the counter medications will only be dispensed with written authorization from the parent/guardian. Additionally, the medication must be in its original container and will only be administered in accordance with manufacturer's printed instruction.
- Please pick up your child by 5:30PM. Late pickups will be charged \$1 per minute. Late fees will be required upon pickup.
- If your account becomes 2 weeks past due your child may not continue to attend and you will not be able to enroll your child in other programs until the balance is paid in full.
- Pickups at Camp Spaulding are allowed prior to 3:00PM and must be pre arranged with camp directors, and should not be a regular thing.
- Camp Contacts as of June 18th; Call or Text: (603) 783-1129, (603) 290-7001 Call: (603) 496-8750, Camp Spaulding Office: (603)753-8990, Squeaky Sneakers: (603) 783-1094

**WAIVER AND RELEASE OF LIABILITY, AND AUTHORIZATION FOR MINORS:**

- In consideration of being allowed to participate in any way in the Concord Family YMCA and related events and activities, the undersigned agree to the following:
- As the parent or legal guardian of the participant I will instruct t the minor participant that prior or participating, we will inspect the facilities and equipment to be used, and if I believe or the participant believes that anything is unsafe, we will immediately advise a coach, instructor or supervisor or other event organizer of such condition(s) and refuse to participate.
- We acknowledge and fully understand that each participant will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economical losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the conditions of the premises, or of any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.
- We assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
- We release, waive, discharge and covenant not to sue the Concord Family YMCA its affiliated programs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants. Volunteers, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the participate, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the released or otherwise.
- By signing this form I hereby authorize that the minor participate may receive emergency medical treatment for illness or injury that may befall him/her while being transported to or from, or while engaging in the Concord Family YMCA recreational program or related events and activities.
- I assume full responsibility for the member's health being such that the activities will in no way aggravate any condition present. In if doubt, medical advice will be south and followed. I agree that the Concord Family YMCA will be notified in advance of any changes in the member's health status that may affect the member's needs during the YMCA's activities. I declare the statements on this form to be true.
- This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND AUTHORIZATION, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Authorization:** The Concord Family YMCA my transport my child from Abbot Downing School to Camp Spaulding via bus and may transport my child back from Camp Spaulding to Abbot Downing School via bus. The Concord Family YMCA may also transport my child on field trips. I understand that the licensed childcare program is responsible for my child from the time he/she arrives at the program services site until her or she leaves the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Behavior Management:** Every effort will be made to ensure all campers are successful as possible. Dismissal of a camper due to behavioral misconduct is left to the discretion of the camp leadership team

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**First Aid:** I give permission for my child to receive basic first aid treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Medical Transportation:** I give permission for my child to receive emergency medical transportation and treatment if I cannot be reached immediately.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Authorization:** I, Parent or Legal Guardian, give/grant the YMCA permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about the YMCA. I further grant them the right to exhibit, distribute, sell or otherwise dispose of these materials.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The licensing authority for this program is the bureau of licensing and certification childcare licensing unit. Childcare programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parent and must make them available for parents to review upon request. Statement of findings and corrective action plans are also available on-line at <http://childcare.dhhs.nh.gov> or by calling the bureau at 603-271-4624 or 1-800-852-3345, ext 4624. During the licensing, monitoring, and complaint investigation visits to licensed program the department shall speak with children regarding the care they receive at the program if in the judgement of the licensing specialist the children's; response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. **However, if you do not want your child interviewed, or if you want to be informed prior to your child being interviewed you must give the director or designee, and update annually, a signed, dated statement indicating your preference.**