

Stevens Point Area YMCA

2020 DAY Camp Registration/Application



1. **Fully complete** both sides of the Day Camp Registration/Application along with the Summer Food Program Household Application. Once received with the **\$30 per week non-refundable deposit or the full payment**, you will receive an email from CampDocs to go online and complete your child's user profile and input immunization records. If the program is full, your deposit will be returned and you will be placed on a waiting list. Incomplete registrations will not be processed.
2. **A one time \$25 Summer Camp Registration fee is also required. \$25 covers both programs.**
3. **All families must complete the Summer Food Program Household Application as all meals are provided.**
4. A completed CampDocs profile must be submitted before your child is allowed to participate in Summer Camp. Parents are responsible for any changes to the profile including emergency contact and authorized pick up information.
5. **Balance is due at least (2) two weeks prior to each camp week.** An unpaid balance may result in forfeiture of your child's registration. All balances will be auto drafted from the debit/credit card provided for weekly balances. Invoices will not be mailed. There is a \$10 service charge for transferring from one week to another.
6. Approximately one week prior to each camp, you will receive via email general camp information, arrival and departure times and a list of things to bring.
7. We will return all fees except your deposit if written cancellation is made two weeks prior to each week. After two weeks, refunds will not be available and parents will be held responsible for payment.

Participant Name _____ Birth Date _____ Age _____ M F

2020 DAY Camp Week	Camp Glacier Hollow (ages 7-12) \$177 Y-Member/wk \$205 General Public/wk Req. \$30 Deposit/wk	Great Escape at YMCA (ages 5-8) 5day= YM \$165 GP \$180 3day= YM \$120 GP \$145 Req. \$30 Deposit/wk	Horse Camp (see ages below) YM \$310 GP \$370 Req. \$50 Deposit/wk
Week 1 June 8-12	<input type="checkbox"/> Building & Construction Fun <input type="checkbox"/> Tue. ON+\$30/\$35	<input type="checkbox"/> A Whole New World <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
Week 2 June 15-19	<input type="checkbox"/> Carnival Kick-Off Wed. SawMill Trip Included Fee: YM \$212/GP \$240 <input type="checkbox"/> Thur. ON+\$30/\$35	<input type="checkbox"/> Iron Chefs <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
Week 3 June 22-26	<input type="checkbox"/> Holiday Hoopla	<input type="checkbox"/> Superhero Carnival <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
Week 4 June 29- July 3	<input type="checkbox"/> Wet n' Wild 1 Wed. Water Park Included Fee: YM \$202/GP \$230 <input type="checkbox"/> Thur. ON+\$30/\$35	<input type="checkbox"/> Around The World in 5 Days <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Horse Camp 1 Beginner (ages 9-14)
Week 5 July 6-10	<input type="checkbox"/> Hooked on Fishing Fee: YM \$187/GP \$215 <input type="checkbox"/> Wed. ON+\$30/\$35	<input type="checkbox"/> Holiday Mashup <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
Week 6 July 13-17	<input type="checkbox"/> Culinary Chef...Camp Style	<input type="checkbox"/> A Galaxy Far, Far Away <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
Week 7 July 20-24	<input type="checkbox"/> Exploring the Outdoors	<input type="checkbox"/> Mad Science & Grossology <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Horse Camp 2 Beginner (ages 9-14)
Week 8 July 27-31	<input type="checkbox"/> Wet n' Wild II Wed. Water Park Included Fee: YM \$202/GP \$230 <input type="checkbox"/> Thur. ON+\$30/\$35	<input type="checkbox"/> The Mighty Jungle <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
Week 9 Aug 3-7	<input type="checkbox"/> YeeHaw Horse Week <input type="checkbox"/> Fri. Horse Ride+\$35 (ages 8-12)	<input type="checkbox"/> Fantasy & Games Galore <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
Week 10 Aug 10-14	<input type="checkbox"/> Sports Training Camp	<input type="checkbox"/> Splish Splash <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
Week 11 Aug 17-21	<input type="checkbox"/> Art-Tastic Vibes <input type="checkbox"/> Wed. ON+\$30/\$35	<input type="checkbox"/> Color Me Crazy <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Horse Camp 3 Advanced See Preq. (ages 10-14)
Week 12 Aug 24-28	<input type="checkbox"/> Crazy Campers Choice <input type="checkbox"/> Thur. ON+\$30/\$35	<input type="checkbox"/> Farewell Summer <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F (5-6 year olds ONLY)	

\$25 Summer Camp Registration fee for Glacier Hollow/Great Escape.
 Check Enclosed Please Charge My: Visa MasterCard Discover Amount: \$ _____

*Card #: _____ Exp. Date: _____

Signature: _____ Total Amount Paid Today: \$ _____

The card number listed above will be used for all payments at the time they are due.



Stevens Point Area YMCA 2020 DAY CAMP – Registration/Application

Please send the required deposit(s) to:

Stevens Point Area YMCA – Camp Registration, 1000 Division Street, Stevens Point, WI 54481 (715) 342-2980

Registration ?'s: Contact Child Development Office (715) 342-2999 or childdevelopment@spymca.org

Visit our camp website at www.glacierhollow.com

Financial assistance is available. Please request a financial assistance application.

Participant Name _____ Birth Date _____ Age _____ M F

Address _____
Street City State Zip

Home Phone _____ Parent Email _____

School _____ Grade Next Year _____

Are there any medical, custodial, physical, behavioral conditions or special needs that we should be aware of now? _____

First Parent Name _____ Second Parent Name _____

H # _____ Cell or Work # _____ H # _____ Cell or Work # _____

PARENT/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY

____ Initial Section #1: **REASONABLE ACCOMMODATIONS CLAUSE:** Children with special needs or challenges will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or the child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child requires an unusual amount of one-on-one attention, whether due to special needs or behavior, my child may be removed from the program without refund.

____ Initial Section #2: **MEDICAL RELEASE:** In the event I cannot be reached, I give consent for YMCA staff to act on my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of all medical services rendered.

____ Initial Section #3: **RELEASE FROM LIABILITY:** I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment, and programs. However, participants and parents of children must recognize and accept that there are inherent risks when choosing to participate in day camp or any YMCA program; risks that could cause sickness, injury or death. I agree that my child's participation in the YMCA programs shall be undertaken at his/her sole risk, and that the YMCA and Camp Glacier Hollow, its directors, employees, volunteers, and agents shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or causes of action whatsoever, to my child or his/her property, arising out of or connected to participation in Day Camp including but not limited to transportation services, camping, canoeing/kayaking, hiking, swimming, biking, rock climbing, fishing, horseback riding/grooming, and other camp activities. I agree to hold harmless and indemnify the YMCA and Camp Glacier Hollow, its directors, employees, volunteers, and agents from any and all liabilities and claims resulting from participation in this program.

____ Initial Section #4: **PHOTOGRAPHIC/MEDIA RELEASE:** I give my permission for my child to appear in media coverage approved by the YMCA and for the YMCA to use photographs and video of my child for promotional purposes and social media.

____ Initial Section #5: **FIELD TRIP & TRANSPORTATION PERMISSION:** I give permission for my child to participate in walking, bus and YMCA Van field trips. I give permission for my child to be transported for field trips or any regularly scheduled vehicle transportation.

____ Initial Section #6: **SUNSCREEN/REPELLENT:** I give permission for my child to use sunscreen (NO-AD SPF30) and insect repellent (OFF Skintastic with 5% DEET) provided by the YMCA and/or the brands listed here (to be provided by me) and for my child to receive application assistance as needed. Sunscreen _____ SPF _____ Insect Repellent _____ DEET% _____

____ Initial Section #7: **PARENT HANDBOOK:** I have had an opportunity to review the parent handbook and policies of this child care center/day camp and a summary of the WI Rules for Licensing Child Care Centers. I have read the information and agree to abide by the policies and procedures therein.

____ Initial Section #8: **Pets:** I have been informed of the pets in the center and their degree of contact with my child. I will be informed by the YMCA if pets are added prior to the pet's addition to the center.

____ Initial Section #9: **PARTICIPANT ENROLLMENT ACCEPTANCE:** I hereby apply for a reservation for my child as a program participant. I agree to pay the total camp fee on or before the payment due date. Failure to pay by the due date may forfeit my application and deposit. Furthermore, if my child is forced to leave the program due to illness, injury, or inappropriate behavior a refund may not be available. Children must be picked up from camp at 6:00pm or I understand that an overtime fee of \$5 for every additional 15 minutes will be charged. YMCA membership must be valid at the time of registration and maintained through the program dates to receive member rates.

____ Initial Section #10: **ACCURATE/COMPLETE INFORMATION:** I hereby state that the information is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child's registration and/or participation in YMCA programs.

I have carefully read and initialed each of the above parent/guardian consent sections. I fully understand that by signing this form I have given my parent/guardian consent for my child on all sections contained within.

Participant Name – Please Print

Parent/Guardian Signature

Date

INSTRUCTIONS

Source of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Gross earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability payments - Survivor's benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for meals.

- Check one Hispanic or Latino Not Hispanic or Latino
 Check one or more American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross salary, wages, cash bonuses - Net income from self-employment (farm or business); FARM —refer to line 18 of the 1040 or line 34 from Schedule F- BUSINESS —refer to line 12 of 1040 or line 31 from Schedule C. If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, and with auditors for program reviews and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- Mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW Washington, D.C. 20250-9410
 Fax: (202) 690-7442; or
 Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out

For Sponsor Use Only

Annual Income Conversion: Weekly x 52, Bi-weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12
 Monthly Income Conversion: Weekly x 4.33 or Every 2 weeks x 2.15

How often?

Weekly	Bi-Weekly	2x Monthly	Yearly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Size

Categorical Eligibility

Eligibility

Needy	Non-Needy
<input type="checkbox"/>	<input type="checkbox"/>

Signature of Determining Official

Today's Date Mo./Day/Yr.

Categorical Eligibility = FoodShare, W-2 Cash Benefits, or FDPIR participant