



Preschool Day Camp

Summer 2012

Contact Information

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Little Explorers

A day camp for preschool age children (3-pre-K) who want to enjoy the fun and excitement of a camp experience! The activities are designed to be appropriate for the developmental needs and skills of children this age.

Session and Registration Dates

Session Dates	Registration Dates		
June 11-15	Y Members Begins	February 6	Non Y Members Begins February 20
June 25-30	Y Members Begins	February 6	Non Y Members Begins February 20
July 9-13	Y Members Begins	February 6	Non Y Members Begins February 20

Time

9:00 am to 1:45 pm

Fees

Y Family Member	\$60/week
Y Youth Member/Non-Member	\$88/week

Activities

Activities include: swimming, nature hikes, singing, games, fishing, art projects, cookout lunch, story time and playground activities..

Weekly Themes *(Tentative and subject to change)*

Participants will have the opportunity to take one field trip each week.

Session	Theme
June 11-15	Wacky Water
June 25-30	Wiggles & Squiggles
July 9-13	Summer Safari

Lunch & Snacks

Participants will need to bring a sack lunch each day. A nutritious snack is provided each morning.

Fallbrook Y



Registration Information

Registration is on a first come/first served basis. The fee for each week registered is due at the time of registration.

Required Registration Materials

At the time of registration you will be required to provide the following information:

- Complete Child Enrollment Form
- Complete Child Information Record (both sides)
- Current Immunization Record
- Title XX Authorization, if applicable

Your registration will not be accepted unless all of the required paperwork is turned in at the time of registration.

Cancellations

A requested refund 2 business days prior to the start of any activity or class will be issued as 100% credit. After that a 50% credit will be issued prior to the start date of the activity. After the start of the class, no refunds will be given. If the YMCA cancels a class or program there will be a full refund.

Financial assistance is available, please visit ymcalincoln.org for an application. Allow 10 business days for processing.

Photo/Video Disclosure Statement

The YMCA of Lincoln, Nebraska may on occasion take photographs and/or video of its members or program participants for use in printed materials or by electronic methods. Your entry into YMCA facilities, participation in YMCA programs or participation in YMCA events grants permission for the YMCA of Lincoln, Nebraska to use these photographs and/or video in its marketing and public relations efforts.



Cooper	Downtown	Fallbrook	Northeast	Youth Sports	Camp Kitaki
6767 S. 14th Street Lincoln, NE 68512 (402) 323-6400	1039 P Street Lincoln, NE 68508 (402) 434-9230	700 Penrose Drive Lincoln, NE 68521 (402) 323-6444	2601 N. 70th Street Lincoln, NE 68507 (402) 434-9262	570 Fallbrook Blvd., # 210 Lincoln, NE 68521 (402) 434-9217	570 Fallbrook Blvd., #210 Lincoln, NE 68521 (402) 434-9225



FALLBROOK YMCA DAY CAMP ENROLLMENT FORM

Child Enrollment Information:

Child's First and Last Name: _____ Male Female
 Age: _____ Grade: _____ Date of Birth: _____ Home Phone: _____
 Branch: _____ Site: _____

Please place a check mark in each box for the camps your child is attending:

Week of:	5/29-6/1	6/4-6/8	6/11-6/15	6/18-6/22	6/25-6/30	7/1-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10
Summer Adventure											
Teen Extreme											
Fallbrook Little Explorers	No Camp	No Camp		No Camp		No Camp		No Camp	No Camp	No Camp	No Camp
Fallbrook Running Creek	No Camp		No Camp		No Camp	No Camp	No Camp		No Camp		No Camp

Required Registration Materials

At the time of registration you will be required to provide the following information.

- Complete Child Information Form
- Current Immunization Record
- Direct Draft Information (VISA or MasterCard Only)
- Title XX Authorization, if applicable

Your registration will not be accepted unless all of the required paperwork is turned in at the time of registration including the non-refundable/non-transferrable \$35 registration fee and \$20 non-refundable/non-transferrable weekly deposit.

Office Use:

Forms Received: Information Form Current Immunization Record (or on file) Direct Draft Title XX Authorization

Fees Paid: \$35 Registration Fee Paid \$20 Weekly Deposits Paid Total Collected: _____

Date Registration Received: _____ Staff Initials: _____

Registered In Class: Staff Initials _____ Date: _____



YMCA 2012 Child Information Record

For Office Use: After the initial completion of this form please register the child for the Child Information Record in CLASS at the appropriate YMCA Branch.

Registered

Date: _____

Staff Name: _____

Please Indicate Facility: _____

Please note, paperwork must be on file at each of the branches where your child will be participating in YMCA Child Care Programs in 2012.

Child Information Record:

Child's First and Last Name: _____

Male Female

Age: _____ Grade Entering: _____ Date of Birth: _____

Member Non-Member

Family Information:

Parental Status: Single Married Widowed Divorced Separated Re-married

Custodial & Legal Guardian is: Both Mother & Father Mother Father Other _____

Child resides with: Both Mother & Father Mother Father Other _____

Mother/Legal Guardian Information:

First & Last Name: _____ DOB: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Employer: _____

E-Mail Address: _____

Father/Legal Guardian Information:

First & Last Name: _____ DOB: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Employer: _____

E-Mail Address: _____

Emergency Contacts and Information:

Person(s) who will take responsibility for the child in an emergency when the Parent/Guardian cannot be reached: (ONE NAME MUST BE GIVEN)

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home/Cell Phone: _____	Home/Cell Phone: _____
Work Phone: _____	Work Phone: _____

Person(s) to whom the child may be released other than the Parent/Guardian: (If no one, please write "none")

Name: _____ Relationship to Child: _____ Home/Cell Phone: _____

Name: _____ Relationship to Child: _____ Home/Cell Phone: _____

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to the YMCA Program Staff to contact

Doctor _____

Name of Physician Phone Number Address City

and, if necessary, take my child to the following doctor(s), clinics or hospital _____.

Transportation Permission:

I hereby give the YMCA Program Staff permission to transport or arrange for transportation of my child _____

I understand staff will ensure that my child is placed in the appropriate safety restraint as indicated by Nebraska law at all times when the vehicle is in motion.

Parent Signature: _____ Date: _____

PLEASE COMPLETE & SIGN BOTH SIDES OF THIS FORM

Health History: Please check all that apply & complete the information below.

- Asthma Seizures Allergies (specify below) Diabetes Heart Problems (specify below)
- Physical Limitations or Concerns (specify below)

Additional medical information or special requests can be described below. Please attach an additional sheet if necessary.

1. Does your child have any behaviors or communication difficulties or a history of negative behavioral problems, that you are aware of that may require special assistance from staff? No Yes
 If "yes" please describe and list any tips that you may have that work best for your child in preventing or handling the negative behavior. Please attach an additional sheet if necessary.

2. Does your child have a fear of something that she/he may come in contact with during the program that the staff should be aware of? (i.e. fear of heights, storms, dogs, animals, the water)

Medication Competency Statement:

I, _____, have determined the YMCA Program Staff competent to give or apply medication to my child.
Name of Parent/Guardian
 I understand I will need to complete a medication request and have it on file with the medication.

Immunization History:

Nebraska State Department of Health and Human Services requires that every child's immunization history be on file. THIS RECORD MUST BE COMPLETED BEFORE YOUR CHILD MAY ATTEND DAY CAMP. Please attach a photocopy of your child's up-to-date immunization history.

Children must be immunized for the following: Measles, Mumps, Rubella, Polio, Diphtheria, Pertussis, Tetanus, Varicella (Chicken Pox), Haemophilus influenza type B and Invasive pneumococcal disease. If your child has had Varicella (Chicken Pox) you must provide written documentation that states the month and year of infection.

- Immunization Records Attached On file with the YMCA in a Program: _____ Verified by Front Desk Staff: _____

Late Pick-Up Agreement:

I understand that my child will need to be picked up from the site by 5:45 pm. If I cannot be there by 5:45 pm I understand I must contact the Site Supervisor or Program director so they can inform the Program Staff. I understand that if I do not call, the YMCA may follow the LPS procedure and call the police to transport my child. Parent or Guardian Initials: _____

Important Reminder:

Please retain a copy of the Program Brochure, which includes important and specific information regarding the program, including program hours, dates and fees.

Permission Form: Please read carefully and select yes or no accordingly.

- Yes No I give staff permission to transport my child for the purpose of program activities.
- Yes No I give my permission for my child to participate in all swimming activities scheduled by YMCA staff. I understand that certified lifeguards would supervise all swimming activities.
- Yes No I understand that injuries may be sustained while participating in any YMCA activity. If medical attention is required, I give permission for such medical care. I also understand that the YMCA does not carry health and accident insurance, and that I will be primarily responsible where bills are incurred.

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As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

Parent Signature: _____ Date: _____