



Summer Day Camp

Summer 2012

Contact Information

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Summer Adventure Camp & Teen Extreme

Summer Adventure Camp is a licensed day camp for youth **entering 1st grade** through age 8.
Teen Extreme is a licensed day camp for youth **entering 4th grade** to 13 years.

Session and Registration Dates

Session Dates

May 31 - August 12

Registration Dates

Y Members Begins February 6 Non Y Members Begins February 20

Time

7:15 am to 5:45 pm

Fees

Y Family Member \$105/week
Y Youth Member/Non-Member \$135/week

Activities

Activities include: arts & crafts, indoor & outdoor sports, music, nature, swimming, field trips, drama and more.

Weekly Themes & Field Trips (Tentative and subject to change)

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

*May 29-June 1	Walk On The Wild Side	Children's Zoo (SAC) Henry Doorly Zoo (TE)
June 4-8	Nuts About Nature	Hiking & Playing at Pioneers Park
June 11-15	Fun & Fitness	Champions Fun Center
June 18-22	Super Sports	Bowling
Jun. 25-30	Fun in the Sun	Trago Spray Park
*July 2-6	Home on the Range	Homestead National Monument
July 9-13	Creative & Crafty	Paint Yourself Silly (SAC)/ Lux Art Center (TE)
July 16-20	Put On A Show	Joyo Theater
July 23-27	Make A Splash	Star City Shores (SAC)/ Pawnee Plunge (TE)
July 30-Aug. 3	Best of the Best	Cookout Lunch, Wacky Games & Family Night
Aug. 6-10	Take Me Out to the Ballgame	Baseball Game

*Shortened Week due to Holiday. Fee will be prorated.

Lunch & Snacks

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

Swim Lessons

Participants are offered the benefit of taking up to five, 2-week sessions of swim lessons from 9 am to 9:40am Monday through Thursday during Summer Adventure/Teen Extreme Camp, for an additional charge. Participants must be enrolled in camp for both weeks the swim lesson session is offered to participate. Registration for Day Camp swim lessons is separate and will begin in May. As registration dates arise, you will be able to register at the Front Desk. A reminder postcard will be sent prior to the start of registration with more details.

Fallbrook Y



Registration Information

Summer Adventure Camp

Registration is on a first come/first served basis. The \$35 registration fee and \$20 weekly deposit for each week registered is due at the time of registration. The weekly deposit will be credited to your account for that week. **Both the registration fee and deposit are non-refundable/non-transferrable.**

Required Registration Materials

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

- Complete Enrollment Form
- Complete Child Information Record (both sides)
- Current Immunization Record
- Direct Draft Information (VISA or MasterCard Only) for Summer Adventure and Teen Extreme 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/transferrable \$35 registration fee and \$20 non-refundable/transferrable weekly deposit.

Cancellations

A written notice is needed for any change or cancellation at least one week prior to the session to avoid being charged the entire weekly fee. Please note: **the \$35 registration fee and \$20 weekly deposit are non-refundable/non-transferrable. We are unable to make any exceptions to this policy.**

Payments

The remaining balance for each weekly payment is due the Friday before the week your child will attend. To avoid late fees, we prefer payments to be set up for a weekly credit/debit card draft. We accept Visa and MasterCard.

Title XX is accepted. The parent/guardian is responsible for the \$35 registration fee, per the Title XX agreement between the Lincoln Y and the Nebraska DHHS. Proof of Title XX authorization is required at the time of registration.

Financial assistance is available, please visit ymcalincoln.org for an application. Allow 2 weeks for processing.



Running Creek

A day camp for elementary school aged children, entering 1st grade through age 10. Your child will enjoy exploring the great outdoors, meeting new friends and taking part in a lot of fun activities.

Day & Time

9:00 a.m. to 3:00p.m. There will be three, 5-day sessions of Running Creek this summer. Camps will meet at the Fallbrook Y and participants will be transported to a local park for their activities. Extended care is available. Running Creek is also available at the Cooper Y.

Activities

Some activities may include: Swimming, nature hikes, singing, games, fishing, snacks, art projects, cookout lunch, story time and playground activities.

Weekly Themes

June 4-8	Great Outdoors
June 18-22	Fun in the Sun
July 16-20	Water Works
July 30-Aug. 3	Walk on the Wild Side

Registration Information— Running Creek

Registration is on a first come/first served basis. The full payment is due at the time of registration. Please see insert or obtain a registration form at the Front Desk.

In May, after you have paid and registered for the program, you will receive a confirmation letter explaining program details.

Fees

Full payment for each day camp is due at the time of registration.

Running Creek

Y Family Member	\$65/session
Y Youth Member and Non-Member	\$93/session

Extended Care

Morning (7:15-9:00 am)	\$16/session
Afternoon (3:00-5:45 pm)	\$24/session
Both	\$40/session

Required Registration Materials

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

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

Financial Assistance

Financial assistance is available for those who qualify, please visit www.yocalincoln.org or any Lincoln Y for an application. Please allow 2 weeks for processing.

Cooper

6767 S. 14th Street
Lincoln, NE 68512
(402) 323-6400

Downtown

1039 P Street
Lincoln, NE 68508
(402) 434-9230

Fallbrook

700 Penrose Drive
Lincoln, NE 68521
(402) 323-6444

Northeast

2601 N. 70th Street
Lincoln, NE 68507
(402) 434-9262

Youth Sports

570 Fallbrook Blvd., # 210
Lincoln, NE 68521
(402) 434-9217

Camp Kitaki

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.

**** Please note,** The YMCA of Lincoln, Nebraska may on occasion take photographs and/or video of its members or program participants for use in print 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.

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: _____



SUMMER DAY CAMP DIRECT DRAFT AUTHORIZATION

Last Name, First Name (print): _____

Program Ends/Cancellation Date: _____

Program Name: _____ Program Location: _____

1. Account Information:

Do you have a **CREDIT/DEBIT CARD DIRECT DRAFT** set up to pay for YMCA Membership, Child Care Programs, or other programs? If other programs, which one(s)? _____

If yes, do you want to use the same account for this program? Yes No **If yes, proceed to section 2**

I (we) hereby authorize the YMCA of Lincoln NE to make the following pre-authorized debit transactions against my (our):

Credit/Debit Card: Visa Or Master Card

Number: _____ - _____ - _____ - _____ Expiration Date: _____

Financial Institution Name: _____

2. Payment Information:

Weekly Draft: \$ _____

3. Terms & Conditions - I further agree to the terms and conditions stated below:

In the event I want to cancel this authorization, I will provide the YMCA a written notice on the Monday prior to the next scheduled payment date. The YMCA may cancel this authorization at any time by sending me a written notice of cancellation. **Account Owner Initial** _____

If the payment date falls on a date the bank does not process payments, the payment will be deducted on the next day the bank processes payments. **Account Owner Initial** _____

Applicant Information & Signature:

Member/Participant Name (Please Print): _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

City/State/Zip: _____

Email: _____ Home Phone: _____

Account Owner's Signature: _____ **Date:** _____

For Office Use Only:

Entered By (Print Name): _____ Verified By (Print Name): _____