

Check all boxes that apply to your needs. *Please note* There is a \$25 per week deposit due at time of registration. Deposits are non-transferable and non-refundable. Your registration is not considered complete until deposits have been received.

Weeks	Full Week	Mon/Wed/Fri	Tues/Thurs
June 24-28			
July 1-5			
July 8-12			
July 15-19			
July 22-26			
July 29-August 2			
August 5-9			
August 12-16			
August 19-23			
August 26-30			

Billing:

Who will be responsible for payment?

If you are receiving third party subsidy you MUST speak with Amy Lowell to register. alowell@defymca.org

Payment

- OPTION 1 — Pay camp fees in full at the time of registration
- OPTION 2 — Pay remaining balance, after deposit, weekly through bank draft or credit card. If you choose this option please fill out and return attached bank draft form.

Health Information (required by our licensing):

Child's Physician:

Name: _____ Phone Number: _____

Address: _____

Child's Dentist:

Name: _____ Phone Number: _____

Address: _____

Health Insurance:

Provider: _____ ID#: _____

Check any or all that may apply:

Does your child have an Individual Education Plan (IEP)? ___ YES* ___ NO

Does your child have a Behavior Management Plan? ___ YES* ___ NO

Does your child have a 504 Student Accommodation Form? ___ YES* ___ NO

If yes was checked for any of the above, a Camp Discovery Inclusion Form must be completed and returned with your Registration Form. Enrollment will not be considered final until all required forms have been submitted.

Health History:

Please list and describe all of your camper's allergies below: N/A

Allergen	Describe reaction/symptoms and management instructions
_____	_____
_____	_____
_____	_____

List any current or past medical condition that would affect your camper's day: N/A

Does your camper have any dietary restrictions? N/A _____

Does your camper have any physical activity restrictions? N/A _____

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: N/A _____

Please note: If your camper requires medication during camp hours please bring them in their original containers in a zip lock bag marked with your child's name. Also, please allow a few extra minutes at your first drop off to fill out a medication dispensing form with the camp staff.

Non-Prescription Medications

By initialing in the box next to each medication, I authorize the camp staff to administer as needed.

Tylenol	
Ibuprofen	
Benadryl	

Please check this box if images of your child may not be used for promotional purposes.

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give my permission to the physician selected by the YMCA to order X-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees.

Parent/Guardian Signature: _____ Date: _____



Down East Family YMCA

2019 Camp Discovery Inclusion Form

We believe that parent communication and support is essential to ensure that all children have a fun and successful summer at Camp Discovery. Please answer the following questions to help us get to know your child. All information provided will be kept confidential.

Although every effort will be made to provide reasonable accommodations, there may be instances where a child's needs may exceed the scope of our services. We are not able to provide clinical levels of support. We do provide fun experiences in a safe and healthy environment.

Child's Name: _____ Date of Birth: _____

Has your child participated in a DEFYMCA program before? YES NO

If yes, what program? _____

Are there any behavioral concerns that we need to know about to successfully serve your child?

Is there anything that may consistently upset or trigger negative behaviors from your child?

Are there any positive motivators you find work well for your child?

Does your child enjoy bus rides?

How does your child interact with peers? Does he/she enjoy participating in group activities?

How does your child interact with authority figures?

How well does your child follow directions? Please explain:

Does your child receive additional support at school?

What school does your child attend? _____

By initialing here, I give the Down East Family YMCA permission to speak with my child's school regarding best practices when working with my child and the services they receive at school. _____

By signing below, I certify that all information provided above is the most current and factual information available.

Parent/Guardian Signature: _____ Date ____/____/____

If your child has an IEP, Behavioral Management, or 504 plan please attach a copy to this form.