



**Regional YMCA Of Western Connecticut
YMCA Camp Greenknoll
Camper Information**

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Please provide an email address for camp information & billing: _____

Date of Birth: _____ Gender: _____ Grade Entering **In The Fall 2022**: _____

Please list any allergies, special needs, dietary restrictions, health needs or other information that will help get to know your child: _____

Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

With whom does the child reside? _____

Please describe any custody or visitation restrictions: _____

Emergency Contact Information In addition to the parents/guardians listed above, please list the names and phone numbers of emergency contacts for your child in the event that you are unable to be reached in an emergency. The following individuals will also be authorized to pick-up your child from camp.

1. Name: _____ Relationship to camper: _____
Address: _____
Cell Phone: _____ Home Phone: _____

2. Name: _____ Relationship to camper: _____
Address: _____
Cell Phone: _____ Home Phone: _____

3. Name: _____ Relationship to camper: _____
Address: _____
Cell Phone: _____ Home Phone: _____



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Photo Permission By registering of Camp Greenknoll you consent for your camper to have their photo or video taken to be used for advertisement or other forms of public relations, including but not limited to print ads, The Regional YMCA of Western Connecticut website and other social media pages, unless I have notified the Y in writing.

I do not want photos of my child being used (initial here) _____

Which weeks will your child attend? Place an "X" next to each week your child will attend. A \$25 deposit is required at the time of registration for each week of enrollment.

A Regional YMCA **Family Member** is defined a 2 adults & children thru 21 years of age living in the same household. Or single parent and children thru 21 years of age living in the same household.

If you would like to become a **Family Member** please visit www.regionallymca.org

Which program will your child be participating in? Place an "X" next to the appropriate program.

	Y Family Member	\$246 per week (Week of 7/5*\$196)
	Non-Member	\$296 per week (Week of 7/5*\$237)

***A Sibling discount of \$10 per week applies to each additional child provided the first child pays full price.**

Counselors in Training (CIT) *Ages 14-15 only		
	Y Family Member	\$175 per week (Week of 7/5*\$140)
	Non-Member	\$225 per week (Week of 7/5*\$180)

	Week 1	June 20, 2022
	Week 2	June 27, 2022
	Week 3	July 5, 2022 ** (closed Monday 7/4)
	Week 4	July 11, 2022
	Week 5	July 18, 2022
	Week 6	July 25, 2022
	Week 7	August 1, 2022
	Week 8	August 8, 2022
	Week 9	August 15, 2022

Camp Medication & Medical Documentation Agreement

- I am aware that I must provide documentation of a current physical examination within the 36 months prior to attending camp completed and signed by my camper's health care provider.
- I understand that medication, prescribed or over the counter will not be given without an Authorization for the Administration of Medication.
- All medications prescribed or over the counter must be provided in their original container clearly labeled with the camper's name.
- All forms must be filled out and signed by the physician and by the parent.
- One form is required for each medication.
- An Individual Plan of Care is necessary when a child has a special health care need or disability, and it is necessary that special care be taken or provided while the child is at the camp.

X _____
Parent/Guardian's Signature

Date



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PARENT/GUARDIAN REGISTRATION AUTHORIZATION

- I give permission for my child to participate in all YMCA Camp Greenknoll Activities.
- I give permission for my child to be transported by YMCA vehicle or school bus, in the event it is needed.
- I give permission for treatment provided by EMT's and by YMCA staff trained in First Aid/CPR. Also, that transportation to the nearest hospital by the YMCA or emergency services at the parent's expense.
- I confirm that my child is fully toilet trained.
- I understand that I am financially responsible for all camp fees for my child. I have read and understand the payment policy and will inform YMCA Camp Greenknoll of any changes to my child's attendance in writing at least 10 days prior to the change.
- I understand that a complete family handbook, policies & procedures can be found online at www.regionalyymca.org.
- I certify that my child is amenable to discipline and free from habits or attitudes which would make him\her an unsuitable camper.
- I understand that the use of cell phones or other digital devices such as but not limited to iPods, Ipads, gaming system or tablets are not permitted at camp. If a camper is found to be using or have any such devices while at YMCA Camp Greenknoll, that device will be brought to the camp office where it can be picked up at the end of the day by a parent.
- I understand that the camp hours of operation are from 7:30 am until 6:00 pm and that I am responsible for ensuring that appropriate arrangements are made to drop-off and pick up my child within the hours of operation. I further understand that children will not be accepted prior to 7:30 am and that a late pick-up fee of \$50 per 15-minutes will be applied to my account. Repeated late pick-ups will result in removal from the program.

X _____
Parent/Guardian's Signature Date



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PAYMENT POLICIES: Please review the following to make sure you are clear on all our policies. YMCA Camp Greenknoll registration will not be processed without complete paperwork and correct payment information, including initial fees. \$25 registration fee and \$25 deposit per week of enrollment is due at the time of registration.

- Tuition for each additional week registered will be due the Wednesday prior to each week.
- Families paying by credit card will be billed on Wednesday prior to each week.
- There will be a \$30 service fee for any returned checks.
- All changes must be made in writing at least 10 days prior to the change. Changes made without 10 days' notice may result in a \$25 fee.
- Changes resulting in a refund will result in a \$25 change fee.
- Once a week of camp begins, there will be no credits or refunds for that week, regardless of illness, vacations, removal of camp due to disciplinary issues or other situations.

INITIAL PAYMENT

Regional YMCA Family Membership: _____

Weekly Deposit: Number of weeks attending: _____ x \$25 deposit per week Deposit: _____

Registration Fee: \$25 per child per summer (non-refundable) Registration Fee: **+\$25.00**

Late Fee: Any registrations received after Wednesday for the following week are subject to a \$50 late fee.

This includes both new registrations and additional weeks added to current registrations. **Late Fee:** _____

TOTAL INITIAL PAYMENT: _____

I have read and understand the payment policies and am aware that it is my responsibility to keep my payment and enrollment information up to date to avoid withdrawal from the program due to lack of payment. I understand that my registration will not be processed without payment and the **\$25 registration fee** and a **\$25 deposit per week of enrollment** will be processed at the time of registration. All credit/debit card charges will be charged the Wednesday prior to each week. Your child will not be registered for any weeks which payment or post-dated payment information has not been received.

Parent/Guardian Signature: _____ Date: _____

Card Holder's Name: _____ Billing Zip Code: _____

Billing Address: _____

Card #: _____ CVV: _____ Exp. Date: _____

I give permission for the Regional YMCA of Western Connecticut to use the credit card information provided to make payment for YMCA Camp Greenknoll. I understand that charges will be made to my card at the time of enrollment and the Wednesday prior to each week that my child is registered. I have read and understand the payment policy and am aware that it is my responsibility to keep my payment and enrollment information up to date to avoid withdrawal from YMCA Camp Greenknoll due to lack of payment.

Parent/Guardian Cardholder's Signature: _____ Date: _____