FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SILVER BAY YMCA
6 WEEKS TO 5 YEARS OLD
ENROLLMENT FORM

CHILD INFORMATION please fill in each blank completely

LAST NAME ____________________ FIRST NAME ____________________

BIRTHDAY ____________ AGE* ____________ GENDER M F

CAMP GROUPS WILL BE DETERMINED BY CHILD'S AGE AS OF JUNE 27TH, 2016.

PARENT/GUARDIAN INFORMATION please fill in each blank completely

PARENT 1 FIRST NAME	PARENT 1 LAST NAME
STREET ADDRESS	CITY
STATE ZIP CODE	PRIMARY PHONE
EMAIL	OTHER PHONE
PARENT 2 FIRST NAME	PARENT 2 LAST NAME
PRIMARY PHONE	OTHER PHONE

ADDITIONAL PERSONS AUTHORIZED FOR PICK UP AND EMERGENCY CONTACTS

Cell phone service can be unreliable in this area. If possible, please provide a landline for all emergency contacts. Emergency contacts do not need to be on site.

NAME		RELATIONSHIP TO CHILD		PRIMARY PHONE		SECONDARY PHONE	
NAME		RELATIONSHIP TO CHILD		PRIMARY PHONE		SECONDARY PHONE	

DO NOT PICK UP & CUSTODY AGREEMENTS:

If you have a custody agreement that affects a parent/guardian's access to this child, a copy of the legal documentation stating this must be attached with this enrollment form.

NAME		RELATIONSHIP TO CHILD	
NAME		RELATIONSHIP TO CHILD	

FOR STAFF USE ONLY

GROUP ____________________

Session 5 July 25– July 29

Conf. sent ____________

Missing or incomplete information ____________

Contacted ____________

Received ____________

Medical History		
Meds.	Y	N
Allergies	Y	N
Diet	Y	N
Other	Y	N

Consents & Authorizations

Climbing Wall	Y	N
Free Swim	Y	N
Water Games	Y	N
Golf Cart	Y	N
Medical Auth.	Y	N

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NAME ______________________ WE CANNOT PULL MEDICAL INFORMATION FROM PREVIOUS YEARS.

IMMUNIZATION HISTORY

This information is required by the New York State Department of Health and is MANDATORY. This section must include all dates of basic immunizations as well as booster doses. Minimum requirements are listed below. Parents/Guardians may fill in the attached section or can attach an immunization history sheet from the child's Physician.

DPT	1st	2nd	3rd	Booster	Booster
Oral Polio	1st	2nd	3rd	Booster	Booster
Hib (conjugate preferred)	1st	2nd	3rd	4th	
Hepatitis B	1st	2nd	3rd		
MMR	1st	2nd			
Tetanus within 10 years of 1st series	1st	2nd			
Varicella (Chicken Pox)	specify immunization or disease	Booster	Booster		
Other					

MEDICAL HISTORY

This information is required by the New York State Department of Health and is MANDATORY. Please complete each section fully even if you are attaching a medical history sheet from your child's Physician.

Physician Name ______________________ Physician Phone ______________________

Should Activities be limited? Y N If yes, please explain ______________________

Is this Camper on Medication? Y N If yes, please explain ______________________

Is this camper on a Special Diet? Y N If yes, please explain ______________________

Is this camper allergic to: MEDICATIONS ____________ FOODS ____________ OTHER BEES: Y N

Use this space to list any additional causes that could affect your child's functional ability to participate in in camp.

This health history is correct, so far as I know, and the person herein described has permission to engage in all camp activities, except as noted by myself above.

Parent Signature ______________________ Date ____________

AUTHORIZATION FOR THE MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, or health services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to the Silver Bay YMCA Staff to act for you, in your absence regarding the treatment of your child. If you child needs unexpected medical treatment the Silver Bay YMCA Staff will present this document to the appropriate person - physician, dentist, or hospital representative. When a true emergency exists, a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health. **I, being the parent of custody and/or legal guardian of the minor named, do hereby appoint SILVER BAY YMCA STAFF at 87 Silver Bay Road, Silver Bay NY 12874 to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the minor named in my absence.** I have read and understand the authorization for medical treatment.

Parent/Guardian Signature ______________________________ Date __________

CONSENTS AND AUTHORIZATIONS

Y N My child is allowed to ride on a Golf Cart when deemed necessary by the Youth and Teen Director

Y N My child can participate in walking field trips around campus..

I understand program participants may be photographed for publicity purposes and that if I do not wish my child to be photographed, a Do Not Photograph request must be submitted, in writing to the Silver Bay YMCA Marketing Director, prior to my child's first day in Silver Camp.

I understand that Camp Staff are able to help my child apply bug spray and sunscreen ONLY if these products are provided by a parent/guardian.

Parent/Guardian Signature ______________________________ Date __________

ADDITIONAL INFORMATION

Y N Is this your child's first experience in a daycare/camp setting?

Y N Is your child potty trained?

PLEASE USE THIS SPACE TO GIVE US INFORMATION ABOUT YOUR CHILD'S SCHEDULE

Does your child drink (circle one): N/A breastmilk Formula (specify type) __________

At what time(s) ______________________ Amount __________

Temperature (circle one) Cold Room Temperature Warmed

What time(s) does your child normally snack? ______________________ OR N/A

What time(s) does your child normally nap? ______________________ OR N/A

PLEASE DRESS APPROPRIATELY FOR THE WEATHER! Closed toe shoes should be worn at all times. All personal items should be labeled with your campers first and last name.

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