



TUITION SCALE

ARCADIA CAMP 2020-2021

Members:	Non-Members:
Week 1: \$250	Week 1: \$290
Week 2: \$200	Week 2: \$230
Both: \$450	Both: \$520

Tuition payments are due the first day of camp.

- **Please use my credit card on file for payment_____**
- **Credit Card # _____exp. _____**
- **Check# _____**



Release Information

It is the policy of the Ocean Community YMCA to release children in our childcare program only to those individuals the parent/guardian has listed below.

Identification is required when picking up a child.

It is also recommended that you let the staff know if someone other than a parent/guardian will be picking up your child.

This policy is strictly enforced; your child **will not** be released to anyone other than those listed below, so please include all those individuals that you would like to have authorized to pick up your child. If more room is needed, please use the reverse side of this form.

*** Please Note: The parent/guardian that has filled out this information will be the only person eligible to change, add, or delete names.**

Name: _____
Phone: _____

Name: _____
Phone: _____

Relationship to child: _____

Relationship to child: _____

Name: _____
Phone: _____

Name: _____
Phone: _____

Relationship to child: _____

Relationship to child: _____

You must contact the Director in person or in writing to make any changes to the above information.

Parent/Guardian Signature

Date



**ARCADIA CAMP
2020-2021**

Emergency Treatment Authorization

I hereby authorize the staff of the Ocean Community YMCA to administer first aid to my child:

Should an emergency arise while my child attends the program, it is understood that a conscientious effort will be made by the staff to contact me at the emergency numbers I have provided below before any medical action is taken.

Parent/Guardian: _____

Home Phone: _____

Day Time Phone: _____

I would prefer to have my child taken to the following hospital if the need arises:

_____ Hospital

_____ Insurance company / policy number

Other persons to be contacted in an emergency:

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship to child: _____

Relationship to child: _____

Parent/Guardian Signature
Date _____



**ARCADIA CAMP
2020/2021**

Child's Name: _____

Date of Birth: _____

Parent/guardian: _____

relationship: _____

Home address: _____

Home Phone: _____

cell phone: _____

Employer: _____

work phone: _____

Employer address: _____

Parent/guardian: _____ **Relationship:** _____

Home address: _____

Home Phone: _____

cell phone: _____

Employer: _____

work phone: _____

Employer address: _____

E-Mail address: _____

Parent's marital status: married divorced separated widow single

Are there any court orders relating to the child's custody or release? Yes No
If yes, please provide any additional information/copy of court order.

Guardianship status: guardian foster parent

YMCA member: yes/no _____

DHS approved: yes/no _____

certificate number: _____

**School's Out School Age Child Care
2020-2021**



Health and Immunization Record

Child's Name: _____

date of birth: _____

Immunizations (date administered)

DTP _____

POLIO _____

MMR _____

HIB _____

HBV _____

OPV/IPV _____

Varicella _____

Tuberculin Skin Test: Date: _____ results: _____

Lead Screening: Date: _____ results: _____

Health Examination: Date: _____ results: _____

Does this child have any conditions or limitations, which the caregiver should be aware of, such as allergies, seizures, etc. (if yes, please specify)

Physician signature

Date _____

