



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WESTERLY-PAWCATUCK VACATION CAMP

Child's Name: _____ DOB: _____

Parent/Caregiver: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Cell: _____

Employer: _____ Work Phone: _____

Employer Address: _____

Parent/Caregiver: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Cell: _____

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 _____

WESTERLY-PAWCATUCK VACATION CAMP

Payment Information

Child's Name: _____

DOB: _____

Program Schedule Options:

WEEK 1: AUGUST 31-SEPTEMBER 4 \$250 Members/\$290 Non-Members

WEEK 2: SEPTEMBER 7-SEPTEMBER 11 \$200 Members/\$230 Non-Members

BOTH WEEKS: \$450 Members/\$520 Non-Members

Tuition payments are due no later than the first day of camp.

*Please use my credit card on file for payment: YES NO

*Credit Card # _____ exp. _____ csv: _____

*Check Enclosed # _____

Parent/Guardian Signature: _____

Date _____

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Release Information

1. 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.

2. Identification is required when picking up a child.

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

4. 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.

5. **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 _____

2020-2021 "VACATION CAMP"
Emergency Treatment Authorization

I hereby authorize the child care staff of the Ocean Community YMCA Vacation Camp Child Care Program to administer first aid to my child:

Child's Name: _____ **DOB:** _____

Should an emergency arise at the child care center or on a field trip, it is understood that a conscientious effort will be made by the child care 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: _____
Phone: _____

Name: _____
Phone: _____

Relationship to child: _____

Relationship to child: _____

Parent/Guardian Signature

Date