

**2018 Marco Middle School  
Summer Camp at the Greater Marco YMCA**

My child attends/will be attending:

\_\_\_\_\_

(name of middle school)

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M or F Enrollment Date: \_\_\_\_\_

Address: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Child Lives With \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work #: \_\_\_\_\_ Other Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work # \_\_\_\_\_ Other #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any allergies, medications, dietary restrictions, or any other special concerns:

\_\_\_\_\_  
\_\_\_\_\_

Persons Authorized to pick-up my child: (Must be 18 years of age or older)

Child will not be released to others without written permission.

Name

Relationship to Child

Phone#

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*OVER**

### **Discipline Policy**

Our discipline policy is based on recognizing and providing positive reinforcement for appropriate behaviors and natural or logical consequences as a response to less desirable ones. We believe that children truly want to learn how to behave in an appropriate manner. Our job is to help them learn this by serving as role models and guides. Our discipline policy is designed to be effective in a variety of situations and is based on the following components: Consistency, Emphasis on the positive, Logical consequences, Response. \*We will never use any type of physical punishment. Nor will we shame, scold, or humiliate children.\*The YMCA reserves the right to dismiss a child from the Camp program if repeated efforts at modifying misbehavior have failed and/or if parents are not cooperating with our policies.

### **Authorization for Emergency Treatment**

Medical Information:

I give Permission for the staff of the Greater Marco Family YMCA to contact the following medical personnel to obtain emergency medical care if necessary:

Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for the staff of the YMCA to take whatever steps may be necessary for my child's medical care in the case of an emergency.

### **Tuition Payments**

Tuition is due before the scheduled attendance days. If paying weekly, the tuition is due the Friday prior to the up-coming week. If participating in a drop-in day payment must be made in advance. **Payment must be paid in advance for all payment options.**

### **Hours of operation**

Camp is operating Monday thru Friday between 9 a.m.-4 p.m. There is a late fee charge of \$1 per minute, per child for anyone picked up after 6:30 p.m. Multiple late pick-ups can result in termination from the program.

### **Transportation**

Transportation will be provided Monday-Friday. Students will be picked up in front of Manatee Elementary School at 8 a.m. Students will be brought back to Manatee Elementary School and parents must pick up at 5 p.m. If a child misses the bus, parents may drop child off at The Greater Marco Family YMCA. Any children who do not have a parent to pick up their child from the bus at dismissal, will be transported back to the Marco YMCA where parents must pick-up.

### **Program Permissions**

My child may go swimming in the YMCA pool:           yes       no

Sunscreen and bug repellent may be used on my child at staff discretion:           yes       no

My child may be transported by YMCA staff in the bus:           yes       no

I authorize any photos taken of my child to be used for program advertising purposes: yes   no

I received the parent handbook:                           yes       no

By signing below, I acknowledge that I have read, received, and agree to abide by all the policies and procedures within the Summer Parent Handbook set forth by The Greater Marco Family YMCA.

### **YMCA Liability Release**

I give permission for my child to participate in the ASPIRE Program. I understand that even when reasonable precaution is taken, accidents can sometimes happen. I hereby acknowledge that I am releasing the YMCA as well as its staff members and volunteers from all liability due to injury, loss, or damage, which may occur on the YMCA property while my child participates in the activities of this program. By signing below I acknowledge that I have read and understand, and voluntarily agree to this authorization and release.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_