



# East Hampton RECenter Summer Day Camp 2012

## KIDDIE CAMP

### Registration and Camper Information Form

Please Print \_\_\_\_\_ :

### CAMPER'S INFORMATION

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ M F

School: \_\_\_\_\_ Grade entering Sept 2012: \_\_\_\_\_

Summer Address: \_\_\_\_\_ Apt: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Winter or Mailing Address (if different): \_\_\_\_\_ Apt: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ WK: \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ WK: \_\_\_\_\_ Cell \_\_\_\_\_

Email Address for camp information: \_\_\_\_\_

How did you hear about the YMCA Day Camp ?  Mailing  Radio  Newspaper  Friend's Name \_\_\_\_\_

My Child attended Y Day Camp for \_\_\_\_\_ years

#### EMERGENCY/AUTHORIZED TO PICK-UP (Other Than Parent)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parents and all others picking up must present Photo ID at Pick up.

Parents must provide Documentation for Unauthorized Persons. \_\_\_\_\_ (Initial)

#### PERMISSION:

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_ to participate in all Summer 2012 Camp activities planned for the days attended. I give permission for my child to leave the East Hampton Camp Locations to participate in field trips and other special activities. I understand that photographs taken of my child during the camp session may be used for publication. I have read and signed the Rockwall Permission Form. I understand that I must have a complete medical form signed by a physician on file at the YMCA East Hampton RECenter before the first day my child begins camp. I have read and will adhere to the policies outlined above.

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

#### CAMP SESSIONS

Campers **must** register a minimum of any two-one week session. Each Theme Session lasts one week.

**T-Shirt Size** (Child XS S M L) \_\_\_\_\_ One camp T-shirt per child (per summer). Additional T-shirts \$10 each

SESSIONS	5-Full	5-Half	3 FULL DAYS	3 Half Days	am or pm
Session One - June 25-June 29	<input type="checkbox"/>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> am <input type="checkbox"/> pm
Session Two - July 2-July 6	<input type="checkbox"/>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> am <input type="checkbox"/> pm
Session Three - July 9-July 13	<input type="checkbox"/>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> am <input type="checkbox"/> pm
Session Four - July 16- July 20	<input type="checkbox"/>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> am <input type="checkbox"/> pm
Session Five - July 23-July 27	<input type="checkbox"/>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> am <input type="checkbox"/> pm
Session Six - July 30- Aug 3	<input type="checkbox"/>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> am <input type="checkbox"/> pm
Session Seven - August 6- Aug 10	<input type="checkbox"/>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> am <input type="checkbox"/> pm
Session Eight - August 13-Aug 17	<input type="checkbox"/>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> am <input type="checkbox"/> pm
Session Nine - August 20-August 24	<input type="checkbox"/>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> am <input type="checkbox"/> pm

#### CAMP FEES

Full Summer	
5-Full Days	\$1960
3-Full Days	\$1575
5-Half Days	\$1420
3 Half Days	\$945

2 Week Sessions	
5-Full Days	\$515
3-Full Days	\$410
5-Half Days	\$370
3-Half Days	\$240

Additional weeks	
5-Full Days	\$258
3-Full Days	\$205
5-Half Days	\$185
3-Half Days	\$120

A non-refundable, non-transferable deposit of \$50 is required at registration for each child per one week session. The remaining balance must be paid one week before child starts camp or child cannot be permitted to begin the program. No refunds or credit for absent days. Written notice is required for all withdrawals or changes.

There will be a \$10.00 fee for changes in Registration.



# East Hampton RECenter Day Camp 2012

## Emergency Contact and Medical Information

**Please Print**

_____	_____	M	F
Child's Name	Date of Birth		

Parent's/Guardian's Name \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Cell

Parent's/Guardian's Name \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Cell

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

### Alternative Emergency Contacts

Primary Emergency Contact \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Cell

Secondary Emergency Contact \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Cell

### Medical Information

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Please list any medical conditions/medications YMCA Staff should know about \_\_\_\_\_

Please list any allergies (medications, food, plants, etc.) \_\_\_\_\_

Expected reaction/treatment \_\_\_\_\_

**Medications needed:** Documentation from physician must be submitted 3 weeks prior to start day –NO EXCEPTIONS

Medication: \_\_\_\_\_ Time Needed: \_\_\_\_\_ Dosage: \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY DOCTOR

\_\_\_\_\_ (Child's Name) was examined and found to be in satisfactory health and free of communicable disease. There is no reason that this child should not participate in routine camp recreational activities.

### IMMUNIZATIONS: (list dates or attach sheet)

- D.P.T. \_\_\_\_/\_\_\_\_/\_\_\_\_
- BOOSTERS \_\_\_\_/\_\_\_\_/\_\_\_\_
- POLIO \_\_\_\_/\_\_\_\_/\_\_\_\_
- BOOSTERS \_\_\_\_/\_\_\_\_/\_\_\_\_
- HAEMOPHILUS INFLUENZA TYPE \_\_\_\_/\_\_\_\_/\_\_\_\_
- HEPATITIS B \_\_\_\_/\_\_\_\_/\_\_\_\_
- MEASLES \_\_\_\_/\_\_\_\_/\_\_\_\_
- MUMPS \_\_\_\_/\_\_\_\_/\_\_\_\_
- RUBELLA \_\_\_\_/\_\_\_\_/\_\_\_\_
- DT BOOSTERS \_\_\_\_/\_\_\_\_/\_\_\_\_
- HIB (18mo-5yrs.) \_\_\_\_/\_\_\_\_/\_\_\_\_
- VARICELLA (chicken Pox) \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_