

# CAMP SOKKIA REGISTRATION

**T-Shirt Size:** YS YM YL RETURNING CAMPER YMCA Member (\$180/week)  
AS AM AL AXL NEW CAMPER Non-Member (\$200/week)

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female **DPS Student ID #:** \_\_\_\_\_  
(IF APPLICABLE)

Parental Custody, if applicable: \_\_\_\_\_

## PARENT/LEGAL GUARDIAN -Primary

Full Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

## PARENT/LEGAL GUARDIAN -Secondary

Full Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

## EMERGENCY CONTACTS & PICKUP AUTHORIZATIONS

In addition to parents/legal guardians, ONLY those listed below will be authorized to pick up your child from camp. Please list all additional persons authorized to pick up your child. No child will be released without written permission. Please make sure that all individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or delete from this list at any time. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by a court order, a copy of the order must be given to the YMCA. Date of birth is REQUIRED for each individual.

### ADDITIONAL AUTHORIZED PICKUP (Guardian, Relative, Friend, Babysitter, Etc.)

<u>FULL NAME</u>	<u>CELL PHONE</u>	<u>DATE OF BIRTH</u>	<u>RELATION TO CAMPER</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

## PHOTO RELEASE

\_\_\_\_\_ I Authorize

\_\_\_\_\_ I Do Not Authorize

My child to be photographed during his/her attendance at Decatur Family YMCA. This consent releases all personnel of the YMCA from liability. This consent gives permission for photographs to be used in publicity for Decatur Family YMCA.

## ADDITIONAL AUTHORIZATION

\_\_\_\_\_ I have received and read a copy of the Parent Handbook and agree to abide by the policies within.

\_\_\_\_\_ My child has permission to be transported by and take field trips sponsored by Decatur Family YMCA. I understand any restrictions may require my child be signed out from Camp Sokkia and for me to provide alternate care arrangements.

## TEXT ALERTS

Camp notifications and reminders will be periodically sent through our Text Alert system. Please do not opt-out of these messages, as we reserve this system for urgent or time sensitive messages.



# CAMP SOKKIA REGISTRATION

## CAMPER HEALTH HISTORY

Camper's Race: \_\_\_\_\_

Current Allergies: \_\_\_\_\_  
\_\_\_\_\_

Current Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_

May YMCA Staff apply and/or give bug repellent to your child?  Yes  No

May YMCA Staff apply and/or give sunscreen to your child?  Yes  No

Describe any current illnesses, developmental delays, and/or medical conditions the YMCA should know about: \_\_\_\_\_  
\_\_\_\_\_

List any current medications (prescription and over the counter): \_\_\_\_\_  
\_\_\_\_\_

Will you be sending the above medicine with your child?  Yes  No

Reasons for the above medications: \_\_\_\_\_  
\_\_\_\_\_

## FAMILY HOSPITAL INFORMATION

In the event of an emergency, where would you prefer your child to receive treatment?

- Decatur Memorial Hospital
- HSHS St. Mary's Hospital

## PERMISSION TO TREAT:

I hereby give permission to the medical personnel selected by the YMCA Director to provide routine health; to administer medications; to order X-rays, routine tests; treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA Director to secure and administer treatment, including hospitalization for the person above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CAMP SOKKIA REGISTRATION

## WEEKLY REGISTRATION

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_

**Please indicate the weeks for which you wish to register the above camper:**

Weekly Rates: YMCA Members - \$180.00  
Non-Members - \$200.00

<b>WEEK 1</b>	6/1 - 6/5	
<b>WEEK 2</b>	6/8 - 6/12	
<b>WEEK 3</b>	6/15 - 6/19	
<b>WEEK 4</b>	6/22 - 6/26	
<b>WEEK 5</b>	6/29 - 7/2*	
<b>WEEK 6</b>	7/6 - 7/10	
<b>WEEK 7</b>	7/13 - 7/17	
<b>WEEK 8</b>	7/20 - 7/24	
<b>WEEK 9</b>	7/27 - 7/31	
<b>WEEK 10</b>	8/3 - 8/7	
	*The YMCA will be closed Friday 7/3 in observance of Independence Day	



# CAMP SOKKIA REGISTRATION

## **DECATUR PUBLIC SCHOOL DISTRICT #61: SUMMER PROGRAM SCHOLARSHIP**

Decatur Public School District #61 is offering Summer Program Scholarships to help families with the cost of summer camp. Decatur Family YMCA is a participating vendor, meaning eligible families can use these scholarships for our summer camp programs.

Please note: All scholarship details, eligibility requirements, policies, and approvals are managed solely by Decatur Public School District #61. If you have any questions about the scholarship process, status, or guidelines, please contact DPS #61 directly, as the YMCA does not administer or oversee this program.

We're happy to welcome your camper this summer and appreciate your understanding! If you have any questions about YMCA summer camp programming, feel free to reach out to us.

## **SUMMER PROGRAM SCHOLARSHIP ACKNOWLEDGEMENT**

I acknowledge that I am utilizing a Summer Program Scholarship provided by Decatur Public School District #61 to cover a portion or all of my child's tuition for summer camp at the Decatur Family YMCA.

I understand and agree to the following terms:

### TUITION & VOUCHER APPLICATION

Decatur Family YMCA accepts vouchers toward my child's summer camp tuition.

- I designate how I would like to apply my voucher(s):
  - Apply the voucher(s) to cover the full tuition for the selected weeks.
  - Apply the voucher(s) to a portion of the tuition and pay the remaining balance.
- I will provide a copy of my voucher(s) with my registration.

### ATTENDANCE POLICY

- I understand that if my child will not attend a scheduled week of camp, I must provide at least one week's notice.
- If I fail to provide one week's notice:
  - My voucher will still be applied to the selected week, and I will not receive a refund or credit for my child's absence.
  - My child may lose their spot in camp due to non-attendance.

By signing below, I confirm that I have read, understand, and agree to the policies outlined above.

Camper's School: \_\_\_\_\_ Camper's Student ID: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CAMP SOKKIA REGISTRATION

## YMCA CONSENT FORM

The undersigned, in my individual capacity as parent or guardian, confirm the following statements and give consent for my child to participate in the following stated activities. I understand that if at any time my child cannot participate in the listed activities, it is my obligation to notify, in writing, the YMCA Staff in advance.

- I have read the Decatur Family YMCA Camp Sokkia Parent Handbook.
- I understand my child will be swimming while he/she is in the care of Decatur Family YMCA. I authorize YMCA staff to take my child on walking trips, special excursions, and to nearby public park facilities.
- I authorize my child to ride as a passenger in vehicles used by Decatur Family YMCA.
- I have read and understand the YMCA discipline policy.
- In my individual capacity as a parent or guardian of a child participating in the YMCA Camp Sokkia program, I understand that participation in this program involves certain risks—including but not limited to: personal injury and property damage arising from equipment & activities or other actions from other participants. In consideration of these services provided and understanding the stated risks, I personally and on behalf of my child release Decatur Family YMCA and its staff, agents, volunteers, and all other persons having any affiliation with the YMCA from all liability and claims arising from any occurrence or accident while my child participates in Decatur Family YMCA Camp Sokkia program.
- I understand that Decatur Family YMCA will have religious based activities and it is optional for my child to participate.
- I authorize Decatur Family YMCA staff to secure EMERGENCY CARE for my child when I cannot be immediately reached at the time of the emergency. I will be responsible for all medical charges incurred.
- I authorize YMCA staff to perform basic first aid covered in the Red Cross First Aid class. This includes but is not limited to: burns, bruises, cuts, nose bleeds, broken bones or fractures, and CPR.
- I understand that any belonging my child brings to the program is not the responsibility of the staff and any lost, stolen, or damaged items are the responsibility of the child or parent to replace.
- Children and their families are responsible for any damage or cost associated with their child's behavior.
- I understand if my child is throwing up, has a temperature over 100.4 degrees, diarrhea, pink eye, strep throat, has live ring worm, or displays any signs/symptoms of COVID-19 or any contagious illness will be asked to leave the program until they are without the above symptoms for 24 hours.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:



# CAMP SOKKIA REGISTRATION

## YMCA FINANCIAL AGREEMENT

It is important for Decatur Family YMCA to maintain a balanced financial position to ensure its ability to provide your child with quality care and engaging youth activities. To achieve the stated outcome, Decatur Family YMCA must have your commitment to adhere to the following agreement:

- I understand a non-refundable \$ 40.00 registration fee must be paid in order to secure a place for my child. I understand the stated registration fee is NOT deducted from my child's tuition.
- **I understand tuition is paid on a weekly basis and all payments are to be received by the YMCA on the Friday prior to the week of attendance. No credits or refunds are issued on payments if my child has an unscheduled absence.**
- I understand Decatur Family YMCA requires an Authorized Payment Agreement to be completed at registration. This form of payment may be used for fees related to care and any ancillary charges (i.e. field trips).
- I understand tuition is due for all days my child is registered for regardless of attendance. Refunds cannot be given for missed time due to illnesses, personal days off, holidays, or vacations.
- I understand that if I unenroll my child from Decatur Family YMCA childcare programs, I will be responsible for a \$30.00 reinstatement fee.
- I understand that if my payment is more than 2 weeks late, my child may be withdrawn from the program until my payments are caught up. There will be no credit for days missed due to non-payment for children who returns.
- I have read and understand the complete withdrawal & reinstatement requirements included in the parent handbook.
- I understand one-week's written notice is required by the childcare office to withdraw my child(ren) or tuition will be due for that week.
- **I understand that a \$25.00 fee will be charged for payments returned for any reason. The YMCA reserves the right to waive this fee on the first occurrence.**
- **I understand that every Monday, a \$5.00 late fee will be assessed to any unpaid balances due.**
- I understand that there will be a \$1.00 service charge for every minute my child is picked up past closing (5:30 pm) to be assessed at 5:35.
- I understand that if I am applying for government subsidy assistance, the Y will charge a flat rate of \$75.00 per week for approximately 10 business days. When approval has been received, I must pay the monthly co-payment established by the subsidy unit of my choice, plus the difference between the amount that the YMCA is reimbursed for and the full tuition amount. The account will be credited for any tuition fees you have paid prior to approval, which the YMCA is reimbursed for. I also understand that if I choose to use a subsidy program that reimburses me instead of the Y directly, I must pay the Y the full tuition amount. In the event of cancellation or changes in my subsidy payments, I am solely and immediately responsible for the full tuition and/or pay payments due to cancellation or changes.
- If my account is past due, it may be turned over to a collection agency. If my account is not paid in full and turned over to a collection agency and/or an attorney, I agree to be responsible for all reasonable fees necessary for the collection of my delinquent account including but not limited to: collection agency fees of 50% of the balance due and costs & reasonable attorney fees of 33% of the balance.

**I agree to the terms and conditions of the Decatur Family YMCA Child Care Financial Agreement and wish to enroll my child into the Decatur Family YMCA School Age Care Program.**

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:



# CAMP SOKKIA REGISTRATION

## YMCA DISCIPLINE POLICY

To provide all children in our program the safe, positive, and enjoyable learning environment they deserve, we will be using a discipline plan that utilizes the following steps:

- STEP 1:** The teacher will give specific instructions for the child
- STEP 2:** The child will be given a reminder with a redirection consequence if instructions are not followed. The consequence will not be a time-out, but a move from the current situation to another area.
- STEP 3:** The teacher will follow through by redirecting the child to an alternative activity. If the child continues with inappropriate behavior, he/she will be placed in time-out.
- STEP 4:** The length of the time out is determined by the child's age: one minute for every year of age.
- STEP 5:** If the behavior continues over an extended period of time, the director will ask the parents to attend Parent/Teacher/Director conference.

At any time, Decatur Family YMCA may waive the disciplinary procedure and reserves the right to discharge any student without notice for misconduct.

Praise and recognition of good behavior is utilized throughout your child's day.

Conflict Resolution: When children are having difficulties with each other, the staff will give the children involved reasonable opportunities to resolve their differences. The staff will mediate with the children and supply them with problem solving techniques that will help them deal with difficult situations.

Bus Referrals: Safe and appropriate behavior must be followed at all times while riding on all YMCA and district school buses. Bus drivers need to have their full attention on the road. If a child is misbehaving while on the bus, they will receive a warning. If the behavior continues, they will receive a bus referral notice and parents will be notified. Children who receive a third bus referral in a 60 day period will be suspended from riding the bus for three (3) attendance days and a parent/teacher conference will be scheduled. For our After School Program, parents may provide alternate transportation to and from our program. Refunds will not be given for days missed due to suspensions.

Bathroom Accidents & Withholding of Food: Children will not be disciplined for bathroom accidents while in our care and the use of the bathroom will not be used as a form of punishment. The withholding of food or treats will not be used as a form of discipline. However, if a child is using inappropriate behavior, they will be moved to a table away from the group.

Severe Clause: Our goal is to reach all children so everyone can participate in a happy, healthy environment. However, should a child be out of control or, in the judgment of the staff, jeopardizing the safety of the other children or him/her, he/she will be taken out of the group immediately, and a phone call will be made to the parent or guardian to have the child picked up as soon as possible. After a conference with the staff, the child may return to the program. If negative behavior continues, a parent/teacher conference will be set to elicit your help. If it is deemed that your child is unable to behave appropriately in our program or that parents are unwilling to be involved in the correction of the inappropriate behavior, you will be asked to withdraw your child from the program. If asked to withdraw your child, we will do our best to assist you in finding alternate care arrangements.

**I have read and understand the above Discipline Policy.**

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

