



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Portage Township YMCA Preschool Summer Camp Registration Form 2017

Personal Information			
Pupil's Name	Sex	Age	Birth Date
Address	City	Zip	Phone #
Father's Name	Home Phone #		Work Phone #
Mother's Name	Home Phone #		Work Phone #
Emergency Contact Name:	Relationship		Phone #
People authorized to pick up your child:			
Name:	Relationship:	Phone #:	Cell #:
Name:	Relationship:	Phone #:	Cell #:
Name:	Relationship:	Phone #:	Cell #:
Name:	Relationship:	Phone #:	Cell #:
Please share any information you would like us to know about your child (child's hobbies, interests, and anything else we should know about your child that is not medical:			
Medical Information			
Please make a note of any illnesses, allergies or specific information you feel that the staff should be aware of (for example: asthma, diabetes, epilepsy, ADHD, food allergies, medicine used on a regular basis, chronic or recurring illnesses). Mention any restrictions on diet or activities you feel necessary.			
Child's Doctor		Dr.'s Phone:	

Planned Attendance at Summer Camp			
Planned Attendance: <ul style="list-style-type: none"> ○ Camp 1*- June 5-15: Mad Scientist ○ Camp 2*- July 10-20: Kids in the Kitchen Mon/Tues/Thurs 9:00-11:30 *child must be fully potty trained \$45 members/ \$60 non-member Min 10 		<ul style="list-style-type: none"> ○ Kindergarten Review Camp* July 31-Aug 4 Open to those entering kindergarten Mon - Fri 9:00-11:30 *child must be fully potty trained \$40 members/ \$55 non-member Min 10 	
FOR OFFICE USE: CAMP	Membership #	Renewal Date	Scholarship Type
Registration #	Amount Paid	Taken By	Date

Field Trip Permission

I hereby give my permission for the child named below to participate in field trips under the supervision of the Preschool staff. Advance notice of field trips will be given.

Medical Release

The child named below has my permission to engage in activities of the Preschool program. In the event I cannot be reached in an emergency, I hereby give my permission to medical personnel selected by the responsible Preschool staff person to perform any procedure necessary to protect my child.

Hold-Harmless Release

In consideration of the Portage Township YMCA accepting my child into the Preschool program, I waive any and all right and claims for injuries and damages suffered by this child related to or arising out of his/her participation in the program; and I release the Portage Township YMCA, its Board of Directors, employees, volunteers, agents and representatives, successors and assigns from all liability for any and all such injuries and damages.

Payment Agreement

Camp fees are to be paid in advance at the time of registration. If signing up for both sessions, the second payment will need to be paid before the start of the second session. Children will be placed in the program on a first come first served basis. Refunds will only be given with permission from the Preschool Director.

Information and Guidelines

I agree to abide by the guidelines of the Preschool program.

Name of child enrolled in Preschool _____

I attest and verify that I am the parent and/or legal guardian of the above named child and am legally competent to execute this document.

Name (printed) _____ Date _____

Signature _____ Relationship _____