

Date of entry _____

Date of withdrawal _____



Vicksburg YMCA Pre-K Summer Day Camp Enrollment Form

Child's Name _____

First

Last

_____ prefers to be called

Gender ____ Age ____ Birthdate _____ Grade for Fall 2026 _____

As of May 29, 2026

Home Address _____ City _____ Zip _____ Home

Phone _____

Preferred email address _____

Mother's Name _____ Cell phone _____

Employer _____ Work phone _____

Father's Name _____ Cell phone _____

Employer _____ Work phone _____

Child lives with _____

Above named mother is authorized to pick up this child. YES ____ No ____

Above named father is authorized to pick up this child. YES ____ No ____

Emergency Contacts / Authorized to pick up

1. Name _____ Phone # _____

Relationship to child _____

2. Name _____ Phone # _____

Relationship to child _____

3. Name _____ Phone # _____

Relationship to child _____

4. Name _____ Phone # _____

Relationship to child _____

Statement of responsibility: I certify that my child, enrolled with this agreement, is in excellent health and may participate in strenuous physical activities and all other activities associated with the YMCA Summer Day Camp Program. I agree to defend, indemnify, and hold harmless the Junius Ward Johnson Memorial YMCA, its officers, directors, servants, agents and/or employees, contractors and insurers from any and all claims for injuries sustained by my child during his/her participation in the program. Permission is granted to the Junius Ward Johnson Memorial YMCA to use pictures of my child in any promotional materials. Permission is granted in the agreement for my child to receive emergency medical treatment, if needed, and I certify there are no limits to my child's participation in YMCA activities except as stated in writing included with this application. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) cannot be reached immediately by phone. I understand and acknowledge that the YMCA Summer Day Camp Program does not offer any medical insurance to protect against injuries, makes no claim to do so and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk of participation in the program and any related financial responsibility for medical expenses or other losses or damages that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

Parent/ Guardian Signature _____ date _____

Summer Day Camp Health History Form

The intent of this information is to provide your child's health background to the YMCA's staff, so they may provide the appropriate health care treatment. Please provide complete information so that our staff can be aware of any special needs. Any changes in information should be provided to the Summer Day Camp Director.

Child's Name _____ age _____ gender _____

Family Physician _____ Phone _____

Dentist/Orthodontist _____ Phone _____

Does your child have any medical conditions that should be considered? _____

If yes, please explain.

Are there any special restrictions or recommendations that need to be followed? _____

If yes, please explain.

Routine Medications

Please list all medications including non-prescription taken routinely. The YMCA staff prefers that all medications be administered at home. However, if medications are **required**, please send enough for the entire week and keep it in the original packaging that identifies the prescribing physician, the dosage, and the frequency of administration.

My child takes medications on a routine basis? _____ yes _____ no

Medication #1 _____ Medication #2 _____

My signature authorizes administration of the above medicine by YMCA staff.

Allergy Information

Please list any allergies below. Also provide reaction and management of the reaction.

Medication allergies _____

Food allergies _____

Other allergies _____

Toilet Training

Please note: Children must be fully toilet trained to attend our summer day camp program. Staff are not permitted to assist children in the bathroom. Your child must be able to manage bathroom needs independently.

Is your camper fully toilet-trained _____ yes _____ no

I, hereby authorize the YMCA to obtain medical treatment for my child in the event that parents cannot be reached. I understand and acknowledge that the YMCA does not offer medical insurance to protect against injuries, makes no claim to do so and has no responsibility for any medical expense incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any activities. I agree to assume such risks and such financial responsibility.

Parent/Guardian Signature _____ date _____



Parents' Statement of Understanding

1. I understand that my child will not be allowed to be signed out with an unauthorized person or any YMCA staff member.
2. I understand that I will be charged "late fees" if I fail to pick up my child by the agreed upon stated time of 6:00 p.m.
3. I understand Day Camp fees for my child are to be paid in advance and only by automatic bank draft or credit card deduction on a monthly basis and failure to pay in this timely manner will be adequate cause to dismiss my child from the YMCA Day Camp program.
4. I understand that a YMCA Minor Infraction Form and/or a Participant Conduct Form are in place to help resolve rule violations on the part of my child. These will be discussed with the student and parent as needed. Failure to correct specified inappropriate behavior may result in suspension or dismissal from the YMCA Day Camp program.
5. I understand that should I or another authorized person appear to be under the influence of drugs or alcohol and seek to sign out my child, staff members are empowered to contact local law enforcement authorities and place my child in their custody. (Please do not put staff in a position to make this call.)
6. I understand that the YMCA staff are not allowed to baby-sit or transport children outside of program hours.
7. I understand that the program is a group-oriented program and Y staff cannot provide one-to-one personal care services for my child.
8. I understand that the YMCA staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
9. I understand that I will receive a digital copy of the YMCA Parent Handbook on or before the first day of my child's enrollment and will contact YMCA staff regarding any questions or concerns I might have. (A hard copy will be available upon request.)

Signature of Parent of Guardian _____

Child's Name (please print) _____ date _____



CAMPER CODE OF CONDUCT

I will:

- Keep my personal belongings in the designated cubby during the day.
- Remain quiet and LISTEN when announcements are made.
- Follow all Summer Day Camp rules during swim time, free play, snack time, activity time, and emergency drills.
- Follow all instructions given by Summer Day Camp Directors and Counselors.
- Tell my counselor if I am sick or hurt.
- Follow the Time Out requirements if/when I misbehave (children will be removed from participating in activities for a short period of time to regroup their thoughts or actions before returning to regular activities).
- Respect all other children and the Summer Day Camp Directors and Counselors at all times.
- Respect all YMCA supplies, equipment, and property.
- Respect all personal belongings of other campers.
- Help in cleaning up after myself in all activities.
- Never leave the Summer Day Camp area without permission from a Counselor or Director.

A disciplinary problem is defined as one in which a child is hampering the smooth flow of the program by either requiring one-on-one attention; inflicting physical or emotional harm on other children; physically and/or verbally abusing staff or otherwise unwilling to conform to the rules and guidelines of the program.

Severe disciplinary problems may result in immediate dismissal from the program. These problems include but are not limited to:

- Behavior which endangers the physical well-being of the child or others.
- Possession of a weapon or illegal substances or tobacco products.
- Persistent repetitive misbehavior that is disruptive or abusive.

Child's Signature _____

Parent's Signature _____ date _____

Staff Signature _____ date _____

