Summer Camp Enrollment Packet

2026 | June 2 through August 8

Please complete all required sections before your child's first day of camp. Attach an updated immunization record and a current photo of your child.

Start Date:	
Weekly Rate	☐ Members: $130/week | ☐ Community: $150/week
Registration Fee	Non-Refundable Registration Fee: $30.00
Optional Fee	Summer Sweet Treats One Time Fee: $20.00

CHILD INFORMATION

Child's Full Name: _____

Date of Birth: _____

Age: _____

Gender: _____

Race: _____

Home Telephone: _____

Home Address: _____

City, State, Zip: _____

Child's Living Arrangements: ☐ Both Parents ☐ Mother ☐ Father ☐ Other: _____

Child's Legal Guardian(s): ☐ Both Parents ☐ Mother ☐ Father ☐ Other: _____

PARENT AND GUARDIAN INFORMATION (Name #1)

Parent/Guardian: _____

DOB: _____

Cell Phone: _____

Email: _____

Home Address: _____

Place of Employment: _____

City, State, Zip: _____

Business Phone: _____

Employer Address - City, State, Zip: _____

PARENT AND GUARDIAN INFORMATION (Name #2)

Parent/Guardian: _____

DOB: _____

Cell Phone: _____

Email: _____

Home Address: _____

Place of Employment: _____

City, State, Zip: _____

Business Phone: _____

Employer Address - City, State, Zip: _____

AUTHORIZED PICK-UP LIST:

Your child may be released only to the person or persons signing this agreement and the individuals listed below. All information must be completed fully.

Name	Home Address City, State, Zip	Phone	DOB	Email	Relation

EMERGENCY CONTACTS:

List persons to contact in case of emergency when parents or guardians cannot be reached.

Name	Address, City, State, Zip	DOB	Phone	Email	Relation

CHILD MEDICAL INFORMATION

Child's Physician or Clinic Name:

_____

Telephone Number: _____

Physician or Clinic Address: _____

Preferred Hospital, Phone Number, Address and City:

_____

_____

Does the child have allergies, physical concerns, mental health needs, intellectual disabilities, developmental disabilities, or other needs that may limit participation in program activities? ☐ Yes ☐ No

If yes, please specify:

_____

Current Prescribed Medication:

_____

Special Medical Needs and Conditions:

_____

Does the child have allergies? ☐ **Yes** ☐ **No** **Type:** ☐ **Insect** | ☐ **Medication** | ☐ **Food** | ☐ **Other**

Please specify allergies below:

_____

Does the child have a higher risk for a severe reaction requiring epinephrine to be available in the Summer Camp area?

☐ Yes ☐ No

If yes, a Food Allergy Action Plan form is required before attendance.

Are any special procedures required in caring for the child?

☐ Yes ☐ No

If yes, please specify and give details: _____

_____

MEAL PLAN

My child will participate in the following meal plan for Summer Camp:
(Check all that apply)

☐ **Breakfast** | ☐ **Lunch** | ☐ **Afternoon Snack**

EMERGENCY MEDICAL AUTHORIZATION:

Should _____, born on _____, suffer an injury or illness while in the care of the Telford Community Center YMCA Summer Camp program, and the facility is unable to contact me immediately, I authorize the program to secure medical attention and care as necessary. I understand that I am responsible for payment of services. I agree to keep the YMCA informed of changes in telephone numbers, emergency contacts, medical information, and other important records.
The program agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Known Medical Conditions:

_____

_____

Preferred Hospital, Hospital Address & Telephone Number:

_____

Parent/Guardian Signature:

X_____ **Date:_____**

PARENTAL AGREEMENT WITH TELFORD YMCA SUMMER CAMP

The Telford Community Center YMCA agrees to provide Summer Camp Childcare for _____, on **Mon - Fri** from **7:00 AM to 6:00 PM,** on the dates of **June 1st through August 7th, 2026.**

Parent/Guardian Signature:

X_____ **Date:_____**

TELFORD YMCA SUMMER PROGRAM RELEASE AND WAIVER

Child's Full Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

Home Address, City, State, Zip: _____

1. I, the undersigned parent or guardian of the above-named minor, give permission for the minor to participate in the Telford Community Center YMCA Summer Camp program. I confirm that the minor is physically able and mentally prepared to participate in Summer Camp activities, except as noted in this packet.
2. In consideration of said minor being permitted to enter YMCA facilities and participate in program activities, I release the YMCA, its directors, officers, employees, agents and volunteers, collectively known as Releasees, from liability for loss, damage, injury or death, whether occurring in or near YMCA facilities or while participating in YMCA activities at other locations, except where prohibited by law.
3. I covenant not to sue Releasees for any loss, damage, injury or death suffered by the above named minor and agree to indemnify and hold harmless Releasees from loss, liability, damage or cost they may incur due to said minor's presence in or near YMCA facilities or participation in YMCA program activities, except where prohibited by law.
4. I understand that participation may include active play, swimming, walking field trips, outdoor play, games, sports, special activities, and other camp activities. I understand that these activities involve risk, including the risk of injury.
5. I authorize the Telford Community Center YMCA Summer Camp program, as agent for the undersigned, to consent with respect to said minor to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care deemed advisable by licensed medical professionals in the State of Kentucky. I understand that the YMCA Summer Camp program is not responsible for costs incurred for medical care.
6. Before any medication is dispensed to my child, I will provide written authorization that includes the date, child's name, medication name, prescription number if applicable, dosage, and date and time medication is to be given. Medication must be in the original container with my child's name marked on it.
7. My child will not be allowed to enter or leave the facility without being escorted by a parent, an authorized pick-up person, or facility personnel.
8. I acknowledge that it is my responsibility to keep my child's records current, including phone numbers, work location, emergency contacts, physician information, health status, allergies, medications, and custody information.
9. The Telford Community Center YMCA Summer Camp program agrees to keep me informed of incidents involving my child, including illnesses, injuries and adverse reactions to medications.
10. The Telford Community Center YMCA Summer Camp program agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility and water related activities occurring in water that is more than two feet deep.
11. I understand that if my child poses a threat to themselves, other children, staff or property, I may be asked to sign a behavior report acknowledging the concern. If concerns continue and improvements are not made after reasonable support and communication, I may be asked to remove my child from the program and will be given two weeks to find other means of school age childcare, unless immediate removal is necessary for safety.

PHOTO AND MEDIA PERMISSION

☐ **I give permission for photos or videos of my child in daily activities to be used in YMCA publications, social media, newsletters, flyers, website materials and local media.**

☐ **I do not give permission for photos or videos of my child to be used in public YMCA materials.**

ADDITIONAL CAMP INFORMATION

Name of the school your child **will attend**: _____

Grade your child **will be going into** for the next school year: _____

Current Age of Child: _____

Will your child need a life jacket?

_____

Does your child currently have an IEP? _____

*If yes, please provide documentation prior to the first day of camp so staff can prepare appropriate support.

Required: Attach your child's updated immunization record.

Required: Attach a current photo of your child.

PARENT ACKNOWLEDGMENT

I understand that by signing below, I state and agree to follow the policies and procedures for the Telford Community Center YMCA Summer Camp program. I also acknowledge that I have received the YMCA Parent Manual or Summer Camp handbook information provided by the program.

Parent/Guardian Signature: (Sign Below)

X_____ Date:__

Childcare Director or Authorized Staff: (Sign Below)

X_____ Date: _____