



OTT FAMILY YMCA Holiday Camp FULL DAY CARE

Child's Information

First Name: _____ Last Name: _____ DOB: _____

Gender: M F School: _____ Current Grade: _____

PARENT/GUARDIAN

First: _____ Last: _____ Email: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Cell #: _____ Work #: _____ Home #: _____

HOLIDAY CAMP at Ott Family YMCA

Grading Day F - 12/21/18

Fees for Grading Day - \$35.00 per child

Week One - 12/26/18-12/28/18 Select Days: W Th F
• No Camp on Christmas Eve 12/24/18 or Tuesday Christmas Day 12/25/18

Week Two - 1/2/19-1/4/19 Select Days: W Th F
• No Camp Monday New Year's Eve 12/31/18 or New Year's Day 1/1/19

Fees for Week One & Week Two: \$35.00 per child/day OR \$90 for all 3 days

HOLIDAY CAMP at Cottonwood Elementary

Week One - 12/26/18-12/28/18 Select Days: W Th F
• No Camp on Christmas Eve 12/24/18 or Tuesday Christmas Day 12/25/18

Week Two - 1/2/19-1/4/19 Select Days: W Th F
• No Camp Monday New Year's Eve 12/31/18 or New Year's Day 1/1/19

Fees for Week One & Week Two: \$35.00 per child/day OR \$90 for all 3 days

DES SERVICE AGREEMENT

- ✓ Any changes in sites must be reported to your DES case worker at minimum, two weeks prior to location change in order for the YMCA to submit for payment. Parent or Guardian will be held financially responsible for any non-payment from DES.

- ✓ Please be aware that our Summer Camp days are billed as full days (6 hours or more) and it is helpful in keeping costs low if your child attends at least 6 hours per day for DES billing purposes.

- ✓ All signatures on sign in / out sheets must be legal signature (signature on drivers license), fully legible, and exact times used.

- ✓ Any dates of service used after a DES stop date is issued will be billed at the full rate and parent or guardian will be held financially responsible for all fees incurred.

- ✓ DES allows two paid in absences per month, anything exceeding will be the parent or guardian's financial responsibility:
 - *\$23/ full day(6hrs+) OR \$15/ half day (less than 6hrs)*

- ✓ Any unpaid DES co-pays will be reported to your DES case worker.

*****Please attach a current "Certificate of Authorization" for the camp site you are registering for. *****

Child's Name / Site: _____/_____

Printed Parent or Guardian Name: _____

Signature / Date: _____/_____

Please sign after reading all items below:

- I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Arizona Dept. of Health Services, Office of Child Care Licensing regulations under which it operates.
- I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. I agree to review and update this information whenever a change occurs and at least once every twelve months.
- The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs. I must notify the YMCA staff immediately of any changes on this form.
- The YMCA's responsibility for my child begins when the child has reached the program and checked in with YMCA staff. My child is responsible for walking from the bus or classroom to the YMCA program. It is my responsibility to arrange for any necessary transportation with the school my child attends. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- It is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand and agree to the child care conduct, transportation, and participation policies as outlined in the parent handbook. I am aware that a hard copy of the handbook is available upon request.
- The YMCA has permission to use photographs and videos of my child in promotional materials such as brochures, ads, YMCA website, or newspaper releases. (My initials here REVOKE photo/video release _____)
- I agree that any outstanding balances present after the above chosen date of payment will be processed with the financial information provided in addition to a \$25 late payment fee.
- Should any draft not be honored by my financial institution, I understand that cash payment and a \$25 service charge is due immediately.
- I understand that services will be refused and enrollment will be cancelled if the listed financial agreements cannot to be maintained.
- I agree that a written two week notice will be given upon disenrollment or change of program schedule and that corresponding childcare fees will apply.
- Any changes to the above listed financial information must be submitted in writing at the Ott or Lighthouse branch through an "EFT change" form.
- I understand there are no credits for sick or absent days missed in the program.
- I am aware that if I am in need of financial assistance I have the option to apply for a scholarship which would be only applicable for 2018-2019 school year.
- Late pick up fees are \$5 per minute, per child and will be charged accordingly.

If your child will be transported from their school to the Ott Family YMCA, you must complete a Travel Permission Form

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? No Yes
 If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes
 If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs? No Yes
 If yes, specify procedure:

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? No Yes
 If yes, list precautions:

Additional comments:

Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE: