

YMCA B.A.S.E. Summer Fun Camp - 2020 Registration Form

Child's Name: _____ DOB: _____

Parent/Guardian's Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Email (please print): _____

- My child attended B.A.S.E. at _____ (for 2019-2020 school year).
- My child did not attend B.A.S.E. during the 2019-2020 school year.

Please place an "X" in the boxes below for your Summer 2020 registration:

Site Location	Code	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9
Ballenger Creek	5Y89(W01-09)-BC									
Deer Crossing	5Y89(W01-08)-DC									N/A
Glade	5Y89(W01-09)-GL									
Green Valley	6Y89(W01-09)-GV									
North Frederick	5Y89(W01-09)-NF									
Urbana @ Sugarloaf	5Y89(W01-08)-SL									N/A
Whittier	5Y89(W01-09)-WH									

<u>Form of Payment</u>	<u>Payment Amount</u>	<u>Draft Date</u>
WEEK 1 (6/22-6/26)		
At Urbana only we cannot open on the teacher's last day of school. This week will be a 4 day week for this site only and it will be prorated.		
<input type="checkbox"/> Deposit (permitted thru 5/31)	<input type="checkbox"/> \$25	6/5/2020
<input type="checkbox"/> Full Payment (required as of 6/1)	<input type="checkbox"/> \$190 (Household Mbr.)	<input type="checkbox"/> \$225 (Potential Mbr.)
WEEK 2 (6/29-7/3)		
This week is prorated for Independence Day on July 3rd when all BASE sites are closed.		
<input type="checkbox"/> Deposit (permitted thru 6/7)	<input type="checkbox"/> \$25	6/12/2020
<input type="checkbox"/> Full Payment (required as of 6/8)	<input type="checkbox"/> \$152 (Household Mbr.)	<input type="checkbox"/> \$180 (Potential Mbr.)
WEEK 3 (7/6-7/10)		
<input type="checkbox"/> Deposit (permitted thru 6/14)	<input type="checkbox"/> \$25	6/19/2020
<input type="checkbox"/> Full Payment (required as of 6/15)	<input type="checkbox"/> \$190 (Household Mbr.)	<input type="checkbox"/> \$225 (Potential Mbr.)
WEEK 4 (7/13-7/17)		
<input type="checkbox"/> Deposit (permitted thru 6/21)	<input type="checkbox"/> \$25	6/26/2020
<input type="checkbox"/> Full Payment (required as of 6/22)	<input type="checkbox"/> \$190 (Household Mbr.)	<input type="checkbox"/> \$225 (Potential Mbr.)
WEEK 5 (7/20-7/24)		
<input type="checkbox"/> Deposit (permitted thru 6/28)	<input type="checkbox"/> \$25	7/2/2020
<input type="checkbox"/> Full Payment (required as of 6/29)	<input type="checkbox"/> \$190 (Household Mbr.)	<input type="checkbox"/> \$225 (Potential Mbr.)

Child's Name: _____

<u>Form of Payment</u>	<u>Payment Amount</u>	<u>Draft Date</u>
WEEK 6 (7/27-7/31) <input type="checkbox"/> Deposit (permitted thru 7/5) <input type="checkbox"/> Full Payment (required as of 7/6)	<input type="checkbox"/> \$25 <input type="checkbox"/> \$190 (Household Mbr.)	7/10/2020 <input type="checkbox"/> \$225 (Potential Mbr.)
WEEK 7 (8/3-8/7) <input type="checkbox"/> Deposit (permitted thru 7/12) <input type="checkbox"/> Full Payment (required as of 7/13)	<input type="checkbox"/> \$25 <input type="checkbox"/> \$190 (Household Mbr.)	7/17/2020 <input type="checkbox"/> \$225 (Potential Mbr.)
WEEK 8 (8/10 - 8/14) <input type="checkbox"/> Deposit (permitted thru 7/19) <input type="checkbox"/> Full Payment (required as of 7/20)	<input type="checkbox"/> \$25 <input type="checkbox"/> \$190 (Household Mbr.)	7/24/2020 <input type="checkbox"/> \$225 (Potential Mbr.)
WEEK 9 (8/17 - 8/21) <input type="checkbox"/> Deposit (permitted thru 7/26) <input type="checkbox"/> Full Payment (required as of 7/27)	<input type="checkbox"/> \$25 <input type="checkbox"/> \$190 (Household Mbr.)	7/30/2020 <input type="checkbox"/> \$225 (Potential Mbr.)

Form completed by:

Parent Name (Printed)

Parent Signature

Date

Form processed by:

YMCA Staff Signature

Date

YMCA B.A.S.E. SUMMER FUN CAMP 2020 – PARENT/GUARDIAN AGREEMENT

Initial

1. An authorized person aged 16 or over must sign the in/out roster. All persons authorized to sign in/out must be listed on the emergency forms. Children must be signed in directly to a staff person. **Photo identification will be required for anyone who is not known by the staff on duty.**
2. Children cannot attend the child care program if they have any illness that threatens the health of other children. The Department of Health regulations concerning incubation periods will be enforced.
3. The YMCA will not be responsible for toys, clothing, and personal items that are brought to the program.

Initial

4. All required health and emergency forms must be completed in full and brought to the Director at the school site on the first day of attendance. The child MAY NOT ATTEND without all required forms at the site. **PLEASE DO NOT BRING THESE FORMS TO THE DOWNTOWN Y!** (If your child attended B.A.S.E. during the 2019-2020 school year, new forms will not be required. You may be asked to update the forms on file as needed.)
5. Medication will only be administered by the YMCA if accompanied by the Medication Administration Authorization form that has been signed by both the physician and parent/guardian. Medication must be in its original container with all information on the label. We cannot administer the first dose of a medication.
6. If a medical emergency arises, the staff will first attempt to contact the parent/guardian. If they cannot be reached, the staff will contact the emergency contact person(s) listed on the emergency card. If the emergency is such that the child needs to be transported to the local hospital, a staff member will go with the child only if staffing at the site permits. If staff cannot leave, the child will be transported in the care of emergency personnel.

Initial

7. A \$25 deposit per child, per week will be required at time of registration, unless registration is within 3 weeks of the start date, in which case payment in full is required. The deposit amount is the same for all participants, including CCS and YMCA financial aid recipients. **The balances of all weekly fees are due TWO WEEKS prior to the start of each week.** Parent/guardians must authorize the YMCA to draft these balances to a credit card per the schedule below. (Requires completion of Child Care Payment Agreement for Summer 2020). Families whose balances have not been successfully charged to their credit card will not be able to participate.

	Deposit Accepted	Draft Date
WK 1 (6/22-6/26)	Thru 5/31/2020	6/5/2020
WK 2 (6/29-7/3)	Thru 6/7/2020	6/12/2020
WK 3 (7/6-7/10)	Thru 6/14/2020	6/19/2020
WK 4 (7/13-7/17)	Thru 6/21/2020	6/26/2020
WK 5 (7/20-7/24)	Thru 6/28/2020	7/2/2020* (Thurs.)
WK 6 (7/27-7/31)	Thru 7/5/2020	7/10/2020
WK 7 (8/3-8/7)	Thru 7/12/2020	7/17/2020
WK 8 (8/10-8/14)	Thru 7/19/2020	7/24/2020
WK 9 (8/17-8/21)	Thru 7/26/2020	7/31/2020

8. Parents/guardians who have paid the deposit, but who no longer plan for their children to attend MUST DISENROLL IN WRITING by completing a "Summer 2020 Transfer/Disenroll Form" to avoid being charged for the full weekly rate. Failure to do so will result in balance dues being charged per this agreement.

Initial

9. If disenrollment is requested by close of business THREE WEEKS before the first day of the session a partial refund will be given. All refund requests submitted prior to the 3-week deadline will be charged a \$25 per camp, per week, processing fee. No refunds will be given for cancellations submitted within 3 weeks of the start date for any given site.

**Notification Date
For Partial Refund No Refund/Credit:**

WK 1	(6/22-6/26)	6/1/2020	6/2/2020 or after
WK 2	(6/29-7/3)	6/8/2020	6/9/2020 or after
WK 3	(7/6-7/10)	6/15/2020	6/16/2020 or after
WK 4	(7/13-7/17)	6/22/2020	6/23/2020 or after
WK 5	(7/20-7/24)	6/29/2020	6/30/2020 or after
WK 6	(7/27-7/31)	7/6/2020	7/7/2020 or after
WK 7	(8/3-8/7)	7/13/2020	7/14/2020 or after
WK 8	(8/10-8/14)	7/20/2020	7/21/2020 or after
WK 9	(8/17-8/21)	7/27/2020	7/28/2020 or after

10. A late fee of \$1.00 per minute, per child, will be assessed for every minute that a child is picked up past 6:30 pm. The late fee will need to be paid by check within the week the late pick-up occurred. A contact person on the emergency form will be notified if staff does not receive a call from parents regarding late pick up. If all efforts to have a child picked up fail, YMCA staff will call Child Protective Services.
11. Children will be participating in field trips while attending the summer program. Signature below indicates permission to participate in these field trips. Cost of field trips is included in weekly fees, excluding optional personal spending money (i.e. for souvenirs).
12. The staff will inform parent/guardian, as needed, of behavioral problems through daily discussions, incident reports and conferences. The YMCA behavior management policy, documented in the Parent Handbook (available at www.frederickymca.org), will be enforced by YMCA staff.
13. If parent/guardian needs for the program are not addressed within these guidelines, special requests must be referred to the YMCA Director of Before and After School Enrichment. Such requests may be approved or denied at the discretion of the YMCA.
14. The YMCA of Frederick County has permission to use any photographs or video displays of the child for promotional purposes or other legitimate reasons.
15. The pamphlet, "A Parent's Guide to Regulated Child Care", published by the MSDE Office of Child Care, informs parents of their rights and responsibilities as a child care consumer. This pamphlet is available at www.marylandpublicschools.org, Early Childhood Development Division, Licensing Branch.
16. I have read and understand this agreement and the policies of the YMCA of Frederick County child care program and agree to abide by these policies.

I understand that participation in this program could result in injury and am voluntarily allowing my child to participate. I accept all risks of injury or death. I understand that participation in the program may not be advisable for individuals with certain illnesses or medical conditions and agree to obtain a physical for my child. I hereby waive, release, and forever discharge and indemnify and hold harmless the YMCA, its officers, agents, employees, and representatives from any and all responsibility or liability from injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with my child's participation in this program.

Parent Signature

Date

Parent Name (Printed)

Child's Name (Printed)

YMCA Summer Camp Payment Agreement – 2020

Today's Date _____

_____ Please check if this is revised information from an original form already submitted for Summer 2020.

*This agreement is for Weeks 1-10 of YMCA Summer Camp.

*Payments are drafted from your account on the dates noted below using the credit card given at the time of registration.

*It is your responsibility to ensure that credit is available. Failure to complete the charge may result in your child being unable to attend camp.

*After the third declined payment, you will be removed from the draft option and outstanding balances must be paid in full or your child will be removed from camp(s).

*** Please note: A \$25.00 per week fee will be retained for any disenroll/partial-refund requests.**

Child's Name _____ Date of Birth _____

Parent Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone: (Best # to reach you) _____

Email Address: _____

Please "X" the weeks for which you authorize balances to be drafted to the credit card scanned at the time of registration for the camp.

<input type="checkbox"/> Week 1	6/22-26	Camp: _____	Draft date: 6/5/2020
<input type="checkbox"/> Week 2	6/29-7/3	Camp: _____	Draft date: 6/12/2020
<input type="checkbox"/> Week 3	7/6-10	Camp: _____	Draft date: 6/19/2020
<input type="checkbox"/> Week 4	7/13-17	Camp: _____	Draft date: 6/26/2020
<input type="checkbox"/> Week 5	7/20-24	Camp: _____	Draft date: 7/2/2020*(Th)
<input type="checkbox"/> Week 6	7/27-31	Camp: _____	Draft date: 7/10/2020
<input type="checkbox"/> Week 7	8/3-7	Camp: _____	Draft date: 7/17/2020
<input type="checkbox"/> Week 8	8/10-14	Camp: _____	Draft date: 7/24/2020
<input type="checkbox"/> Week 9	8/17-21	Camp: _____	Draft date: 7/31/2020
<input type="checkbox"/> Week 10	8/24-28	Camp: _____	Draft date: 8/7/2020

Payment will be charged as follows:

Credit Card: MC Visa Discover AMEX Flex Spending Card

Credit Card: (Last 4 digits): _____

Expiration Date (must be after September 2020): _____

Card Owner Signature: _____

For any credit card changes please contact:
Wendy Cline – wcline@frederickymca.org or 301-663-5131 ext. 1276