



# April Vacation Camp

## 2025

**Child's Information:** School child is attending: \_\_\_\_\_ **Sibling enrolled?** YES NO

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nickname (If any): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Age at Time of Registration: \_\_\_\_\_ Gender \_\_\_\_\_ Program Start Date \_\_\_\_\_

**Please Circle Days Requested:**

Monday 4/21	Tuesday 4/22	Wednesday 4/23	Thursday 4/24	Friday 4/25
Day at the Y	High Flying Dogs!	Let's make something yummy	Happy Wheels & a picnic	Bowling
\$42/day	\$42/day	\$42/day	\$42/day	\$42/day

Parent/Guardian Information Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Marital Status\*(please circle) Single Married Divorced Separated

Parent/Guardian Information Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

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**Emergency Contact/Authorized Pick-Up: At least 3 contacts; ALL fields MUST be completed**

The following people are authorized to pick up this child and may be contacted in the event of an emergency or illness if the primary parent/guardian contact can not be reached. Each contact listed will be required to show photo identification when picking up this child.

Name: _____	Relation to child: _____
Address: _____	City/State/Zip: _____
Primary Phone: _____	Secondary Phone: _____
Name: _____	Relation to child: _____
Address: _____	City/State/Zip: _____
Primary Phone: _____	Secondary Phone: _____
Name: _____	Relation to child: _____
Address: _____	City/State/Zip: _____
Primary Phone: _____	Secondary Phone: _____
Name: _____	Relation to child: _____
Address: _____	City/State/Zip: _____
Primary Phone: _____	Secondary Phone: _____

## Authorization/Release Form

Please initial the following authorizations:

**Field Trip / Swimming at the YMCA Permission** I hereby give my child permission to attend all Sanford-Springvale YMCA planned field trips and scheduled swimming times at the YMCA pool. By my signature, I understand that this serves as a blanket permission slip for the school year.

**Photo Release:** I hereby authorize the Sanford-Springvale YMCA to use photos or videos of my child for promotional materials. \_\_\_\_\_

### Payment Authorization

I understand that the Y will process the payment at the time of registration. \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_



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Do you receive 3rd party childcare assistance?

\*\*\*If no, please skip this page\*\*\*

Please indicate which program you are using:

\_\_\_ Voucher, Child Care Subsidy Program

Contact person: Glenna Belanger

\_\_\_ Child and Family Services (Fostering/Adoption)

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_ Aspire/Transitional Care/FedCap

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*\*Until confirmation of payment from the State is received, the FAMILY is responsible for ALL Child Care fees. Please be aware that this confirmation process can take up to two or more weeks to finalize. If you prefer to postpone enrollment until you receive confirmation, please keep in mind that a spot in the program is not guaranteed.

\*\*\*INITIAL THAT YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENT \_\_\_\_\_

Parent/Guardian full name: \_\_\_\_\_

Child full name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_



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## Debit/Credit Card Authorization Form

Total weekly fee for child to be paid by parent/guardian: \$ \_\_\_\_\_

This contract is a binding agreement between the Sanford-Springvale YMCA (Childcare provider) and the signed party below. (Please initial) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

**\*We STRONGLY recommend that parents/guardians take advantage of our Electronic Payment program at the Sanford-Springvale YMCA. It is free to set up and will ensure timely payment of program fees each week.**

I authorize my bank to honor preauthorized Electronic Payments against my account for program payments, as indicated below. Should any payment not be honored by said processor when received, then it is understood that I am to make the payment in the amount of said payment plus any service charge. **It is further understood that if such payment is not honored by the debit/credit card institution, the Sanford-Springvale YMCA, at its discretion, may resubmit the amount due for payment on a future date.**

**Debit/Credit Card Type**     VISA     Master Card     Discover     American Express

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing address: \_\_\_\_\_

Amount charged weekly: \$ \_\_\_\_\_

Authorized signature: \_\_\_\_\_

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!!! I understand that I will be billed upon the completion of my child's registration by the Youth Development Administrator. (Please initial) \_\_\_\_\_

!!! I understand that a payment for care must be made in full prior to the start of services. Please note that registration for camp will not be confirmed until payment is received. (Please initial) \_\_\_\_\_

## Things to keep in mind:

- Programming begins at 9 am. This means that any field trip planned or daily activity will begin shortly after 9 am. Once the bus leaves, we will not be able to turn around.
- Swim takes place from 1 pm - 2 pm. If your child is a swimmer, please plan to pick them up before or after swim time. We suggest either 12:30 or 2:30 to allow for easy transition and quick retrieval of your child and their belongings.
- Please send your child(ren) to vacation camp with a water bottle, appropriate clothing for indoors and outdoors, swim gear (including a puddle jumper, wet clothing bag, and a towel), lunch, and 2-3 healthy snacks.
- On Thursday, we will not be back to the YMCA until 3-3:30pm
- The last pick-up is at 6 pm.