

Please attach a recent photo



Midlothian Summer Camp

I am enrolling my child for the following program:

Summer Day Camp

FINANCIAL AID
 Completed
 Pending

DATE OF ADMISSION

CHILDCARE ENROLLMENT FORM

SUMMER CAMP NAME	Midlothian Summer Camp	GRADE IN FALL of 2009
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CHILD'S NAME	SEX	DATE OF BIRTH	HOME PHONE NUMBER
CHILD'S ADDRESS	CITY	STATE	ZIP CODE

PARENT/GUARDIAN'S NAME	HOME PHONE NO.	CELL PHONE NO.	
HOME ADDRESS	CITY	STATE	ZIP CODE
DRIVER'S LICENSE #	PLACE OF EMPLOYMENT	WORK PHONE NO.	

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HOME ADDRESS	CITY	STATE	ZIP CODE
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PERSON TO CALL IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED NAME	RELATIONSHIP	PHONE NUMBER
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LIST THE LAST FOUR (4) DIGITS OF ONE PARENT'S SOCIAL SECURITY NUMBER: (Security Code MUST be four numbers only—no letters or words!)	SECURITY CODE
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I AUTHORIZE THE YMCA TO RELEASE MY CHILD TO THE ADDITIONAL FOLLOWING PEOPLE:

NAME	RELATIONSHIP	PHONE NO.
NAME	RELATIONSHIP	PHONE NO.
NAME	RELATIONSHIP	PHONE NO.
NAME	RELATIONSHIP	PHONE NO.

Parent's Acknowledgements: This is to acknowledge that the YMCA of Arlington has provided me with a Payment Schedule, Policies, and its own "Parent Guide Book." I agree to read and adhere to the information included.

Parent Signature: _____ Date _____

The YMCA of Waxahachie is a human care organization which puts Christian values into practice, through programs and activities that encourage the development of a healthy spirit, mind, and body of individuals of all religions, races, ages, and communities.

PARENT'S STATEMENT OF IMMUNIZATION:

My child's shot records are on file at _____ elementary school.

School Phone Number: _____

My child's vision and hearing screening records are current on file school the child attends away from the center.

Parent Signature: _____ Date: _____

TRANSPORTATION: (required for participation): I hereby give consent for my child to be transported by staff to or from the site and on field trips. Advance notice will be given.

Parent Signature: _____

WATER ACTIVITIES (required for participation): I hereby give consent for my child to participate in water activities. Advance notice will be given.

Parent Signature: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

NAME OF LICENSED PHYSICIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF HOSPITAL OR CLINIC: _____

ADDRESS: _____

PHONE NUMBER: _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic

Signature of Parent/Legal Guardian _____ Date _____

List any special problems/limitations your child may have (allergies, previous/existing illness, sunburn sensitivity, dietary requirements, long-term medication, hospitalization in past 12 months) which the staff should be aware of:

Treatment to be given: _____

Child's Description (requested by Police Dept.)

Hair Color: _____ Eye Color: _____ Height: _____
 Weight: _____ Ethnicity: _____

Distinct Features (scars, birthmarks, etc): _____

By my signature and my own free will, I do hereby agree to indemnify and save harmless the YMCA, from any and all claims or demands, cost or expenses arising out of any injuries, damage, or other losses, whether personal or property, sustained by me or any party to whom I am responsible. In the even that emergency medical attention is deemed necessary; I give the YMCA permission to provide first aid and / or transport to the nearest emergency medical facility.

I HAVE READ THIS RELEASE

 Parent or Guardian's Signature if participant is legally a minor.

_____/_____/_____
 DATE

 Printed Name

 Parent's Email Address

Weeks	Parent's Initials	Deposits Paid	Date	Rec#	Clerk's Initials	Notes
Week 1 June 7-11						
Week 2 June 14-18						
Week 3 June 21-25						
Week 4 June 28- July 2						
Week 5 July 5-9						
Week 6 July 12-16						
Week 7 July 19-23						
Week 8 July 26-30						
Week 9 August 2-6						
Week 10 August 9-13						
Week 11 August 16-20						