



Dear YMCA Summer Camp Families,

Thank you for choosing to be a part the Greater Beverly YMCA this summer! We have many exciting events planned and we are glad that you and your family will be joining us. In order to ensure that the summer camp registration process goes smoothly, please take time to review some easy steps below.

## ENROLLMENT PACKET

- All camp forms, including the medical form or medical paperwork from your pediatrician, must be returned to the YMCA on or before **June 13, 2012**. If enrolling **after June 13<sup>th</sup>**, forms must be completed at the time of enrollment with payment in full for that session. ***Please keep a photocopy of your enrollment packet before submitting it to the YMCA.*** Additional information is available in the parent handbook including what your child should bring to camp, pick up and drop off locations, and camp themes. The handbook is also available online at [http://www.northshoreymca.org/pages/80\\_camp.cfm](http://www.northshoreymca.org/pages/80_camp.cfm)

## AUTOMATIC PAYMENT

- Enroll in E-PAY, an easy way to manage your child's camp fees, which automatically drafts your tuition through your credit card. The form is located towards the end of the enrollment packet. Should you choose not to enroll in E-PAY, **payment in full is required** by the Friday before each weekly camp session begins. Failure to submit payment will result in your slot being forfeited. If you currently have an E-PAY form on file for a program draft, child care fee draft or membership draft, this form ***WILL NOT*** carry over to camp and a new E-PAY form is needed.

## FINANCIAL ASSISTANCE

- If you are applying for YMCA financial assistance, **please allow up to three weeks for your application to process**. Make sure all information requested in the application is included. Failure to submit such documentation will slow down the approval process. If you are applying for financial assistance, a **non-refundable \$25 per session deposit is required**.

## QUESTIONS?

- Please refer to camp specific sections of our parent handbook. Should you have any additional questions or concerns about summer camp that are not addressed in our camp handbook, please contact the director of the particular camp listed. Looking for our camp registrar? Please call 978-564-3484. We look forward to working with you and your family this summer!

Respectfully,

Lorigan Sudak  
Youth, Family & Camp Director  
Greater Beverly YMCA





**2012 CAMP ENROLLMENT PACKET  
GREATER BEVERLY FIELD TRIP PERMISSION**

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child to participate in all of the regularly scheduled activities involved with camp including but not limited to:

- \_\_\_\_\_ Field Trips (parents will be notified in writing in camp newsletters and parent handbook)
- \_\_\_\_\_ Swimming (at Sterling YMCA, Cabot Street YMCA or Hamilton Community pool on scheduled days)
- \_\_\_\_\_ Sun Screen / Bug Spray (permission for YMCA staff to apply and parents will provide these supplies)

X \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_  
Date



**2012 CAMP ENROLLMENT PACKET  
GREATER BEVERLY YMCA MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Participating Hospital \_\_\_\_\_ Special Instructions \_\_\_\_\_



**2012 Enrollment Packet  
Greater Beverly YMCA Summer Camp  
Child Guidance Plan – YMCA COPY**

Child's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

**I have read the Greater Beverly YMCA Behavior Policy and understand what it states. I understand that YMCA Camp Staff will follow steps and procedures if needed in regards to my child's behavior management and I further understand the implications that may occur if needed.**

- We want you to have fun AND be safe; listen to all Camp Staff
- Your hands should stay on your body.
- At YMCA Camps we only use appropriate language and subject matter.
- We do not want you miss out on anything exciting; stay with your camp group at all times
- We are all having fun at camp together; treat everyone equally.
- And most of all, HAVE FUN!

Child's Signature (ages 6 and up): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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



## 2012 CAMP ENROLLMENT PACKET GREATER BEVERLY YMCA PARENT INFORMATION

We appreciate you placing your trust in us to care for your child this summer. We place the utmost importance upon each child's safety, well-being and overall camp experience. Please help us by taking a few minutes to share your insights about your child. By doing so, please recognize any information provided on this sheet will be shared with relevant members of the Greater Beverly YMCA summer camp team.

**What should we know specifically about your child so we can provide the best care?**

**What would you most like for your child to accomplish this summer at camp?**

**What would your child most like to accomplish this summer at camp?**



2012 CAMP ENROLLMENT PACKET  
GREATER BEVERLY YMCA FEE AGREEMENT

Camper Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Fee Policy: All payments are due ONE WEEK prior to services rendered.**

The YMCA cannot deduct days missed from your weekly fee. Your fee pays for direct operating costs, such as staff, materials and transportation. When you enroll, you are reserving the time, space, staffing and provisions for your child, whether the child attends or not.

Any returned checks or insufficient funds through bank draft or credit card draft will incur a \$25 penalty charge. **Failure to pay all balances in full one week prior to services rendered will forfeit your child's slot in camp. Deposits will not be refunded.**

I have read and understand the YMCA's Camp Fee policy. I understand that payment in full for the summer camp is due ONE WEEK before services are rendered. The YMCA also offers EPAY, an easy way to draft my camp fees.

X \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_  
Date

**Optional Electronic Payment (E-Pay) Authorization Agreement**

I (we) hereby authorize the YMCA of the North Shore to initiate recurring credit card charges to the below referenced credit card account. I (we) understand that the charges will be based on fees that are due and payable at the time of the transaction and prior to services rendered. Should any preauthorized payment not be honored by my (our) credit card company when received by them, then it is understood that the payment is to be made by me (us) in the amount owed.

**Credit Card E-Payment:**

- Visa
- MasterCard
- American Express
- Discover

\_\_\_\_\_  
Card Holder Name Card Holder Address

\_\_\_\_\_  
City State Zip Card Holder Phone Card Holder E-mail

\_\_\_\_\_  
Credit Card Name Account Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Expiration Date CID Number\*\*

\*\*Visa, MasterCard & Discover: 3 digit security number on back of card \*\*American Express: 4 digit security number on front of card.

The YMCA reserves the right to extend the above credit card expiration date 2 years forward, upon its expiration.

- I (we) authorize the YMCA to draft sufficient funds to pay my (our) regular camp tuition and/or other related fees which are due and payable. I (we) understand that the YMCA may, at its discretion, adjust the charges according to the fees incurred.
- Should a draft not be honored by my (our) credit card for any reason, I (we) understand that the YMCA will automatically resubmit the draft for payment. If the draft is not honored on the re-submission, the amount of the draft as well as a \$3.50 service charge will be immediately due and payable to the YMCA.
- I (we) understand that after two unpaid drafts, the YMCA will immediately terminate child care until I (we) have brought all payments up to date.
- I (we) understand that if I (we) wish to terminate or change my (our) E-pay, I must give the YMCA a two week written notice.

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date



# 2012 CAMP ENROLLMENT PACKET MEDICAL FORM

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Camp Name \_\_\_\_\_ Session(s) Attending \_\_\_\_\_

**COMPLETE BY PHYSICIAN BELOW – CAMPER MAY NOT ATTEND CAMP UNTIL FORM IS RETURNED**

**Has the child/adolescent ever had:**

- |                         |                              |                             |                 |                              |                             |
|-------------------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Frequent ear infections | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pneumonia       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bronchitis              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Surgery         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kidney problems         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hospitalization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart problems          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Broken bones    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Convulsions             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chicken pox     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any of the questions above, please explain:

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical \_\_\_\_\_ Ht \_\_\_\_\_ WT \_\_\_\_\_ HC \_\_\_\_\_ BP \_\_\_\_\_

Abnormal Findings  None Finding \_\_\_\_\_

Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Restrictions to normal activity  Yes  No

Comments \_\_\_\_\_

Special Notice, i.e. Medic Alert \_\_\_\_\_

**Immunizations & Dates:**

DPT DT Td	MMR	Last TB Date	Type _____			
1.	1.	_____	Result _____			
2.	2.	_____	Result _____			
3.		_____				
4.		_____				
5.	HepB					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1</td> <td style="width: 33%;">2</td> <td style="width: 33%;">3</td> </tr> </table>	1	2	3	_____	
1	2	3				
Polio: Oral Inactive		Last Hgh/Hct Date	Result _____			
1.		_____				
2.	Hib					
3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1</td> <td style="width: 50%;">2</td> </tr> </table>	1	2			
1	2					
4.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">3</td> <td style="width: 50%;">4</td> </tr> </table>	3	4		Result _____	
3	4					
5.						
	Flu _____	Varicella _____				

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

The Department of Public Health's Camping Regulations require that all campers and staff members be immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, and rubella. This sheet must include the month, year, and type of immunization or occurrence of clinical disease. Exemptions are allowed for religious or medical reasons. Camp Directors must ensure that each camper and staff member meets the Massachusetts immunization requirements before admittance to camp.