



OZARKS REGIONAL YMCA
Corporate Offices
417 S. Jefferson
Springfield, Mo 65806

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FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA SUMMER DAY CAMP 2019
Registration, Emergency Contact Form
& Parent Contract

BEST SUMMER EVER!



ROY BLUNT YMCA OF BOLIVAR
1710 W. Broadway
Bolivar, Mo 65613
p. 417.727.0884
f. 417.326.3106

CASSVILLE YMCA
408 State Hwy 248
Cassville, Mo 65625
p. 417.846.1535
f. 417.847.6654

SCHOOL AGE SERVICES
417 S. Jefferson
Springfield, Mo 65806
p. 417.268.9563
f. 417.862.4004

PAT JONES FAMILY YMCA
1901 E. Republic Road
Springfield, Mo 65804
p. 417.881.1599
f. 417.881.3595

MONETT AREA YMCA
115 S. Lincoln Ave.
Monett, Mo 65708
p. 417.235.8213
f. 417.235.8731

OZARK MOUNTAIN FAMILY YMCA
175 Industrial Drive
Hollister, Mo 65672
p. 417.337.YMCA
f. 417.332.1012

G. PEARSON WARD YMCA
417 S. Jefferson
Springfield, Mo 65806
p. 417.862.7456
f. 417.862.4004

DALLAS COUNTY AREA YMCA
932 W. Main
Buffalo, Mo 65622
p. 417.345.1116
f. 417.345.1353

LEBANON FAMILY YMCA
500 E. Elm
Lebanon, MO 65536
p. 417.588.1177
f. 417.588.1140

orymca.org



SCHOOL AGE SERVICES

CONTACT INFO AND BILLING OFFICE

417 S. Jefferson Ave. Springfield, MO 65806

School Age Services	417.268.9563	YMCASAS@orymca.org
Child's Account Information	417.862.8962 x2126	YMCASASBilling@orymca.org
Financial Assistance/State Pay	417.862.8962 x2128	SASPaymentAssistance@orymca.org

FOR OFFICE USE ONLY

Date Starting _____ Child ID# _____ Receipt # _____ Received by _____ Date Pd _____ Amt _____

YMCA SUMMER DAY CAMP 2019

*All sites closed May 27 and July 4
 +Our start date may change depending on the last day of school for Springfield Public Schools

WEEK	DATES	THEMES
1	May 20	Aloha Summer
2*	May 28	Seussville, This Way!
3	June 3	Hero's Among us!
4	June 10	The Great Outdoors
5	June 17	Be Healthy, Be Active
6	June 24	Party in the USA
7*	July 1	The Greatest Show
8	July 8	Show Me Missouri
9	July 15	Splashtacular
10	July 22	Secret Agent Y
11	July 29	Celebration of Nations
12	August 5	Funtastic Finale



CAMP NAMES:

Camp Crusade (at Ward) K-5
 Camp Odyssey (at Ward Middle School) 6-8
 Camp Quest (at Jones) K-2
 Camp Venture (at Jones) 3-5

FIELD TRIPS:

A Field Trip Shirt will be guaranteed to your child if you register by May 15th. For safety reasons, they will be required to wear them on days we have field trips. You may also purchase an additional shirt for a small fee.



WEEKLY AUTOMATIC PAYMENT: SUMMER PROGRAMS

AUTOPAY INFORMATION:

Payments are due each Friday. If Friday falls on a holiday, payments will be processed on the next YMCA business day. Autopay is established prior to the due date, once autopay has been established for the tuition period no adjustment can be made.

SET UP/CHANGES IN AUTOPAY:

It takes the YMCA's Business Office approximately two weeks to activate autopay on an account. As a result, it is necessary for the first tuition payment to be made at the time of registration. Tuition that was not collected at the time of registration will be included on your first autopay tuition payment. Tuition is paid in advance. Any changes in your autopay information will require a new autopay form. **Changes or cancellations cannot be made by phone, and require 2 week written notification.**

DECLINED/RETURNED AUTOPAY PAYMENTS:

If an autopay payment is declined or returned by the financial institution established, you will need to reconcile the payment by contacting the YMCA by phone or in person. Payments that are declined or returned will result in a fee to your account. This fee will be the maximum amount allowed by law. Should the account not be reconciled by established date given your child will be unable to attend until the account is brought current.

AUTHORIZATION:

I authorize my financial institution to honor pre-authorized debit entries by the YMCA for my childcare payments. When my financial institution honors the automatic payment by debiting my account, this transaction constitutes my receipt for payment.

Child's Legal First Name: _____ Child's Legal Last Name: _____

Checking/Savings Information: Checking Account Savings Account: Please include a voided check

Bank Name: _____ Name on the account: _____

Routing Number: _____ Account Number: _____

Debit/Credit Card Information: Don't forget to update the YMCA when you are issued a new debit/credit card

Account Number: _____ Exp. Date: _____ CV2: _____

Name on the card: _____

Debit/Credit Card Billing Address: _____ City: _____ State: _____ Zip: _____

Signature of Account Holder: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Child's I.D. Number _____

School _____

BILLING RATES & FEES *RATES ARE SUBJECT TO CHANGE*

\$20 non-refundable registration fee plus the first week's tuition is required at registration.

Program Rate: Family Member \$90/ Non-member \$110 per week

Payment may be made at any OZARKS REGIONAL YMCA location, or mail payment to OZARKS REGIONAL YMCA 417 S. Jefferson Springfield, Mo 65806, pay online (orymca.org), or sign up for the convenient automatic funds transfer.

Tuition is due on Fridays BEFORE the attending week.

A two week's notice is required for all account changes.

YMCA Family Membership No Yes if yes Membership # _____

REGISTRATION

Location: Camp Quest (May 20-Aug 9, Grades K-2 @ Jones) Camp Venture (May 20-Aug 9, Grades 3-5 @ Jones)

Camp Crusade (May 20-Aug 9, Grades K-5 @ Ward) Camp Odyssey (May 20-Aug 9, Grades 6-8 @ Ward)

***All sites closed May 27 and July 4**

+Our start date may change depending on the last day of school for Springfield Public Schools

Weeks Attending:

- | | | |
|--|--|--|
| <input type="checkbox"/> Week of May 20 | <input type="checkbox"/> Week of June 24 | <input type="checkbox"/> Week of July 29 |
| <input type="checkbox"/> Week of May 28 | <input type="checkbox"/> Week of July 1 | <input type="checkbox"/> Week of Aug 5 |
| <input type="checkbox"/> Week of June 3 | <input type="checkbox"/> Week of July 8 | |
| <input type="checkbox"/> Week of June 10 | <input type="checkbox"/> Week of July 15 | |
| <input type="checkbox"/> Week of June 17 | <input type="checkbox"/> Week of July 22 | |

RELEASE AND WAIVER OF LIABILITY

In consideration for being permitted to utilize a facility or program of the Ozarks Regional YMCA ("YMCA"), I, agree as follows:

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to me, my, personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to my person or property or resulting in my death, whether caused by the negligence of the releasees or otherwise.

I FURTHER HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur arising from or related to my presence in, upon, or about the YMCA premises or participating in any YMCA program whether caused by the negligence of the releasees or otherwise.

I HAVE READ AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. The Ozarks Regional YMCA reserves the right to change the Conditions of Program Participation and/or Waiver of Liability at any time.

Parent/Guardian Signature _____ **Date** _____

FINANCIAL ASSISTANCE

Please allow two weeks to process financial assistance. You are responsible for program fees until financial assistance is approved.

State Assistance (please check):

- State Childcare Assistance Foster Adopt

Y Financial Assistance

- Please check if applying for Y Financial Assistance

REQUIREMENTS:

1. Meet income guidelines for number in household.
2. Submit 2 pay stubs or school schedule for each adult in the household with the registration form.
3. Number of Adults in household _____ Number of children in household _____

Parent's Signature (If applying for financial assistance) _____ **Date** _____

LOCATIONS, DATES & TIMES

ENTERING GRADES K-5

Camp Crusade at Ward: May 20-August 9, 6:30 am-6:30 pm

Camp Quest (K-2) & Camp Venture (3-5) at Jones:

May 20-August 9, 6:30 am-6:30 pm

ENTERING GRADES 6-8

Camp Odyssey at Ward: May 20-August 9

6:30 am-6:30 pm

WAYS TO STAY INFORMED

- Email
- Ozarks Regional YMCA School Age Services Facebook Page
- Your site location's weekly calendar
- Check out our app!



TIPS FOR A GREAT Y DAY CAMP EXPERIENCE!

- Breakfast, lunch and afternoon snack are provided at all locations.
- Bring a water bottle.
- Dress for the weather and wear tennis shoes. No flip flops please!
- No extra money needed, unless noted on your weekly itinerary.
- Please leave toys and electronics at home.
- Be sure to be at the site on time for field trips!
- Don't forget sunscreen everyday, and a towel and swimming suit on swimming days.



YMCA SUMMER DAY CAMP 2019

REGISTRATION & EMERGENCY CONTACT FORM Please complete a separate form for each child.

PAT JONES YMCA

- Camp Quest (May 20–Aug 9, Grades K-2)
- Camp Venture (May 20–Aug 9, Grades 3-5)

G. PEARSON WARD YMCA

- Camp Crusade (May 20–Aug 9, Grades K-5)
- Camp Odyssey (May 20–Aug 9, Grades 6-8)

PARTICIPANT INFORMATION Child's Start Date _____

Child's Legal First Name _____ Legal Last Name _____

Grade Entering _____ Date of Birth ___/___/___ Gender: M F

T-Shirt Size: Youth: 6-8 10-12 14-16 Adult: S M L XL XXL

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian Legal First Name _____ Legal Last Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work phone _____

E-mail (required) _____

2nd Parent/Guardian Legal First Name _____ Legal Last Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work phone _____

NOTE: In order to have authority to enforce restraining orders or limited custody arrangements a copy of a divorce decree or restraining order must be on file with the School Age Services Program.

OTHER THAN PARENT/GUARDIAN(S) AUTHORIZED TO PICK UP CHILD (these individuals will be required to present identification):

Name _____ Relationship to child _____

Daytime phone _____ Cell phone _____ Work phone _____

Name _____ Relationship to child _____

Daytime phone _____ Cell phone _____ Work phone _____

PERMISSION IS GIVEN TO THE YMCA FOR THE FOLLOWING:

Check (X) each item indicating approval.

- My child may participate in field trips. I understand a school bus, charter bus or walking may be used.
- In an emergency, I understand that I will be notified immediately in case of accident or illness to my child, and I will make arrangements for medical care with the physician or hospital of my choice. In a critical emergency if I, or the emergency contact listed above, cannot be reached, I hereby authorize the Y staff to arrange for emergency medical care at my expense. My preferred hospital/physician/urgent care is: _____
- I understand the Medication Authorization Form must be complete prior to administering medication to my child.
- If needed, the YMCA has my permission to help administer sunscreen.

SPECIAL NEEDS A special need is considered to be any condition, disease, or circumstance that would require our Y staff to provide special care, or take special precautions or considerations to properly care for your child. This may include, but is not limited to: food allergies, asthma, behavioral disorders, etc. Children with Downs Syndrome and Autism must have approval from the Program Director before registering. **Your must have your doctor complete the special needs form and submit to the program director for approval.**

My child is in good health, is able to participate in group care, and has no special health or medical requirements.

My child is able to participate in group care, BUT has special health or medical requirements as listed below (such as allergies, special medications, asthma, seizures, behavioral disorders, special needs, etc.)

SUMMER DAY CAMP 2019

PARENT/GUARDIAN CONTRACT

Please know that no matter which parent/guardian signs this form, all parents/guardians involved will be held to the same standard.

- I understand that outside of the Y, Y staff members may not be alone with children whom they meet in Y programs. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes.
- I understand my child and I must follow all guidelines in the Summer Day Camp Parent/Guardian Guide 2019. Failure to do so can result in my child's dismissal from the Summer Day Camp program.
- I understand I must complete all forms needed for my child's care at the Y.
- I understand all program rates are due each week on Friday of the previous week. If I do not pay program fees when due my child(ren) may not attend until the account is current.
- I understand there may be times when the Summer Day Camp program cannot meet the needs of my child. In such cases, the Y will release my child from the program.
- I understand if I am called to pick up my child due to illness or behavior, I must do so in a timely manner. Failure to do so can result in immediate dismissal, and after one hour late pick up fees apply.
- I understand if my child is injured, I will be called immediately.
- I understand that if my child is not picked up at the end of their camp day by 6:30 pm, my account will be charged a late fee in the amount of \$1.00 per minute/per child based on the Y clock until my child is picked up.
- I understand that when my child is ill, he or she may not be accepted to camp.
- I understand that my child will not be released to any person(s) not listed on the emergency contact form. A photo I.D. is required to pick up a child.
- I understand that my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
- I understand that my child must be signed in and out daily by myself or my designee.
- I understand the Y Behavior Management Guidelines will be followed and enforced.
- The Y reserves the right to terminate services if it is determined that the placement is unsatisfactory.
- The Y is an inclusive, family-friendly organization. We expect all our members, program participants, and guests to model our four values – Caring, Honesty, Respect, Responsibility – in their conduct and language. The Y has the right to deny application for individual family or memberships or participation in programs and to terminate or suspend existing individual or family memberships or participation in all Y program or activities at our sole discretion if actions or behaviors are not deemed to be in the best interest of the organization. If a membership or program is terminated or suspended, all fees already paid will be forfeited. The Y has sole discretion to reinstate members and participation privileges in Y programs and activities.

Photograph Permission

OPT OUT- I would not like to have my child included in photographs or other media that may include my child's image or voice to promote or interpret YMCA programs.

Parent's Signature _____ Date _____