



# YWCA CAMP FUNKIST SUMMER 2012

515 North Street White Plains, NY 10605 (914) 949-6227 x168 www.ywcapcw.org

Where summer fun begins...

## REGISTRATION FORM (Please print clearly. One form per child.)

T-SHIRT Size \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle) F M

Address: \_\_\_\_\_  
Street City State Zip

Nickname \_\_\_\_\_ Grade child entering in Sept 2012 \_\_\_\_\_ Friends you wish to be with: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Emergency Contact Relationship to Child \_\_\_\_\_

\$60 Annual Program Membership Fee PLUS Full Payment or minimum \$250 NON-REFUNDABLE camp deposit AND \$50 Payment Plan Fee must accompany this application in order to reserve a space for your child for payment plan option. The camp deposit will apply to the total session fees. Program membership is required and must be current through the entire camp enrollment. Membership dues are \$60 for one year and are non-refundable.

**All camp tuition must be paid in full by the 1<sup>st</sup> of June or enrollment will be cancelled.**

Camp Funkist offers two payment options: Full payment or 4-month payment plan which includes a \$50 payment plan fee per family. In order to authorize a payment plan, a valid credit card number must be included below. If payment is not made via alternate means by the 5<sup>th</sup> of the month, the payment will automatically be charged to your credit card. If no credit card information is included, payment is due in full at time of registration.

Session#	Dates	Funkist		Travel Camp		Extended Hours		Total
		Grade K-4	or Grade 5+	Ages 12-15	or	Until 5:30	Until 6:30	
1	6/25 – 7/06 (closed 7/4)	\$520	\$545	\$675		\$135	\$240	\$ _____
2	7/09 – 7/20	\$570	\$595	\$750		\$150	\$250	\$ _____
3	7/23 – 8/03	\$570	\$595	\$750		\$150	\$250	\$ _____
4	8/06 – 8/17	\$570	\$595	\$750		\$150	\$250	\$ _____
<b>4 sessions</b>	<b>6/25 – 8/17</b>	<b>\$2,230</b>	<b>\$2,330</b>	<b>\$2,925</b>		<b>\$585</b>	<b>\$990</b>	<b>\$ _____</b>
								Payment Plan Option (add \$50 per family): \$ _____
								Early Bird Discount 2/28/12: -- (\$ _____)
								<b>Total Fees:</b> \$ _____

Refund Policy: Withdrawal before April 1: 75% Withdrawal before June 1: 25%  
Withdrawal before May 1: 50% No refunds on June 1, 2011 or thereafter

### Full Payment

\_\_\_\_\_(initial) Please charge my Visa / MC / Discover below for the session fees listed above and the \$60 camp membership.

### 4-Month Payment Plan

\_\_\_\_\_(initial) Please charge my Visa / MC / Discover below for the camp deposit and the \$60 membership fee. Please **automatically charge** my monthly camp payments to my Visa / MC / Discover on the 1<sup>st</sup> of the month.

\_\_\_\_\_(initial) I acknowledge that failure to make payment by the 1<sup>st</sup> of the month jeopardizes enrollment and discount received. I further authorize the YWCA of White Plains to charge the agreed-upon payment amount to my credit card on the 5<sup>th</sup> of the month in the event of non-payment.

### CREDIT CARD INFORMATION

Cardholder's Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_

Visa / MasterCard/ Discover # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

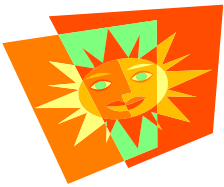
The balance due after minimum deposit of \$250 will be divided into 4 equal payments.

**For Office use only**

\_\_\_\_\_ - Deposit & Plan Fee = \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (divided by 4) = \_\_\_\_\_  
Total Session Fees Balance Due

Payments Due: 3/1/12 \_\_\_\_\_ 4/1/12 \_\_\_\_\_ 5/1/12 \_\_\_\_\_ 6/1/12 \_\_\_\_\_

Note: Along with deposit, prior monthly payments are due upon signing if choosing payment plan option and starting payments after 2/28/12.

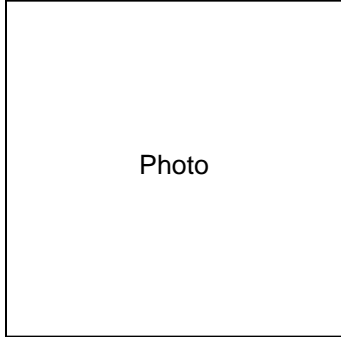


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Camper Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_



### Camper Contact Form

*If there are any changes to this information once camp starts, please inform us immediately in writing.*

Camper Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Guardian's Name: \_\_\_\_\_ Work Tel. \_\_\_\_\_ Cell \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Work Tel. \_\_\_\_\_ Cell \_\_\_\_\_

**If guardian can not be reached list contact numbers to be used below.**

### **PICK UP AUTHORIZATION & EMERGENCY CONTACTS**

The YWCA will only allow authorized individuals 18 years or older to pick up your child. If there are any custody arrangements, they should be reported to the Camp Director.

***Please list the individuals who should be called in an emergency and identify those who are allowed to pick up your child below:***

*Emergency Contact #1* Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_ Alternate Tel. \_\_\_\_\_

Authorized to pick up: (circle one) YES NO

*Emergency Contact #2* Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_ Alternate Tel. \_\_\_\_\_

Authorized to pick up: (circle one) YES NO

*Emergency Contact #3* Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

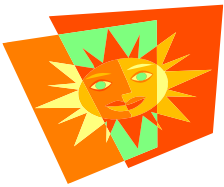
Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_ Alternate Tel. \_\_\_\_\_

Authorized to pick up: (circle one) YES NO

I understand that if another person is to pick up my child, other than those identified below, I will give written permission to the Camp Director. I also understand that proper Identification is required to pick up my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Camper Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

## **GENERAL PERMISSION & INDEMNITY FORM**

As guardian of (Child's Name) \_\_\_\_\_,

I, \_\_\_\_\_ hereby give my child, permission to  
(Guardian's Name)

participate in Camp Funkist activities and events including, but not limited to the following:

- Trips
- Swimming
- Photo Taking

### **Photography and Publicity Release**

I further grant permission to the YWCA White Plains and Central Westchester to use photographs, videotapes, and films of my child taken at the YWCA Camp Funkist program (or on trips) for publicity and promotion purposes.

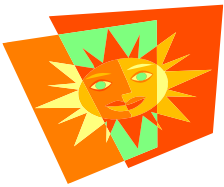
### **Hold Harmless Statement**

I hereby release and agree to hold harmless the YWCA White Plains & Central Westchester, its principals, directors, officers, agents, employees and volunteers ("The Released Parties") from any loss, liability, damage or claim of any kind, including claims resulting from the negligence of any Released party that may arise out of or relate to my or my child(ren)'s participation in the YWCA **Camp Funkist** to the greatest extent allowed by law.

By signing this release, I clarify that I have read and agreed to this release and I fully understand it and am not relying on statements or representations of any Released party. Should I wish to exclude my child from any activity, I understand that I must notify the Camp Director in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# YWCA CAMP FUNKIST SUMMER 2012

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Camper Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

## MEDICAL AUTHORIZATION

Please be advised that there are inherent risks related to the day camp program and its physical sports and other activities. There is the possibility of physical injury or damage to personal property. The safety of campers is the first priority of the day camp staff. If injured, your child will be taken to White Plains Hospital, or the nearest hospital when we are on a trip.

### **Please read the statement below carefully:**

In the event of serious illness or injury, I authorize the day camp staff to transport my child to a hospital emergency facility for treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

I, \_\_\_\_\_ have read, understand, and agree with all of the above.  
(Guardian's name)

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

## MEDICAL CONTACT INFORMATION

Hospital insurance carrier \_\_\_\_\_

**Child's Physician** \_\_\_\_\_

Group/Hospital name (if applicable) \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_

Group/Hospital name (if applicable) \_\_\_\_\_

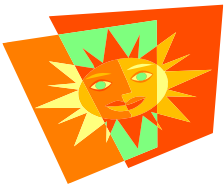
Phone \_\_\_\_\_ Address \_\_\_\_\_

## **FOOD ALERT**

To ensure that your child is not given any food that he/she may be allergic to or should not eat for religious purposes please check below. If applicable, list all food restrictions.

- \_\_\_\_\_ My child has food restrictions for religious purposes
- \_\_\_\_\_ My child has food restrictions for medical reasons.
- \_\_\_\_\_ My child does not have any allergies of which I am aware.

My child may not eat the following foods: \_\_\_\_\_



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## Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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### Immunizations

**Medical Exemption:** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Yes  No

DPT / DT		1st Date	2nd Date	3rd Date	Booster Date	Booster Date
Polio		1st Date	2nd Date	3rd Date	Booster Date	Booster Date
Hib (conjugate preferred)		1st Date	2nd Date	3rd Date	4th Date	
Hepatitis B		1st Date	2nd Date	3rd Date		
MMR		1st Date	2nd Date			
Variella/Chicken Pox		1st Date	2nd Date			

### Tests

Tuberculin Test Date: \_\_\_\_\_ Mantoux Results:  Positive  Negative \_\_\_\_\_ mm

TB Tests are at the physician's discretion.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: \_\_\_\_\_ \* Attach lead level statement

### Health Specifics

### Comments

Are there allergies? (Specify)	Yes	No	
Is medication taken regularly? (Specify drug and condition)	Yes	No	
Is a special diet required? (Specify diet and condition)	Yes	No	
Are there any hearing, visual or dental conditions requiring special attention?	Yes	No	
Are there any medical or developmental conditions requiring special attention?	Yes	No	

Summary of Physical Exam \_\_\_\_\_

On the basis of my findings as indicated above and on my knowledge of the named child, I find that:  
he/she is free from contagious and communicable disease and is able to participate in daycare.

Yes  No

\_\_\_\_\_  
Signature of Examiner Date

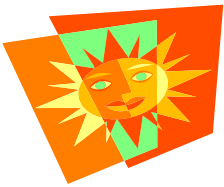
\_\_\_\_\_  
Name (Print Please)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone





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## **FREQUENTLY ASKED QUESTIONS...about Summer Camp**

### **What are the group names and levels?**

Lower Camp = Little Funkist, All-Stars, Blazers and Champions

Upper Camp = Dynamos, Eagles and Funkist-Plus

Travel Camp

### **Where will my child go for opening after I drop him/her off?**

On good weather days your child will be met curbside by camp staff. He/she will remain outside until 9:00 AM, when all campers go with their groups to their classrooms.

### **What about separation issues for younger campers? How do you handle these children?**

Some children take time to adjust to a new environment, and each child is different. Our group leaders are qualified educators with experience in dealing with adjustment and separation issues.

### **How long are the periods?**

Varying times, the standard is 45 Minutes. Please see your group schedule.

### **What time is lunch?**

Please see your group schedule for lunch.

### **What if my child forgets their lunch?**

We will feed your child with a Café lunch and notify you of the cost.

### **My child is allergic to peanuts, how do you handle seating at lunchtime? Do you have separate tables?**

We ask ALL parents NOT to put peanut butter or items processed with peanuts in camp lunches. While we do not segregate children who have peanut allergies, we will check all lunches when we arrange seating, and also make sure that all children in a peanut-sensitive group use sterile wipes on their hands.

### **What if my child doesn't want to swim?**

We will gently encourage your child to participate in swim class, but it is not required.

### **Is there instructional swim? Free swim? How many times per week?**

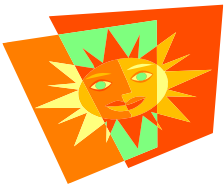
All groups swim every day while not out on a trip with a specific open recreation swim once a week, with the exception of the Kindergarten, which swims instructionally ONLY 3 days per week and does not have open swim.

### **How do you handle bullying? Do you discuss hitting/spitting/ biting and other behavioral issues with your staff?**

Staff receives training as well as ongoing coaching in resolving these issues.

### **What if my child is new and doesn't know anyone?**

We work with all children to help them fit in and feel welcome.



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## **What is the ratio of counselors to campers?**

Children 8 and under - 4 campers to 1 counselor.

Children 9 and 10 - 5 campers to 1 counselor.

Children 11 and older - 5 campers to 1 counselor.

## **What if my child gets hurt?**

For any injury requiring more than a band aid you will be notified immediately. For all other bumps you will be notified when you pick up your child. Also, a nurse is on the premises all day to handle simple bumps and bruises as well as emergencies.

## **What are the procedures for trips?**

Bus depart no later than 9:30 for our destination. All campers have to wear their camp T-shirt for safety purposes, and don't forget to pack a lunch.

## **Are parents allowed on the trips?**

If there is space we always welcome parents. Please contact us in advance if you are interested in accompanying us on a certain trip.

## **What about money, lunch, cost, etc. Will we receive separate information on all of this?**

We will let you know the destination and any additional information in advance of each trip.

## **When do they travel?**

The lower camp travels on Tuesdays.

The upper camp travels on Wednesdays.

There are a few exceptions, Please see the calendar.

## **Do you have early arrival and after camp hours for working parents?**

Yes, early AM drop off is from 8:00 - 9:00; two late pickup options: from 4:00 - 5:30 or 4:00 - 6:30

There is a late pickup fee of \$10.00 for the first 15 min and a \$1.00 for every minute there, after for campers not registered for extended day camp.

## **What kind of sports skills will the campers be learning?**

Our camp is a non-competitive program. Campers will be developing team skills as well as gross and fine motor skills.

## **What does the arts & crafts program consist of?**

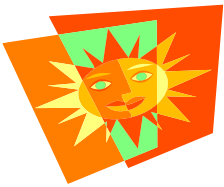
Arts and crafts is a varied program consisting of short and long term projects that reinforce the children's creativity and sense of personal accomplishment.

## **Will my child be bringing home any projects?**

YES.

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**Camp Office: (914) 949-6227 x168**



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## Check List for Summer 2012

<b>Camp Open Houses</b>	<b>January 22, 2012</b> <b>11:00 AM – 2:00 PM</b> Stop by to meet our Camp Director, talk with our staff about our programs and register for Summer 2012.
<b>Registration Form</b>	Due by February 28 for Early Bird Discount Deposit must accompany registration form Priority Registration for 2011 Campers: December 26– January 22, 2012 Open Registration for General Public begins: January 22, 2012
<b>Camper Contact Form</b>	May 11, 2012
<b>Medical Form</b>	May 11, 2012
<b>Permission Form</b>	May 11, 2012
<b>Camper ID card</b>	<b>Must</b> be obtained prior to start of camp.
<b>Guardian ID card</b>	Parents/guardians can get their own YWCA ID cards, which are needed to access the YWCA facility for an additional \$5.00 each. Photo ID's may be processed during regular front desk hours: Monday – Friday                      8:30am – 5:30pm Saturdays                                10:00am – 1:30pm Sunday                                      10:00am – 1:30pm
<b>Camp Gear Order</b>	With registration form
<b>Camp Orientation</b>	TBA – You will receive notice of the regular camp orientation to be held in June.