



BARBARA BAUER BRIGGS FAMILY YMCA SUMMER CAMP 2023

This enrollment form must be COMPLETELY filled out before we can accept any child for care.
Blue or Black ink ONLY. No blanks, N/A or strikethroughs allowed.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLEASE CHECK THE FOLLOWING CAMP YOUR CHILD WILL ATTEND:

AFTERCARE CAMP _____
Roland Elementary

AFTERCARE CAMP _____
Torres Elementary

AFTERCARE CAMP _____
Schorlemmer Elementary

CHILD'S INFORMATION

Child's Name _____ Date of Birth _____ Age _____
Grade Entering _____ Home Phone # _____
Child's Address _____ City _____ Zip _____
Date of Enrollment _____ Date of Admission _____
Ethnicity (check one): Caucasian _____ African American _____ Hispanic _____ Asian _____ Other _____
Gender (check one): Male _____ Female _____

NAME OF PARENT(S) OR LEGAL GUARDIAN(S)

Full Name _____ DOB _____
Relation to child _____
Home Address _____
City, ST, Zip _____
Cell Phone # _____
Home Phone# _____
Email Address _____
Employer _____
Employer Address _____
City, ST, Zip _____
Office Phone # _____
Authorized to pick up: Yes _____ No _____

Full Name _____ DOB _____
Relation to child _____
Home Address _____
City, ST, Zip _____
Cell Phone # _____
Home Phone# _____
Email Address _____
Employer _____
Employer Address _____
City, ST, Zip _____
Office Phone # _____
Authorized to pick up: Yes _____ No _____

****When a parent is NOT authorized to pick up, we must have a copy of court documentation****

*In the case of divorce/legal separation are you: Managing Conservator ___ Possessor Conservator ___ Legal Guardian ___
Please provide copies of court documentation

ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY

Name _____
Address _____
City, ST, Zip _____
Relation to Child _____
Cell Phone # _____
Home Phone # _____
Office Phone # _____

Name _____
Address _____
City, ST, Zip _____
Relation to Child _____
Cell Phone # _____
Home Phone # _____
Office Phone # _____

Name _____
Address _____
City, ST, Zip _____
Relation to Child _____
Cell Phone # _____
Home Phone # _____
Office Phone # _____

My child has a regular physician. Below is the information for my physician and clinic/hospital preference.

THIS INFORMATION IS REQUIRED

Name of Child's Doctor _____ Address _____ Phone # _____
Clinic/Hospital _____ Address _____ Phone # _____

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 the nearest emergency facility for treatment deemed necessary by the medical attendant.

Signature of Parent/Legal Guardian _____

Date _____





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SPECIAL REQUESTS/NEEDS

The YMCA believes that each child in or care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the director and visit the program prior to enrolling your child.

Please give information about special requests and needs including: allergies, existing illness, previous serious illness, and injuries, disabilities, hospitalization in past 12 months, long-term, continuous use of medication, etc. Please write **NONE** if none apply to your child. _____

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child to help your child in these situations? Does your child have any limitations or require any special provisions? _____

Other comments _____

Is your child potty trained and out of pull-ups? Yes _____ No _____

Please read each statement below, answer accordingly then sign and date at the bottom of page.

- My signature below acknowledges my understanding that as a participant in a State Licensed Summer Camp Program, my child's records may be reviewed and/or photo copied by a representative of Texas Department of Protective and Regulatory Services.
- My signature below acknowledges my receipt of and my agreement to follow all policies in the Parent Handbook which includes **YMCA Operational and Parent Policies**.
- My signature below gives my consent for my child to be transported and supervised by the facility staff in case of emergency. YES _____ NO _____
- My signature below gives my consent for my child to be transported by YMCA bus for any scheduled fieldtrip. YES _____ NO _____
- My signature below gives consent for my child to be photographed and/or video taped participating in the program. YES _____ NO _____
- My signature below gives my consent for my child to participate in water activities such as splashing pools, swimming pools, and other bodies of water provided by the facility. YES _____ NO _____
- My child attends the following school and his/her immunization record is on file at the school and all immunizations, tuberculosis test, and vision & hearing screening records are current. They meet the requirements of the Texas Department of Protective and Regulatory Services.

Name of School _____ School Phone # _____ Grade _____

Address _____ City, ST, Zip _____

I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.

Signature of Parent/Legal Guardian

Date



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YMCA CHILDCARE PROGRAM CODE OF CONDUCT

The YMCA program will foster a climate of mutual respect for the right of others. Children are expected to respect the rights and privileges of other children, counselors and YMCA staff. This code of conduct is established to achieve and maintain order in the Summer Camp Program. Children who violate the rights of others or who violate the organization involved with the Summer Camp Program will be subject to disciplinary measures designed to correct the misconduct and to promote adherence by all parties involved.

The YMCA Program Code of Conduct is to assist children, parents, counselors and Summer Camp Administration in identifying appropriate and inappropriate behaviors and understanding the rights and responsibilities of each individual.

The Summer Camp program participant has the responsibility to:

- Conduct himself/herself in a safe and responsible way.
- Seek help from Summer Camp Counselors or Program Leaders when having problems with the program.
- Demonstrate an attitude of respect toward individuals and property.
- Use appropriate language when speaking with others.
- Be familiar with and obey Summer Camp rules and regulations.
- Follow the Summer Camp Counselor's directions and instructions.
- Cooperate with the YMCA staff in all matters.
- Follow the rules outlined in the YMCA Parent Handbook.

Signature (Child)

Print Name (Child)

Date

Signature (Parent/Guardian)

Print Name (Parent/Guardian)

Date

.....

YMCA CHILDCARE PROGRAM PARENT'S HANDBOOK PARENT'S ACKNOWLEDGEMENT

I, hereby, state that I have read the YMCA CHILDCARE PROGRAM PARENT HANDBOOK and have been given the opportunity to discuss the policies with the staff and understand the policies therein.

The handbook can be found at the YMCA Front Desk and at ymcagoldencrescent.org

Signature of Parent/Legal Guardian

Date



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DISCIPLINE AND GUIDANCE POLICY FOR: Barbara Bauer Briggs Family YMCA

Name of Operation

A. Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

B. A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

C. There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

I am (check one):

Parent _____ Employee/Caregiver _____ Household Member of Child Care Home _____



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BARBARA BAUER BRIGGS FAMILY YMCA Childcare Payment Agreement 2023

Child's Name _____

Parent/Guardian Name _____

Child's DOB _____

Camp Location _____

OPTION 1 - AUTO-PAY:

USE THIS FORM IF YOU WANT YOUR CHILDCARE ACCOUNT ON AUTO-PAY

1. Tuition fees are due weekly and will be deducted from my Bank Account or Credit/Debit Card **EVERY FRIDAY**, for the following week of child care. **(CCS ACCOUNTS WILL BE DEDUCTED EVERY 1ST DAY OF THE MONTH)**
Initials _____
2. I understand that a \$25 late fee applies to all payments made after the due date.
Initials _____
3. Should my financial institution, for any reason, not honor my debit, I understand that I am responsible for the payment, plus a \$30 return fee. If payment is received after the due date, an additional late fee of \$25 will also apply. Initials _____
4. I understand that return fees and late payment fees **WILL NOT** be waived under any circumstances.
Initials _____
5. Payments and past due balances must be paid in full before the child or family members can return to any YMCA Program, Child Care, or Membership.
Initials _____
6. I understand that it is my responsibility to know when my Financial Assistance expires. Should my FA expire, I will pay full rate until my FA has been renewed. (Allow 2 weeks for application processing)
Initials _____
7. The Child Care Automatic Draft Deduction is a continuous payment plan. I understand that this plan will remain in effect until I request to terminate my child care account or until the end of Summer Camp.
Initials _____
8. It is my understanding that if I wish to terminate or change my child care in any way, I must give the Billing Coordinator one week notice via email at meorsak@ymcavictoria.org.
Initials _____
9. I understand that field trips are additional cost that is due before the scheduled trip date.
Initials _____

AUTOMATIC PAYMENT INFORMATION

Credit/Debit Card Payments

PAYMENTS DRAFTED BETWEEN 12AM - 11:59PM

Card Type: MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

Name on Card: _____ Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____ City/ST/Zip: _____

Bank Account Payments

ALLOW UP TO 10 DAYS TO REFLECT YOUR BANK ACCOUNT

Account Type: Checking: _____ Savings: _____

Name of Bank: _____ Name on Bank Account: _____

Routing Number: _____ Account Number: _____

Signature of Person Responsible for Payments _____

Date _____



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Child's Name _____

Parent/Guardian Name _____

Child's DOB _____

Camp Location _____

OPTION 2 - IN-HOUSE PAYMENTS:

CASH, CREDIT/DEBIT CARD or BANK ACCOUNT

USE THIS FORM IF YOU DO NOT WANT YOUR CHILDCARE ACCOUNT ON AUTO-PAY

1. Tuition fees are due by 8pm EVERY FRIDAY, for the following week of child care.
(CCS ACCOUNTS ARE DUE BY CLOSING, EVERY 1ST DAY OF THE MONTH)
Initials _____
2. I understand that a \$25 late fee applies to all payments made after the due date.
Initials _____
3. Should my financial institution, for any reason, not honor my debit, I understand that I am responsible for the payment, plus a \$30 return fee. If payment is received after the due date, an additional late fee of \$25 will also apply. Initials _____
4. I understand that return fees and late payment fees WILL NOT be waived under any circumstances.
Initials _____
5. Payments and past due balances must be paid in full before the child or family members can return to any YMCA Program, Child Care, or Membership.
Initials _____
6. I understand that it is my responsibility to know when my Financial Assistance expires. Should my FA expire, I will pay full rate until my FA has been renewed. (Allow 2 weeks for application processing)
Initials _____
7. It is my understanding that if I wish to terminate or change my child care in any way, I must give the Billing Coordinator one week notice via email at meorsak@ymcavictoria.org.
Initials _____
8. I understand that field trips are additional cost that is due before the scheduled trip date.
Initials _____

IN-HOUSE PAYMENT INFORMATION (OPTIONAL)

Credit/Debit Card Payments

INSTANT DEBIT

Card Type: MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

Name on Card: _____ Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____ City/ST/Zip: _____

Bank Account Payments

ALLOW UP TO 10 DAYS TO REFLECT YOUR BANK ACCOUNT

Account Type: Checking: _____ Savings: _____

Name of Bank: _____ Name on Bank Account: _____

Routing Number: _____ Account Number: _____